



AIRWAY MANAGEMENT: TRACHEOSTOMY SPECIAL SITUATIONS

DEFINITIONS:

Tracheostomy Tube: A rigid tube inserted through an opening (stoma) in a patient's neck used to maintain airway and to ventilate. Some models may include a removable inner cannula.

Stoma: The anatomical opening in the neck where the tracheostomy tube is placed.

CONTRAINDICATIONS:

No manipulation of tracheostomy tubes should occur (other than suctioning) in a patient whose stoma is not at least 7 days old. This also applies to insertion of endotracheal tubes into stomas. There is too great a risk of creating a false passage with newer stomas.

ALS ACTION/TREATMENT FOR RESPIRATORY DISTRESS:

MUCOUS OBSTRUCTED TRACHEOSTOMY:

- If inner cannula is in place, remove it.
- Attempt to suction tracheostomy tube (may consider using patient's deep suction equipment).
- Instill 5 mL normal saline (2mL for pediatrics) into tracheostomy tube during inspiration (use a pre-filled saline syringe).
- Suction tracheostomy.
- Reinsert inner cannula, if applicable, after rinsing with normal saline and wiping the cannula with clean gauze.
- Ventilate through the tracheostomy tube with appropriately sized bag valve mask (without mask attached). Auscultate for bilateral breath sounds.
 - If ventilation is not adequate through the tracheostomy tube, may attempt ventilation through the **mouth** using bag valve mask. Occlude the tracheostomy tube with a gloved hand and proceed to provide positive pressure ventilation with bag valve mask over the patient's mouth.

EXPELLED TRACHEOSTOMY TUBE:

- If tracheostomy tube is still available:
 - Suction if necessary.
 - Clean tracheostomy tube after rinsing with normal saline and wiping with clean gauze.
 - Reinsert tracheostomy tube.
 - Secure anchor ties of tracheostomy tube around neck.
 - Ventilate through the tracheostomy tube with appropriately sized bag valve mask (without mask attached).

RESPIRATORY DISTRESS/ARREST IN ADULT STOMA PATIENTS (TRACHEOSTOMY TUBE NOT AVAILABLE OR UNABLE TO INSERT):

- Suction stoma to ensure a patent airway.
- Place appropriately sized iGel or other approved laryngeal mask airway over stoma and ventilate.
- If iGel or other approved laryngeal mask airway **not** available, place appropriately sized bag valve mask over the stoma and be sure a good seal is achieved.
 - Ventilate the patient with 100% O₂ by means of a bag-valve breathing device.
 - Observe for bilateral rise and fall of chest.
 - Auscultate the lungs for bilateral breath sounds and the epigastric area for absence of abdominal sounds.
- If laryngeal mask airway or bag valve mask does not provide adequate ventilation, consider placing an endotracheal tube into the stoma.
 - Select proper size endotracheal tube.

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- Test cuff inflation prior to use.
- Lubricate endotracheal tube with lubricating jelly.
- Insert tube into stoma.
- Ventilate and auscultate for bilateral breath sounds.
 - If breath sounds absent on one side, pull back on ET tube and reassess.
- Inflate cuff with minimum amount of air (3-5 mL).
- Ventilate and auscultate bilateral breath sounds.
- When bilateral breath sounds noted, ventilate using 100% oxygen.
- If above interventions do not provide adequate ventilation or cannot be performed, occlude the stoma with a gloved hand and proceed to attempt positive pressure ventilation with bag valve mask over the patient's mouth or consider use of igel/endotracheal tube through the mouth.
 - Ventilate the patient with 100% O₂ by means of a bag-valve breathing device.
 - Observe for bilateral rise and fall of chest.
 - Auscultate the lungs for bilateral breath sounds and the epigastric area for absence of abdominal sounds.

RESPIRATORY DISTRESS/ARREST IN PEDIATRIC STOMA PATIENTS (TRACHEOSTOMY TUBE NOT AVAILABLE OR UNABLE TO INSERT):

- Suction stoma to ensure a patent airway.
- If no improvement, occlude the stoma with a gloved hand and proceed to provide positive pressure ventilation with bag valve mask over the patient's mouth.
 - Ventilate the patient with 100% O₂ by means of a bag-valve breathing device.
 - Observe for bilateral rise and fall of chest.
 - Auscultate the lungs for bilateral breath sounds and the epigastric area for absence of abdominal sounds.

NOTE: Newer tracheostomy tubes may not contain an inner canula. Attempt to verify with the patient or caregiver if the tracheostomy tube encountered has an inner canula. If this component is absent, omit steps related to the inner canula.

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