



# 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

[Division]

[Document ID]

[Last Published Date]

**Disclaimer:** This Document has been developed for Austin Health use and has been specifically designed for Austin Health circumstances. Printed versions can only be considered up-to-date for a period of one month from the printing date after which, the latest version should be downloaded from OPPIC

- 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.

[Division]

[Document ID]

[Last Published Date]

**Disclaimer:** This Document has been developed for Austin Health use and has been specifically designed for Austin Health circumstances. Printed versions can only be considered up-to-date for a period of one month from the printing date after which, the latest version should be downloaded from OPPIC

- Document the event and patient's status in history

#### Author/Contributors:

- Document writers (original): Dr Liam Hannan (Respiratory and Sleep Physician, TRAMS Medical Lead), Jack Ross (Senior Physiotherapist, TRAMS and VSCS) and Kristy McMurray (TRAMS Clinical Nurse Consultant).
- Updated 2020 by: Jack Ross (Senior Physiotherapist, TRAMS and VSCS)  
In consultation with: Jerome Hamoline (TRAMS CNC), Dr Naomi Atkins (Respiratory and Sleep Physician, TRAMS Medical Lead), Dr Jon Graham, Joint Director of Airway and Simulation, Dept Anaesthesia, Dr Stephen Warrilow (Director, ICU)  
Austin Health Airway Management Group,  
Clinical Nursing Standards Committee  
Deteriorating Patient Committee  
Tracheostomy Policy and Procedure Committee (TRAMS)

#### Legislation/References/Supporting Documents:

- Bontempo, L. J., & Manning, S. L. (2019). Tracheostomy emergencies. *Emergency Medicine Clinics*, 37(1), 109-119.
- Mitchell, R. B., Hussey, H. M., Setzen, G., Jacobs, I. N., Nussenbaum, B., Dawson, C., Brown, C. A., 3rd, Brandt, C., Deakins, K., Hartnick, C., & Merati, A. (2013). Clinical consensus statement: tracheostomy care. *Otolaryngology--head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery*, 148(1), 6-20. <https://doi.org/10.1177/0194599812460376>
- <http://www.tracheostomy.org.uk/healthcare-staff/emergency-care/emergency-algorithm-tracheostomy>. Accessed 20/08/2020
- McGrath B, A. Bates, L. Atkinson D and Moore J, A. Guidelines: Multidisciplinary guidelines for the management of tracheostomy and laryngectomy airway emergencies *Anaesthesia* (67) 2012: 1025-1041
- <https://emcrit.org/emcrit/tracheostomy-emergencies/>. Accessed 20/08/2020

#### Primary Person/Department Responsible for Document:

Tanis Cameron, Manager, Tracheostomy Review and Management Service (TRAMS)

[Division]

[Document ID]

[Last Published Date]

**Disclaimer:** This Document has been developed for Austin Health use and has been specifically designed for Austin Health circumstances. Printed versions can only be considered up-to-date for a period of one month from the printing date after which, the latest version should be downloaded from OPPIC