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 1st 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

## Basic Response

**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) |

**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

**Can you pass a SUCTION catheter?**

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

**CONTINUE ASSESSMENT (ABCDE)**

No

**EMERGENCY TRACHEOSTOMY TUBE CHANGE**

**Deflate cuff (if present). Reassess patency after any tube change**
**1st – same size tube, 2nd – smaller size tube**
*** 3rd – 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**

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

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

No

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

**Patent Upper Airway – deliver breath to the mouth**
**Obstructed Upper Airway – deliver breath to tracheostomy/stoma**

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

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

## 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**

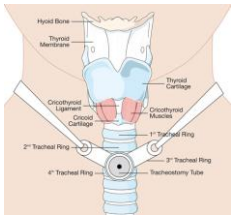
This patient has a

# TRACHEOSTOMY

**Patient ID :** *Patient Details*

**Tracheostomy:** Add tube specification including cuff or inner tube
**_____mm ID, _____ mm distal length**

**Suction:** **_____ FG Catheter to Depth _____ cm**




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

## Emergency Paediatric Tracheostomy Management

Basic Response

**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) |

**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

**Can you pass a SUCTION catheter?**

Yes

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

**CONTINUE ASSESSMENT (ABCDE)**

No

**EMERGENCY TRACHEOSTOMY TUBE CHANGE**

**Deflate cuff (if present). Reassess patency after any tube change**
**1st – same size tube, 2nd – smaller size tube**
*** 3rd – 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**

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

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

Yes

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

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

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

# Emergency Paediatric Tracheostomy Management

## Basic Response

**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) |

**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

**Can you pass a SUCTION catheter?**

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

**CONTINUE ASSESSMENT (ABCDE)**

No

**EMERGENCY TRACHEOSTOMY TUBE CHANGE**

**Deflate cuff (if present). Reassess patency after any tube change**
**1st – same size tube, 2nd – smaller size tube**
*** 3rd – 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**

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

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

No

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

**Patent Upper Airway – deliver breath to the mouth**
**Obstructed Upper Airway – deliver breath to tracheostomy/stoma**

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

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

## 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**