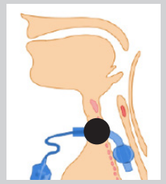
EMERGENCY TRACHEOSTOMY MANAGEMENT

PRIMARY RESPONDERS

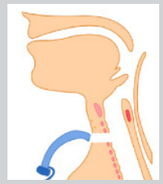
Not to be used for laryngectomy patients

Blocked tracheostomy



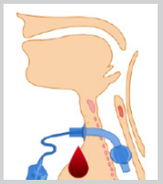
1	Initiate Respond Blue	■ Call 2222
2	Remove	■ Inner cannula (if present) ■ Speaking Valve ■ HME
3	Deflate the cuff	
4	Instill/ Suction/ Nebulise	■ Instill 5ml saline lavage ■ Suction ■ Apply saline nebuliser and suction PRN
5	Oxygen	■ Apply oxygen via nose/ mouth and tracheostomy **If tracheostomy remains blocked:** **> 7 days post initial insertion, consider tracheostomy change by experienced staff** **< 7 days post initial insertion, do NOT change the tracheostomy. Wait for CODE BLUE team**

Accidental decannulation



1	Initiate Respond Blue	■ Call 2222
2	Oxygen	■ Apply oxygen via nose/mouth and tracheostomy stoma if required **Consider:** **> 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**

Bleeding from tracheostomy



1	Initiate Respond Blue	■ Call 2222
2	Protect airway	■ Inflate cuff ■ Sit patient up **Note:** **Hyperinflation of tracheostomy cuff +/- direct digital compression may help in the event of catastrophic bleeding**
3	Oxygen	■ Apply oxygen via tracheostomy if required
4	IV access	■ Establish wide bore IV access **Note:** **<10mls bright blood activate Urgent Clinical Review** **Notify surgeon responsible for inserting tracheostomy** **A CT angiogram neck is recommended to exclude possibility of a tracheo-arterial fistula**

FRONT – this side to be displayed

To be completed by airway specialist at time of insertion (Anaesthetist or ICU Doctor).
If not completed please contact: TRAMS (x3095 - Mon-Fri 8:30 to 5pm) / Anaesthetics (x3186) / ICU Doctor (x8409)

PATIENT

UR

Name

DOB

TRACHEOSTOMY INFORMATION

Insertion method

☐ Surgical ☐ Percutaneous

Insertion date / /

Size ☐ 6 ☐ 7 ☐ 8 ☐ 9

Cuff ☐ Yes – Air / Water ☐ No

Last tracheostomy change / /

UPPER AIRWAY INFORMATION

Date / /

Difficult upper airway

☐ Yes ☐ No ☐ Unknown

Laryngoscopy grade

Laryngoscopy device

Mask ventilation (BMV)

☐ 2 hands ☐ Guedel

LMA type / size

COMPLETED BY

Name

Designation

THIS COGNITIVE AID TO REMAIN WITH THE PATIENT AT ALL TIMES

Images in pathway title boxes adapted with permission (NTSP Manual 2013. www.tracheostomy.org.uk) Version 2.0 / Date: 31/07/2020

Austin HEALTH

EMERGENCY TRACHEOSTOMY MANAGEMENT

ADVANCED RESPONDERS

Not to be used for laryngectomy patients

Difficulty breathing or ventilating via tracheostomy tube

Stop when patient is stable

1 Remove attachments and inner cannula

Remove / disconnect
- Ventilation circuit and filter
- Speaking valve or heat moisture exchanger
- Inner cannula

2 Suction

Pass suction catheter through entire length of tracheostomy tube
- If suction catheter does not pass: **DO NOT VENTILATE VIA TRACHEOSTOMY TUBE** and proceed to Step 3
- If suction catheter passes easily, look listen and feel at tracheostomy

– If breathing, apply oxygen via tracheostomy, consider partial obstruction

– If not breathing, ventilate tracheostomy with air viva. **STOP IF HIGH RESISTANCE**

3 Deflate tracheostomy tube cuff

Look, listen and feel at mouth
- If breathing via upper airway, apply oxygen to face
- If not breathing, manage upper airway

– mask ventilate/LMA/ intubate

Consider partial obstruction whether or not breathing

4 Patient causes

- Rapidly consider patient causes e.g. large pneumothorax, anaphylaxis, sputum plugging

5 Consider immediate bronchoscopy

Consider immediate bronchoscopy of tracheostomy tube if scope available and the following apply
- New tracheostomy (<10 days old) and
- Obstructed upper airway

6 Remove tube

- **Remove tracheostomy tube and proceed to the next emergency pathway (Completely removed tracheostomy tube)**

Completely removed tracheostomy tube

Stop when patient is stable

1 Assess breathing

- Patient may be breathing adequately via the tracheostomy stoma or upper airway, no immediate action may be required

2 Consider replacing tracheostomy tube

- If greater than 7 days post initial insertion, experienced staff can reinsert tracheostomy tube

3 Upper airway

- Manage upper airway - mask ventilate/ LMA / intubate

4 Upper airway and tracheostomy at same time
- **Airway team**

– manage upper airway
- **Neck team**

– via tracheostomy

1. Primary measures: LMA or paediatric mask over stoma
2. Secondary measures: endotracheal or tracheostomy tube in stoma

Consider:
– traction on stay sutures
– tracheal dilators
– endotracheal tube on bronchoscope
– bougie / exchange catheter
– guidewire and Melker

5 New surgical airway

Bleeding from tracheostomy

Complete all steps

1 Protect airway
- Sit upright
- Hyperinflate tracheostomy cuff
- Consider pushing finger on bleeding point
- Pass large bore suction catheter if required

2 Oxygen and IV access
- Oxygen via tracheostomy
- Establish wide bore IV access

3 Urgent contact
- ENT and/or Thoracic surgery
- Charge Anaesthetist 3186
- Theatre ANUM 3466

4 Go to theatre or interventional radiology

Note:
– a small bleed may precede a life threatening bleed from a tracheo-arterial fistula

IN ALL CASES

1. Confirm tracheostomy not laryngectomy

2. Confirm airway information on opposite side

3. Apply oxygen via tracheostomy and face mask

4. Call Code Blue 2222 and assess ABC

5. Use capnography as soon as possible

6. Call surgeon if required

THIS COGNITIVE AID TO REMAIN WITH THE PATIENT AT ALL TIMES

An advanced responder is a trainee or consultant doctor with specialist airway skills eg Anaesthetist, Intensivist, ENT/Thoracic/Maxillofacial surgeon.

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