EMERGENCY RESPONSE TO ACCIDENTAL TRACHEOSTOMY DECANNULATION

Purpose: To describe the emergency procedure for 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: Only clinicians with training in reinserting a tracheostomy tube should do so.

State any related Austin Health policies, procedures or guidelines:

- Changing a Tracheostomy Tube
- Suctioning via the Tracheostomy Tube
- Tracheostomy Cuff Management
- Tracheostomy - Mandatory Equipment & 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.
- In patients who require a tracheostomy for delivery of invasive ventilation, the tracheostomy tube is reinserted without delay.

Definitions:

- “Bag-Valve-Mask (BVM)” – this device is generically referred to as a manual resuscitator apparatus and a self-inflating resuscitation system. Trade names for this equipment are: Air Viva™, Ambu Bag™, Laerdal™ and Mayo™
- “Clinicians trained in reinserting a tracheostomy tube” are: Doctors, Nurses and Physiotherapists who have received training in the insertion of a tracheostomy tube into an established (>7 days) stoma

Clinical Alert:

- If accidental decannulation occurs, initiate RESPOND BLUE dial 7777
- If the tracheostomy is less than seven days old do not attempt to reinsert the tube. Wait for the RESPOND BLUE team to arrive
- Only attempt to reinsert the tube if the stoma is more than seven days old and a clinician trained in reinsertion is present.
- If the patient is invasively ventilated and the tracheostomy tube is dislodged, occlude the stoma and manually ventilate with a Bag-Valve-Mask

Equipment:

- Routine tracheostomy personal protective equipment (PPE)
  - Clean gloves
  - Safety shield, goggles or glasses
  - Disposable apron
  - Surgical mask

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- Tracheal dilators, for use by trained staff only
- 10ml syringe
- Spare tracheostomy tube of the same size, and one size smaller
- Lubricant
- Clean gloves
- Suction catheters
- Bag-Valve-Mask with both face mask and tracheostomy swivel connector
- Pulse oximeter
- Stethoscope
- Cuff manometer

**Procedure:**

- Initiate RESPOND BLUE dial 7777
- Check for the date of initial tracheostomy tube insertion on the pilot cuff line, or on the Emergency Tracheostomy Management Poster at the bedside or in the medical history.
- Follow the instructions on the PRIMARY RESPONDERS side of the Emergency Tracheostomy Management Poster
- Do not reinsert the tube if the tracheostomy stoma is less than seven days old
- If patient has long blue stay/traction sutures pull them up to bring the trachea forward, separate and hold them parallel to the chest to keep the stoma open while waiting for RESPOND BLUE team
- If the tracheostomy is more than seven days old reinsert the tracheostomy if you have been trained to do so.
- Locate the spare tracheostomy tube of the same size. Where feasible, the cuff (if present) should be checked and the tube lubricated prior to insertion.
- 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
- If the tracheostomy tube of the same size does not fit into the stoma, insert the smaller tracheostomy tube in the emergency equipment
- Suction via the tracheostomy tube to ensure a patent airway
- Check tracheostomy tube position by auscultating both sides of the chest
- In a ventilated patient whose tracheostomy tube cannot be reinserted, occlude the stoma and ventilate the patient via the mouth and nose with a Bag-Valve-Mask
- If the tracheostomy has been re-inserted and patency and position are confirmed, reattach the ventilator or replace oxygen and humidification via the tracheostomy

**Post Procedure Care:**

- Perform half hourly observations for the next 2 hours
- Complete a Riskman report
- Notify the Nurse in charge of the shift, the parent unit and TRAMS
Document the event and patient's status in history

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Austin Health Airway Management Group,
Clinical Nursing Standards Committee
Deteriorating Patient Committee
Tracheostomy Policy and Procedure Committee (TRAMS)

Legislation/References/Supporting Documents:


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