Emergency Tracheostomy Management 4/5/6.2.7 Version 2, 03/2021 Respiratory Tracheostomy or distress or breathing appropriate CPG laryngostomy present complaint Assess ventilation at mouth Use ETCO₂ if available: and stoma a positive reading indicates a atent or partially patent airway Patient breathing Apply high flow O₂ to both face and neck Assess tracheostomy/ stoma patency Remove the stoma cover, speaking valve or cap (if present) Remove inner tube (if present) – may need to be replaced Do not remove a tracheoesophageal puncture (TEP) prosthesis Suction catheter passable Tracheostomy tube/stoma is patent: Perform tracheal suction Deflate the cuff (if present) Ventilate via neck if not breathing Continue ABCDE assessment Remain alert as it may be a partial obstruction Consider saline Neb Breathing adequately Tracheostomy tube/stoma is partially Remove the tube (if present) obstructed or displaced: Continue ABCDE assessment Reassess breathing at mouth and stoma Patient breathing Go to Continue ABCDE assessment appropriate **CPG** Laryngectomy, Tracheostomy or uncertain Cover the stoma (swabs/hand) Attempt to ventilate via mouth Successful Stoma ventilation – use a paediatric face mask over the stoma Commence CPR if no pulse present Consider intubation of stoma Use cuffed ET tube, insert finger, then bougie then tube (use

smaller ET tube than normal). Use ETCO2 monitoring.

