

This patient has a

# New TRACHEOSTOMY

Patient ID:

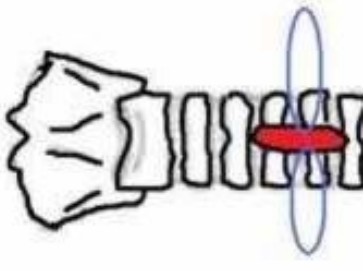
*Patient Label / Details*

Tracheostomy:

Add tube specification  
including cuff or inner tube  
\_\_\_\_\_ mm ID, \_\_\_\_\_ mm distal length

Suction:

\_\_\_\_\_ FG Catheter to Depth \_\_\_\_\_ cm



Indicate on this diagram  
any sutures in place

## UPPER AIRWAY ABNORMALITY: Yes / No

Document laryngoscopy grade and notes on upper airway management or patient specific resuscitation plans

**Due 1<sup>st</sup> tracheostomy change: \_\_\_ / \_\_\_ / \_\_\_ (by ENT ONLY)**

**In an Emergency: Call 2222 and request the Resuscitation Team and ENT surgeon  
Follow the Emergency Paediatric Tracheostomy Management Algorithm on reverse**

# Emergency Paediatric Tracheostomy Management

**SAFETY - STIMULATE - SHOUT FOR HELP - OXYGEN**

**SAFE:** Check Safe area, Stimulate, and Shout for help, CALL 2222 (hospital) or 999 (home)  
**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  
**Capnograph:** Exhaled carbon dioxide waveform may indicate a patent airway (secondary responders)

Basic Response

## SUCTION TO ASSESS TRACHEOSTOMY PATENCY

**Remove any attachments: humidifier (HME), speaking valve and change inner tube (if present)**

Inner tubes need re-inserting to connect to bagging circuits

**The tracheostomy tube is patent**  
 Perform tracheal suction  
 Consider partial obstruction  
 Consider tracheostomy tube change

Can you pass a SUCTION catheter?

Yes

**CONTINUE ASSESSMENT (ABCDE)**

No

## EMERGENCY TRACHEOSTOMY TUBE CHANGE

**Deflate cuff (if present). Reassess patency after any tube change**

**1<sup>st</sup> – same size tube, 2<sup>nd</sup> – smaller size tube**

**\* 3<sup>rd</sup> – smaller size tube sited over suction catheter to guide**

**IF UNSUCCESSFUL – REMOVE THE TUBE**

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

No

**5 RESCUE BREATHS – USE TRACHEOSTOMY IF PATENT**

**Patent Upper Airway – deliver breath to the mouth**

**Obstructed Upper Airway – deliver breath to tracheostomy/stoma**

Yes

**RESPONDS:**  
 continue oxygen,  
 reassessment  
 and stabilisation

**CHECK FOR SIGNS OF LIFE ? – START CPR**

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

**Plan for definitive airway if tube change failure**

Advanced Response

## Primary emergency oxygenation

Standard **ORAL** airway manoeuvres may be appropriate.

If so **cover the stoma** (swabs / hand).

Use:

- Bag-valve-face mask
- Oral or nasal airway adjuncts
- Supraglottic airway device e.g. Laryngeal Mask Airway (LMA)

**Tracheostomy STOMA ventilation**

Paediatric face mask applied to stoma  
 LMA applied to stoma

## Secondary emergency oxygenation

**ORAL** intubation may be appropriate with a downsized ET tube

Uncut tube, advanced beyond stoma

**Prepare for difficult intubation**

**'Difficult Airway' Expert and Equipment\*\***

**Attempt intubation of STOMA**

3.0 ID tracheostomy tube / ETT

**'Difficult Airway' Expert and Equipment\*\***

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

**\*3-smaller size tube sited over suction catheter to guide: to be used if out of hospital**

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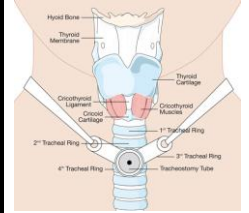
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\_\_\_\_\_ mm ID, \_\_\_\_\_ mm distal length

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UPPER AIRWAY ABNORMALITY: Yes / No please give details of any expected difficulty

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CONTINUE ASSESSMENT (ABCDE)

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