EMERGENCY TRACHEOSTOMY TUBE CHANGE

Deflate cuff (if present). Reassess patency after any tube change
1st change – same size tube
2nd change – one-half size smaller tube

IF UNSUCCESSFUL – REMOVE THE TUBE

IS THE PATIENT BREATHING? - Look, listen and feel at the mouth and tracheostomy/stoma

CALL FOR HELP: 2222 in hospital, 999 in community

15 compressions : 2 rescue breaths
Ensure help or resuscitation team called

The tracheostomy tube is patent
Perform tracheal suction
Consider partial obstruction
Consider tracheostomy tube change
CONTINUE ASSESSMENT (ABCDE)

Can you pass a SUCTION catheter?

No

Remove attachments: humidifier (HME), speaking valve
Change inner tube (if present)
Inner tubes may need re-inserting to connect to breathing circuits

Yes

Emergency Paediatric Tracheostomy Management

SAFETY - STIMULATE - SHOUT FOR HELP - OXYGEN

SAFE: Check Safe area, Stimulate, and Shout for help
AIRWAY: Open child’s airway: head tilt / chin lift / pillow or towel under shoulders may help
OXYGEN: Ensure high flow oxygen to the tracheostomy AND the face as soon as oxygen available
CAPNOGRAPHY: Exhaled carbon dioxide waveform may indicate a patent airway (advanced response)

Primary emergency oxygenation

Standard ORAL airway manoeuvres
Cover the stoma (swabs / hand).
Use:
Bag-valve-face mask
Oral or nasal airway adjuncts
Supraglottic Airway (SGA)
e.g. Laryngeal Mask Airway (LMA)

Tracheostomy STOMA ventilation
Paediatric face-mask applied to stoma
SGA applied to stoma

Secondary emergency oxygenation

ORAL intubation with endotracheal tube
Uncut tube, advanced beyond stoma
One half-size smaller than tracheostomy tube
‘Difficult Airway’ Expert and Equipment*

Attempt intubation of STOMA
3.0 ID tracheostomy or endotracheal tube
‘Difficult Airway’ Expert and Equipment*

*EQUIPMENT: Fibreoptic scope, bougie, airway exchange catheter, Airway trolley

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