TRACHEOSTOMY REVIEW AND MANAGEMENT SERVICE

CLINICAL PROCEDURE

TRACHEOSTOMY – EMERGENCY RESPONSE TO ACCIDENTAL 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 who are trained in reinserting a tracheostomy tube.

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
- Video: Austin Health TRAMS Emergency Management of Accidental Decannulation
- Further information can be found on ATLAS "Interdisciplinary Tracheostomy Competency Program".

Purpose:

- To describe the emergency management response to an accidental tracheostomy decannulation

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.
- **Stoma tract –** is the area extending from the skin, through the soft tissue of the neck and into the tracheal airway.

Clinical Alert:

- **If accidental decannulation occurs, initiate RESPOND BLUE by dialling 2222.**
- Accidental decannulation is an emergency. Maintaining or restoring a patent airway is vital for the safety of a patient.

- If the tracheostomy is less than seven days old **do not** attempt to reinsert the tube. Wait for the RESPOND BLUE team to arrive. The stoma tract is immature and attempted reinsertion can result in tracheostomy entry into a false passage in the soft tissues anterior to the trachea.
- 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 (if the patient has a patent upper airway)

Equipment:

- Routine tracheostomy personal protective equipment (PPE)
    - Clean gloves
    - Safety shield, goggles or glasses
    - Disposable apron (optional)
    - Surgical mask
- Working suctioning equipment
- Suction catheters: standard size FG12
- Tracheal dilators, for use by trained staff only
- 10ml syringe
- Spare tracheostomy tube of the same size, and one size smaller
- Water soluble lubricant
- Clean gloves
- Bag-Valve-Mask with both face mask and tracheostomy connector
- Pulse oximeter
- Stethoscope
- Cuff manometer (if tracheostomy has an air-filled cuff)
- Refer also to: Tracheostomy – Mandatory Equipment & Emergency Tracheostomy Management Poster

Procedure:

- **Initiate RESPOND BLUE by dialling 2222 or pressing Staff Assist button**
- Check for the date of initial tracheostomy tube insertion located 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
- Apply oxygen via the nose/mouth and tracheostomy stoma if required.
- **Do not reinsert the tube if the tracheostomy stoma is less than seven days old** If patient has long blue stay sutures present, pull these anteriorly to bring the trachea forward and keep stoma open while waiting for RESPOND BLUE team.

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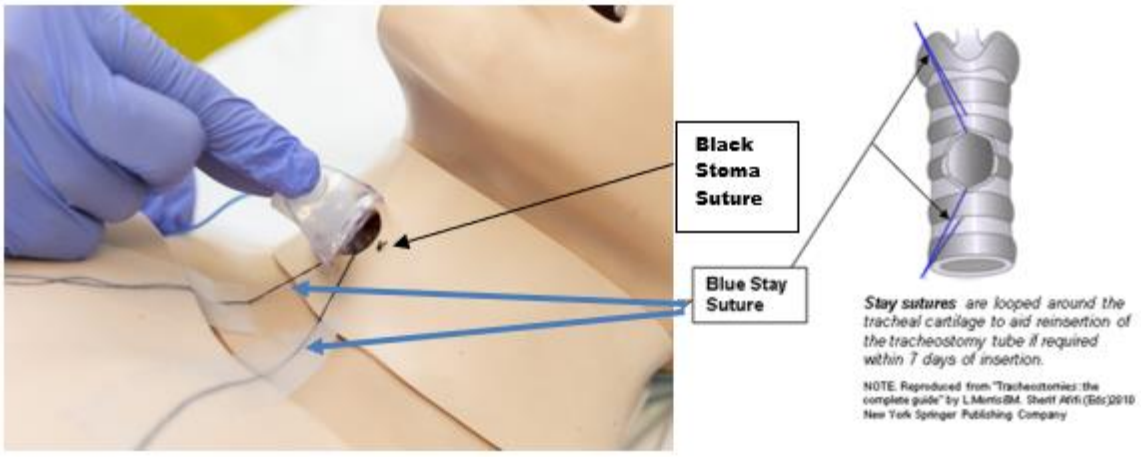

- Assess if the patient is breathing adequately via the tracheostomy stoma or upper airway until the RESPOND BLUE team arrive. Continue applying oxygen via the nose/mouth and tracheostomy stoma if required
- **If the tracheostomy is more than seven days old reinsert the tracheostomy if you have been 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.
- If the tracheostomy tube of the same size does not fit into the stoma, insert the smaller tracheostomy tube located in the bedside emergency equipment.
- Suction via the tracheostomy tube to ensure a patent airway.
- If the tracheostomy has been re-inserted and patency and position are confirmed, reattach the ventilator or replace oxygen and humidification via the tracheostomy.
- Check lung air entry by auscultating both sides of the chest.
- Advanced airway responders (ICU Consultant, Anaesthetist, ENT, Thoracic or Maxillofacial surgeon): refer to the reverse side of Emergency Tracheostomy Management Poster
- In an invasively ventilated patient whose tracheostomy tube cannot be reinserted, occlude the stoma with gauze and ventilate the patient via the mouth and nose with a Bag-Valve-Mask until intubation with endotracheal tube.

Post Procedure Care:

- Perform half hourly observations for the next 2 hours.
- Complete a Riskman report. Consider any contributing factors that resulted in a dislodged tracheostomy or accidental decannulation and reflections on how to avoid this in the future
- Notify the Nurse in charge of the shift, the parent unit and TRAMS.
- Document in the patient's Cerner progress notes

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Legislation/References/Supporting Documents:

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