



This patient has a

TRACHEOSTOMY



There is a potentially patent upper airway (Intubation may be difficult)

Percutaneous / Surgical

Indication: Difficult Airway Prolonged Ventilation
 Prophylactic Airway Management

Performed on (date).....

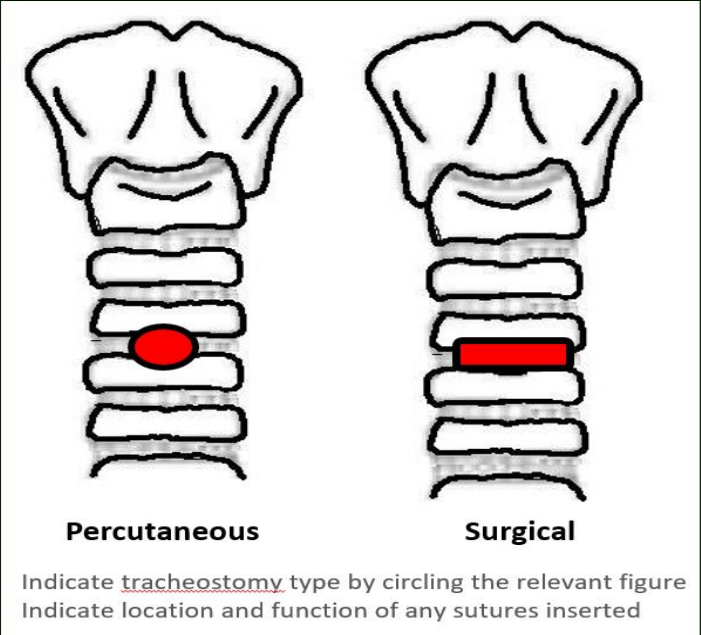
Tube Type.....SIZE.....

LOT No.....Use by.....

Patient's First name & First letter of Surname.....

Laryngoscopy Grade & Notes on managing upper airway:

Special Instructions:



Emergency: ICU Reg: #666
Mon-Fri: Tracheostomy CNS: #538

ENT Reg/ Max fax Reg via SWITCH or Anaesthetic Senior Reg: ext 6123
Staff St. Johns Ward for support/advice: ext 2181

Revised November 2019

Management of the tracheostomy patient with breathing difficulties - Patent upper airway

Apply high flow oxygen to **BOTH** the face and the tracheostomy stoma
Call for Airway Expert help – Anaesthetics/ITU **AND** ENT/Max Fax

Look, listen & feel at the mouth and tracheostomy
 capnography may help if available

Is the patient breathing?

Assess patency

Remove **speaking valve** or **cap** (if present)
 Remove **inner tube**¹ (if present)
 Attempt **tracheal suction**

Can you pass a **suction catheter**?

No

Deflate the **cuff** (if present)²
Look, listen & feel at the mouth and tracheostomy

Is the **patient improving**?
 Eg. SpO₂ >90%,

No

REMOVE THE TRACHEOSTOMY TUBE
Look, listen & feel at the mouth and tracheostomy. Ensure oxygen re-applied

Call Resuscitation team
Follow ALS algorithm
 Emergency oxygenation

No

Is the patient breathing?

Yes

Continue ABCDE assessment
 Support ventilation if hypoxic
 Await Airway Expert

Basic emergency oxygenation

Standard **ORAL airway** manoeuvres
 Cover the stoma (swabs / hand)
 Bag-Valve-Mask
 Oral or nasal airway adjuncts
 LMA

Tracheostomy STOMA ventilation
 Paediatric face mask applied to neck
 LMA applied to neck

Expert emergency oxygenation

Attempt **ORAL intubation**
DIFFICULT INTUBATION
 Uncut tube. Advance beyond stoma

Attempt **intubation of stoma**
 Small trachy tube / 6.0 cuffed ETT
 Consider Bougie / Aintree catheter /
 Fibre-optic 'scope

Call Resuscitation team
Follow ALS algorithm
 Assess tracheostomy patency

The tracheostomy is patent
 Consider partial obstruction
 Continue ABCDE assessment

1. Some inner tubes need re-inserting to connect to breathing circuits
2. If bleeding from tracheostomy, await expert before deflating cuff

Partially obstructed or displaced
Continue ABCDE assessment
 Await Airway Expert