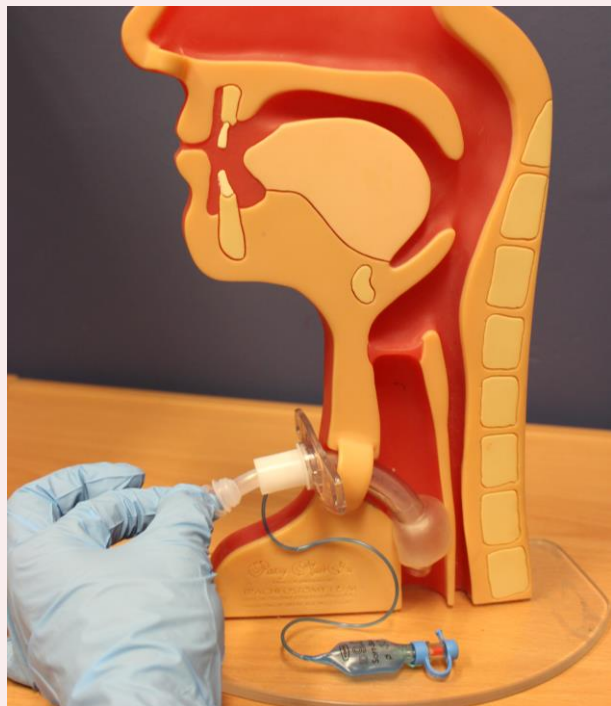


A. Blocked Tracheostomy

- Remove inner cannula (if present)
- Deflate the cuff
- Call a **CODE BLUE**
- Apply oxygen via nose/mouth and tracheostomy
- Instil 5mls saline into tracheostomy and suction



If tracheostomy remains blocked:

- > 7 days post initial insertion, consider tracheostomy change (if trained)
- < 7 days post initial insertion, do **NOT** change the tracheostomy. Wait for **CODE BLUE** team
- Apply saline nebuliser and suction prn

B. Accidental Decannulation

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

Specialist Airway Responders

Tracheostomy Information

Patient _____ UR _____

Insertion method Surgical Percutaneous

Date of insertion _____ Last TT change _____

Tracheostomy size _____ Cuff Yes No

Laryngoscopy grade on intubation _____ Unknown

Obstructed upper airway Yes No Unknown

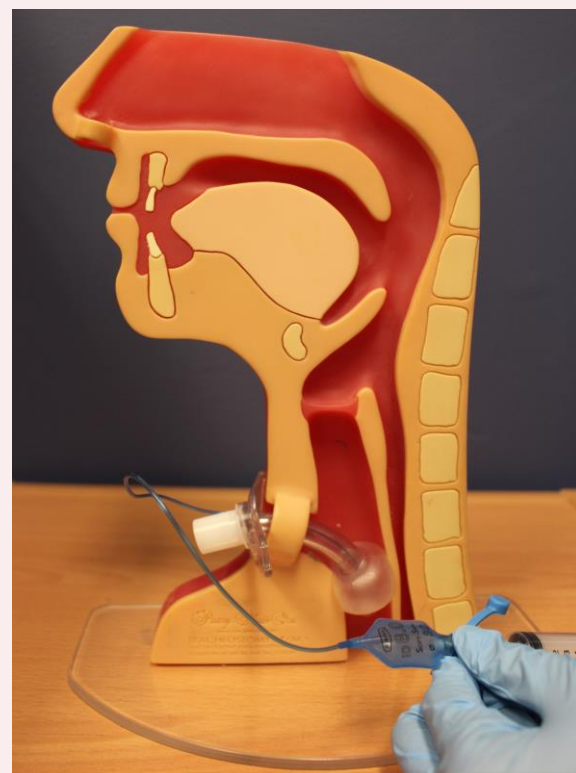
Comment _____

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.

CODE BLUE: If Anaesthesia not present call Anaesthesia Senior in Charge (SIC) on ext 3186.

C. Bleeding From Tracheostomy

- Inflate cuff
- Sit patient up
- Apply oxygen via tracheostomy
- <10mls bright blood activate **Urgent Clinical Review**
- >10mls bright blood **call a MET** and notify surgeon responsible for inserting tracheostomy
- If major bleeding/ resp. distress **CODE BLUE**



- **Alert:** Hyperinflation of tracheostomy cuff +/- direct digital compression may help in the event of catastrophic bleeding
- **NOTE:** A CT angiogram neck is recommended to exclude possibility of a tracheo-arterial fistula