Tracheostomy Emergencies & Resuscitation

Joy Norton Tracheostomy safety facilitator SJH

Must know the reason why your patient has tracheostomy tube!

- The purpose of a tracheostomy tube is to maintain a patent airway and permit the removal of bronchotracheal secretions.
- When caring for a patient with a tracheostomy it is vital that staff are aware of:
  1. Why the tracheostomy was performed in the first instance.
  2. Whether the upper airway is patent, partially or completely obstructed
  3. How long the tracheostomy has been established.

Know your tube type

- Staff looking after a patient with a tracheostomy must also know what type of Tracheostomy tube is in situ –
  - Shiley/Portex
  - Cuffed – fenestrated/non fenestrated
  - Non Cuffed – fenestrated/non fenestrated
  - XLT – extended length – why??

Emergency Bedside Equipment:

- Appropriate SJH Tracheostomy Tray
  - Contains necessary emergency equipment
- Functioning Suction
- Functioning Oxygen
- Spare inner cannula

Check your equipment every shift

Common Emergencies associated with Tracheostomy patients:

- Accidental decannulation – tube falls out
- Tube Occlusion Partial/Complete
- Respiratory/Cardiac Arrest

Accidental Decannulation – Tube falls out

DON’T PANIC
**If tracheostomy tube becomes dislodged DON'T PANIC.**
- Once tube insitu more than one week the tract is usually well formed and will not close over straight away.
- If tube insitu less than 10 days a stay suture should be taped to patients chest. By pulling on this suture the trachea is brought forward and airway usually opened to facilitate tube replacement.

**Open trachy emergency tray at bedside, take out trachy dilator.**
- Keep stoma open by gently inserting dilator. Ensure correct position metal parts should be north and south.

**Assess the patient.**
- Check inner cannula.
- Call for help.
- Administer oxygen and monitor SpO2.
- Suction patient (if resistance noted)
- Deflate cuff if patient has cuffed tube.
- Check for air flow from trachy using your arm.
- If tracheostomy tube remains occluded remove it – except in ICU setting, apply ambu bag and await anaesthetic assistance.
- Reinsert new tracheostomy tube if competent to do so.
- If not – keep stoma open using tracheal dilator
- Administer oxygen and reassure patient until help arrives.

**If patient desaturates administer O2 via stoma. If stoma appears to have closed over try via face mask.**
- Have trachy tube same size and a size smaller ready for the person to insert the new tube. (use cotton ties to secure tube if patient confused)
- Have patient reviewed by medical person after event.
- Complete risk occurrence form

**Maximum ventilation and oxygenation occurs when there is a cuffed, non fenestrated tracheostomy tube insitu.**

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**Call for help** Inform ward staff to inform appropriate person:
- **Anaesthetist on call #889** on site 24/7
- **Mon-Fri 07.30-16.00 Tracheostomy nurse #538**
- **Staff St Johns ward for support/advice ext 2181.**
- **ENT/Max Fax Reg on call via switchboard.**
- **While waiting for help to arrive.**
- **Reassure the patient, and reinsert new tracheostomy tube if competent to do so.**

**Tracheostomy tube insitu**

**Assess breathing**
- **Basic Life Support – Circulation, Airway, Breathing (30 compressions to 2 breaths)**
- **Lie patient flat and remove any clothing from the neck – check patency of the inner cannula**
- **Assess breathing**
- **Has the patient a cuffed tube insitu?**
  - Yes – ensure cuff is inflated (5-7mls air)
  - No – change to cuffed tube if competent to do so.

**Repiratory/Cardiac Arrest Situation:**

- **Call for help**
- **Basic Life Support – Circulation, Airway, Breathing (30 compressions to 2 breaths)**
- **Lie patient flat and remove any clothing from the neck – check patency of the inner cannula**
- **Assess breathing**
- **Has the patient a cuffed tube insitu?**
  - Yes – ensure cuff is inflated (5-7mls air)
  - No – change to cuffed tube if competent to do so.

**Maximum ventilation and oxygenation occurs when there is a cuffed, non fenestrated tracheostomy tube insitu.**
Give two breaths via tracheostomy tube – attach catheter mount to the top of the tracheostomy tube (ideally cuffed), attach the Bag Valve Mask (BVM) to 15L of oxygen. Remove face from BVM and attach to catheter mount.

Make sure you see the patients chest rise

Laryngectomy Patient:

- Laryngectomy patients can not be intubated orally or nasally

- Same steps as before – Basic Life Support
- Mouth to stoma breathing/paediatric face mask
- Insert cuffed, non fenestrated tracheostomy tube

Who Do I call For Help?!!

- Emergency number – 2222 (SJH)
- Staff on your ward
- ENT/Max Fax Team
- Tracheostomy Safety Facilitator - #538
- Anaesthetist on call – #889 (SJH)

Over bed sign for tracheostomy patient

Discharge Needs of the Tracheostomy Patient

Over bed sign for laryngectomy patient
Discharge needs

Early discharge planning is essential for all patients going home with a tracheostomy.

Equipment needed

- Suction Machine (battery and mains)
- +/- Suction Tubing
- Correct size suction catheters
- +/- Nebulizer
- Humidifier (available from Argos and Boots)
- Correct mask!
- Spare tracheostomy tubes, Swedish noses, Disposable inner cannulas, bibs, velcro ties etc.

Ordering Equipment

- Social worker – apply for medical card.
- Tracheostomy Safety Facilitator / Head & Neck Nurse Co-ordinator – tubes, suction equipment, Neb machine humidification bibs etc.
- Speech and Language – PMV, electrolarynx or blom singer (if laryngectomy Pt)
- Dietician – if patient being tube fed/increased calorie intake

Teaching

- Persons involved:
  - Primarily the patient
  - Caregiver
  - Public Health nurse

- Topics:
  - Cleaning (boiled water used)
  - Skin protection
  - Handwashing and hygiene about the tube
  - Suctioning
  - Daily activities (swimming forbidden/shower protection)

EMERGENCIES

- Ensure patient and their families prepared should tube become dislodged... How?
- Action plan: know exact location in house where spare tracheostomy tube kept.
- Resite immediately if patient/family member competent to do so. Must always be reviewed by medical person following event.
- If patient/family member not competent to replace tube, patient must bring spare tube with them to their nearest A&E

Follow-up

- Hospital staff contact numbers
- Community contact numbers – appliance officer, PHN etc
- Clinic – monthly tube changes
- Speech Therapist
- Dietician