EMERGENCY RESPONSE TO ACCIDENTAL TRACHEOSTOMY DECANNULATION

Staff this document applies to:

- Medical Staff, Nurses, Speech Pathologists, Physiotherapists on all campuses
- Does not apply to ICU staff or to staff working in the community.

Who is authorised to perform this procedure:

Medical staff, Nurses and Physiotherapists trained in the procedure of tracheostomy insertion and/or changing tracheostomy tubes.

State any related Austin Health policies, procedures or guidelines:

- Changing a Tracheostomy Tube
- Suctioning via the Tracheostomy Tube
- Tracheostomy Cuff Release, Deflation and Reinflation
- Emergency Tracheostomy Management Poster

Expected Outcome:

- Accidental decannulation will be dealt with in a safe and timely manner. The patient will have an airway restored as soon as possible.
- Unplanned removal of the tracheostomy needs to be dealt with in a safe manner which minimises risk to the patient.
- If the patient is dependent on the tracheostomy tube as an airway, the tube must be replaced as an emergency.

Clinical Alert:

- This is an emergency.
- Depending on the patient’s medical status, place a MET call, MER call or Code Blue.
- If it has been 7 days or less since the initial insertion of the tracheostomy tube, the stoma is potentially unstable. Do not attempt to reinsert the tube. Place a MET call, MER call or Code Blue.
- The date of initial tracheostomy insertion is listed on the pilot cuff line and documented in the medical history.
- Only attempt to reinsert the tube if the tube has been in situ for more than 7 days and a trained staff member is immediately available to recannulate the patient.
- If a patient does not have a patent upper airway above the level of their tracheostomy, he/she will only be able to breathe via the tracheostomy stoma until the tube is reinserted.
• If the patient is ventilated via a tracheostomy tube, and the tube is removed, it will not be possible to ventilate the patient via a mask unless the stoma can be effectively occluded and the upper airway is patent.

**Equipment:**

- Tracheal dilators, for use by trained staff only
- 10ml syringe
- Spare tracheostomy tube of the same size, and one size smaller
- Lubricant
- Clean gloves
- Safety goggles or eye wear
- Suction catheters
- AirViva with face mask and swivel connector
- Pulse oximeter
- Stethoscope
- Cuff manometer

**Procedure:**

- Place a MET call, MER call or Code Blue.
- Check for the date of initial tracheostomy tube insertion on the pilot cuff line or in the medical history.
- **Do not reinsert the tube if less than 7 days since initial insertion.**
- If patient has long blue stay sutures in situ pull them apart to keep the stoma open
- **If the tube has been in situ for more than 7 days,** re-cannulate if you are trained in this procedure.
- Locate the spare tube of the same size. With the introducer in place insert the tracheostomy gently but firmly into the patient’s airway, remove the introducer and inflate the cuff if present.
- Check tube position by auscultating the chest and suctioning to ensure patent airway.
- If the tube of the same size does not fit into the stoma, attempt to insert the next size down. Once the tracheostomy is inserted, replace the oxygen via the tracheostomy or reattach the ventilator.
- In a ventilated patient whose tube cannot be reinserted, occlude the stoma and bag the patient via a face mask with an Air Viva.
- If time allows, the cuff if present should be checked and the tube lubricated prior to insertion.

**Post Procedure Care:**

- Closely monitor the patient’s observations for 30 minutes
- Report the incident to parent unit medical staff and TRAMS.
- Document the event and patient’s status in history

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Legislation/References/Supporting Documents:

- O’Connor H, White A C. Tracheostomy Decannulation. Respiratory Care 55 (8) 2010: 10761081

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Tracheostomy Review and Management Service (TRAMS)

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