

TRACHEOSTOMY REVIEW AND MANAGEMENT SERVICE (TRAMS) CLINICAL GUIDELINE

MANAGEMENT OF PATIENTS WITH A MINITRACHEOSTOMY

Staff this document applies to:

- Medical Staff, Nurses, Physiotherapists and Physiotherapy Assistants at Austin Health

Related Austin Health policies, procedures or guidelines:

- [Tracheostomy Stoma Care](#)
- [Suctioning via the Tracheostomy Tube](#)
- [Changing a Tracheostomy Tube](#)
- [Planned Tracheostomy Decannulation Procedure](#)

Key points:

- A minitracheostomy, also known as a cricothyrotomy tube, is a small bore cannula of 4mm internal diameter inserted to enable suctioning of secretions from the trachea. It does not provide airway protection.
- A minitracheostomy can be inserted surgically or after removal of a regular tracheostomy tube in patients with an ineffective cough who are unable to clear their secretions adequately.
- A minitracheostomy can be used in emergency situations to provide some ventilation via an attachment that connects to an adult resuscitator or bagging circuit. It is not adequate as a primary airway due to its narrow diameter and absence of a cuff.
- Size 8 or 10Fg suction catheters are to be used with a minitracheostomy, with suctioning technique remaining the same as for a tracheostomy tube.
- The stoma should be cleaned daily and a tracheostomy dressing applied. See Tracheostomy Stoma Care.

Purpose:

- To provide a clinical guideline for the care of a patient with a minitracheostomy in situ.

Roles and Responsibilities:

1. **When a minitracheostomy tube is inserted following removal of a regular tracheostomy tube:**
 - Prior to removal of the tracheostomy tube, a Decannulation Documentation Form is completed (SMR Form No M79.30). This entry will record the insertion of a minitracheostomy and the ongoing management plan for the patient.
 - The treating physiotherapist should assess secretion clearance regularly and be involved in deciding readiness for removal of the minitracheostomy.
 - TRAMS will record patients with a minitracheostomy on the TRAMS ward round list but will not review these patients routinely.

- The TRAMS physiotherapist will liaise with the treating physiotherapist as required and report to the TRAMS team when the minitracheostomy is removed.

2. Patient with minitracheostomy tube discharged to subacute care or community setting:

- Patients in sub-acute care or in the community will be followed by TRAMS Community or VRSS Outreach. A written referral is required from the treating medical team. This can be faxed to TRAMS on ext 3280 or VRSS Outreach if the patient is receiving non-invasive ventilation.
- TRAMS Community Link or VRSS Outreach will provide consumables and education to facilitate a safe discharge to the community.
- If community patients with a minitracheostomy are readmitted to Austin Health, TRAMS or VRSS Outreach should be notified by the admitting unit. TRAMS or VRSS Outreach should also be notified of the patient's discharge and be involved in planning where appropriate to ensure safe and timely discharge.
- TRAMS or VRSS Outreach will be responsible for routine minitracheostomy tube changes.

Transporting patient with a minitracheostomy:

- A minitracheostomy is not an airway. Mandatory tracheostomy equipment is not required for the transport of a patient with a minitracheostomy.
- Suction equipment should accompany the patient during transfer, including clean gloves, portable suction unit, water for rinsing tubing and size 8 or 10Fg suction catheters.
- A nurse escort may be provided at the discretion of the nurse in charge of the shift.

Document Author/Contributors:

Document Owner: Prue Gregson, Manager TRAMS

Contributor(s) Document Writer: Caroline Chao and Hannah Verspuy (Senior Physiotherapists, TRAMS), Jack Ross (Senior Physiotherapist), VRSS Outreach (Updated August 2022)

Legislation/References/Supporting Documents:

- Au, J., Walker, W. S., Inglis, D., & Cameron, E. W. J. (1989). Percutaneous cricothyroidostomy (minitracheostomy) for bronchial toilet: results of therapeutic and prophylactic use. *The Annals of thoracic surgery*, 48(6), 850-852.
- Beach, L., Denehy, L., & Lee, A. (2013). The efficacy of minitracheostomy for the management of sputum retention: a systematic review. *Physiotherapy*.
- Ben-Nun, A., Orlovsky, M., Botvinkin, Y., & Lael, A. B. (2007). Minitracheotomy. *Operative Techniques in Otolaryngology-Head and Neck Surgery*, 18(2), 105-109.
- Greenwood, J., & Winters M. (2019). Tracheostomy Care. In Roberts, J. (Ed), *Roberts and Hedges' Clinical Procedures in Emergency Medicine and Acute Care* (7th ed., pp. 142-159). Elsevier.
- Koshika, K., Tachibana, K., Hoshino, T., Terashima, R., Okada, R., Ouchi, T., & Koitabashi, T. (2021). Airway Management Strategy Using Seldinger Minitracheostomy Kit to Prevent Airway Obstruction after Oral Cancer Surgery: A Retrospective Study. *The Bulletin of Tokyo Dental College*, 62(4), 227-234.
- Sakatoku, Y., Fukaya, M., Miyata, K., Itatsu, K., & Nagino, M. (2017). Clinical value of a prophylactic minitracheostomy after esophagectomy: analysis in patients at high risk for postoperative pulmonary complications. *BMC surgery*, 17(1), 120.

Endorsed by:

Prue Gregson, Manager TRAMS

Tracheostomy Policy and Procedure Committee

Document Owner /Person Responsible for Document:

Prue Gregson, Manager TRAMS