

Blocked Tracheostomy Tube

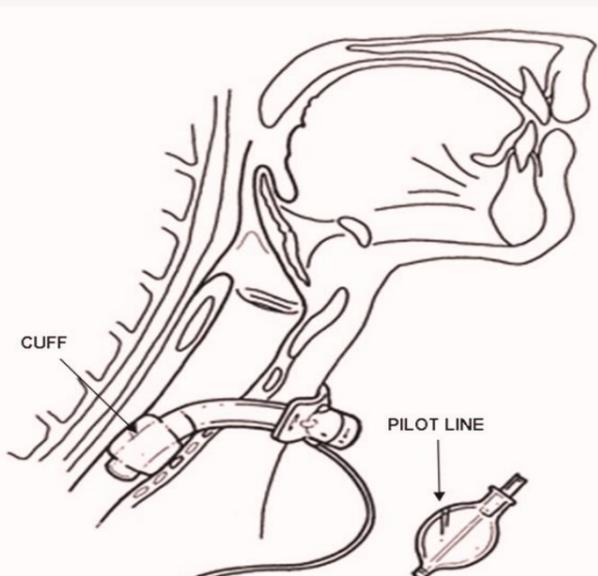
- Remove inner cannula if present
- If no inner cannula:**
 - Deflate the cuff (via pilot line)
 - Call a **CODE BLUE/MET/MER**
 - Apply oxygen via nose/mouth and tracheostomy
 - Introduce 5mls of saline and suction immediately
- If tube remains blocked:**
 - > 7 days post initial insertion, consider tube change (if trained in tube changes)
 - < 7 days post initial insertion, do **NOT** change the tube. Wait for MET team
 - Apply saline nebuliser and continue to suction

Alert: a partially blocked TT is a pending emergency.



Partially Blocked Tracheostomy Tube

- Remove inner cannula if present
- If no inner cannula:**
 - Introduce 5mls of saline and suction immediately (repeat until tube is clear)
 - Deflate the cuff (via pilot line)
 - If unable to clear the tracheostomy, revert to procedure for a 'Blocked Tracheostomy Tube'



Specialist Airway Responders

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|--------------------------------------|----------------------|
| Tracheostomy Tube Information | Updated _____ |
| Patient _____ | UR _____ |
| Insertion method (circle) Surgical | Percutaneous |
| Date of insertion _____ | |
| Current Tube Size _____ | Cuff (circle) Yes No |
| Laryngoscopy grade _____ | Unknown |
| Obstructed upper airway (circle) Yes | No Unknown |
| Comment _____ | |

A Specialist Airway Responder is a physician or surgeon with an advanced airway skill level e.g. Anaesthetist, Intensivist, ENT specialist, Thoracic Surgeon or Maxillofacial Surgeon.

Refer to **Advanced Airway Management Algorithm on MET/Resus trolley**

CODE BLUE: In the event that Anaesthesia support does not present as per the response team requirement, and is needed, call Anaesthesia Senior in Charge (SIC) on ext 3186.

Accidental Decannulation

- Call a **MET, MER or CODE BLUE**
- > 7 days post initial insertion, experienced staff can reinsert the tube
- < 7 days post initial insertion, do **NOT** reinsert tube. If long blue stay sutures present, pull inferiorly to keep stoma open while waiting for MET
- Apply oxygen via nose/mouth and tracheostomy stoma if required

Bleeding From Tracheostomy

- Inflate cuff (via pilot line)
- Sit patient up
- Apply oxygen
- <10mls bright blood activate **Urgent Clinical Review**
- >10mls bright blood **call a MET/** notify surgeon responsible for inserting TT
- If major bleeding/ resp. distress **CODE BLUE**
- Recommend CT angiogram neck to exclude possibility of a trachea-arterial fistula

Alert: Hyperinflation of TT cuff +/- direct digital compression may help in the event of catastrophic bleeding