

Hospital in-patients with a Tracheostomy

Introduction

- Patients with a tracheostomy or laryngectomy are at increased risk of death or harm if inappropriate or inadequate care is provided.
- Patients with a tracheostomy or laryngectomy should be cared for in an environment that has trained staff, appropriate equipment and can manage tracheostomy daily care and emergencies.

On admission to hospital of a patient with a tracheostomy/laryngectomy or formation of a tracheostomy/laryngectomy whilst an in-patient

1. Check patient has **'Alert'** on TRAK
2. If not, insert **'Alert'** for patient
 - a. Under EPR, Allergies/Alerts/Risks, Alerts, Permanent Alert, Select New. A text box will appear, select 'Alert Category' – 'Clinical' from dropdown list, select 'Alert' either 'Airway alert – Tracheostomy' or 'Airway alert – Laryngectomy' from dropdown list.
 - b. In the Extra Information Box, type \liptrach then press SPACEBAR
3. Inform Critical Care
 - a. **RIE** – Bleep 2306
 - i. Advise of admission
 - ii. The patient will be cared for on Critical Care or Ward 204 only
 - iii. Bedside equipment will be provided by Critical Care
 - b. **WGH** – Call 31664
 - i. Advise of admission
 - ii. The patient will be cared for on a ward agreed by the Critical Care Team.
 - iii. Bedside equipment will be provided by Critical Care
 - c. **SJH** – Call 54056 or 54063 for ITU Charge Nurse.
 - i. Advise of admission and request Emergency Tracheostomy Box and Bedside Poster Signs.
 - ii. Patients will be cared for on a ward agreed by ITU and Bed Manager +/- HAN. If this is outwith Ward 18/19a or ITU, the ITU Charge Nurse will identify a staff member to attend the ward and ensure staff have appropriate equipment in situ. (Staff member will attend from either ITU, HAN, HAW OR Ward 19a).
 - iii. Support for these patients will be co-ordinated by ITU and if they are not in ITU they will be noted at all ITU medical and nursing handovers and hospital bed meetings whilst still in-patients.
4. If the tracheostomy is permanently removed please remove the **'Alert'** on TRAK
5. On patient discharge from hospital please return the Emergency Tracheostomy Box and Head of Bed Signs to Critical Care

Bedside equipment for all tracheostomised patients

- **Emergency tracheostomy box** containing:
 - Spare tracheostomies, one same size as in patient and one size smaller than that in patient
 - Stitch cutters / 1 x 10ml syringe / head torch (RIE) / 2 x sachets of KY jelly
 - 2 x 14G suction catheters / tracheal dilator forceps
 - Paediatric face mask
 - Miniature bed sign
- **Spare non-fenestrated inner tube**
- **Head of bed sign** (date and type of tracheostomy and what to do in emergency)
- **Laminated Emergency tracheostomy management algorithm**

Tracheostomy occlusion/blockage

CALL FOR HELP, FOLLOW GUIDELINES ON HEAD OF BED SIGN

- Oxygen to face & stoma
- Remove cap/inner tube
- Pass a suction catheter
- Deflate cuff/remove tube
- Consider ventilation via upper airway or stoma using a mask or tube (If ventilating via mouth occlude stoma site)

A Mapleson C circuit with capnography may help assessment of airway patency

Emergency decannulation

If patient accidentally decannulates, **CALL FOR MEDICAL HELP**.

Ensure patient is oxygenated via bag-valve-mask or Mapleson C circuit with capnography over mouth (occlude stoma site) until medical help arrives.

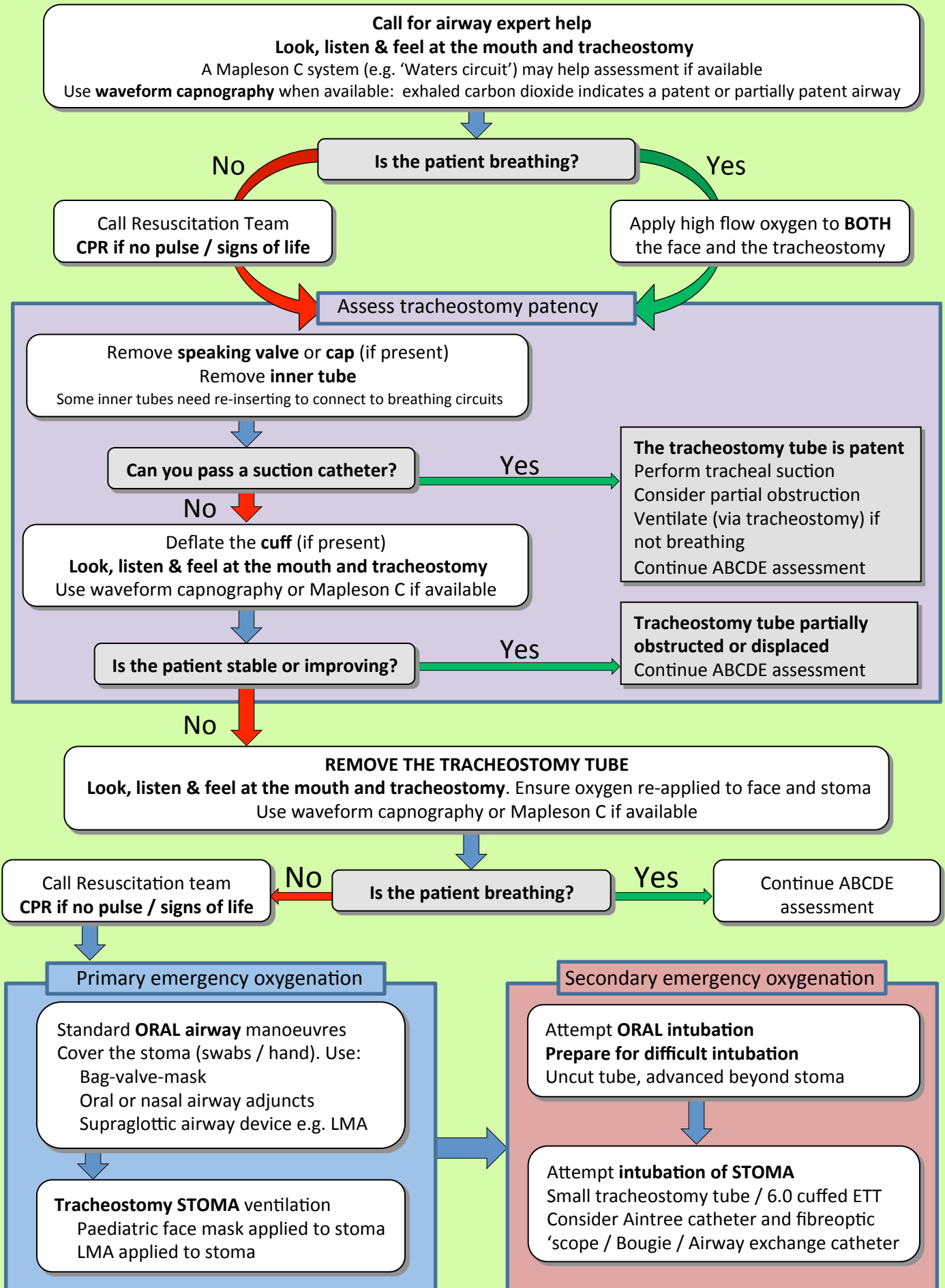
Once a senior medic is present the default would usually be to

1. Oxygenate the patient either via
 - a. The mouth using BVM or Mapleson C circuit with airway adjuncts OR
 - b. The stoma using a paediatric face mask applied to the stoma
2. Secure an airway using an uncut ETT (with cuff beyond stoma) in the emergency. Then refashion a tracheostomy as required or appropriate, usually in daylight hours as a planned procedure.
3. However depending on the reason for tracheostomy and how well formed the stoma is, the stoma may be re-cannulated immediately, often using fiberoptic scope and an airway exchange catheter.

NB. An expert may choose to use the tracheal dilators – these should not be used by non-experts.

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Emergency tracheostomy management - Patent upper airway



Emergency laryngectomy management

Call for airway expert help

Look, listen & feel at the mouth and laryngectomy stoma

A Mapleson C system (e.g. 'Waters circuit') may help assessment if available

Use **waveform capnography** whenever available: exhaled carbon dioxide indicates a patent or partially patent airway

No

Is the patient breathing?

Yes

Call Resuscitation Team
CPR if no pulse / signs of life

Apply high flow oxygen to laryngectomy stoma
If any doubt whether patient has a laryngectomy, apply oxygen to face also*

Assess laryngectomy stoma patency

Most laryngectomy stomas will NOT have a tube in situ

Remove **stoma cover** (if present)
Remove **inner tube** (if present)

Some inner tubes need re-inserting to connect to breathing circuits
Do not remove a tracheoesophageal puncture (TEP) prosthesis

Can you pass a suction catheter?

Yes

The laryngectomy stoma is patent
Perform tracheal suction
Consider partial obstruction
Ventilate via stoma if not breathing
Continue ABCDE assessment

No

Deflate the **cuff** (if present)

Look, listen & feel at the laryngectomy stoma or tube
Use waveform capnography or Mapleson C if available

Is the patient stable or improving?

Yes

Continue ABCDE assessment

No

REMOVE THE TUBE FROM THE LARYNGECTOMY STOMA if present

Look, listen & feel at the laryngectomy stoma. Ensure oxygen is re-applied to stoma
Use waveform capnography or Mapleson C if available

No

Call Resuscitation Team
CPR if no pulse / signs of life

Is the patient breathing?

Yes

Continue ABCDE assessment

Primary emergency oxygenation

Laryngectomy stoma ventilation via either
Paediatric face mask applied to stoma
LMA applied to stoma

Secondary emergency oxygenation

Attempt **intubation of laryngectomy stoma**
Small tracheostomy tube / 6.0 cuffed ETT
Consider Aintree catheter and fiberoptic 'scope / Bougie / Airway exchange catheter

* Laryngectomy patients have an end stoma and **cannot be oxygenated via the mouth or nose**
Applying oxygen to the face and stoma is the default emergency action for all patients with a tracheostomy

This patient has had a TRACHEOSTOMY

In Emergency:

CALL FOR HELP

Call 2222 or bleep ITU Reg/Con

Surgical / Percutaneous:

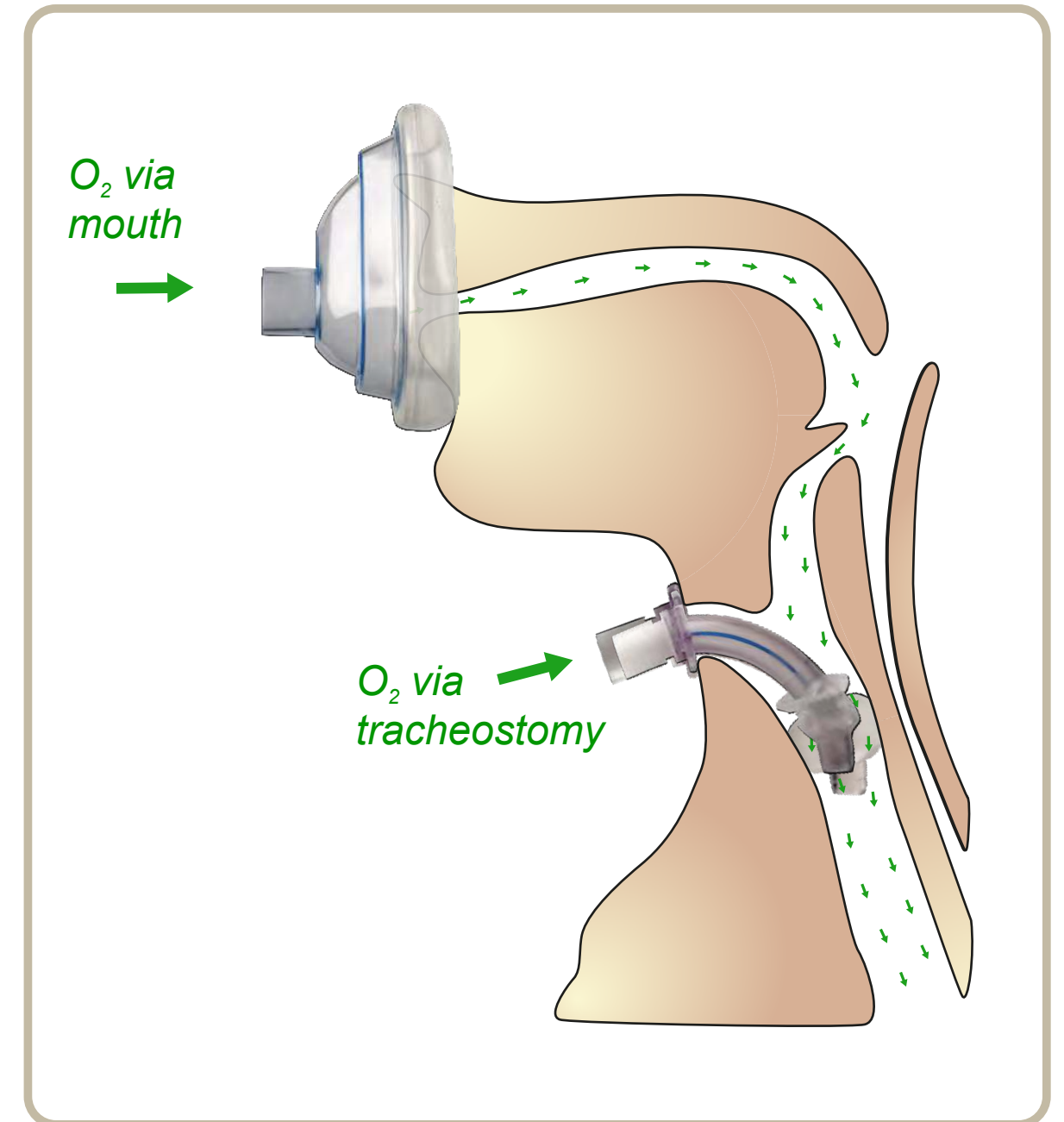
Performed on:

Tracheostomy tube size:

(Note: The upper airway may provide an intact airway)

Give oxygen via BOTH stoma & mouth

- Oxygen to face & stoma
- Remove cap/inner tube
- Pass a suction catheter
- Deflate cuff/remove tube
- Consider ventilation via upper airway or stoma using a mask or tube
(If ventilating via mouth occlude stoma site)



This patient has had a LARYNGECTOMY

In Emergency:

CALL FOR HELP

Call 2222 or bleep ITU Reg/Con

Performed on:

Tracheostomy tube size:

(Note: there is NO connection between the trachea and the mouth/nose)

DO NOT give oxygen via mouth!

- Apply Oxygen to stoma
- Remove cap/inner tube
- Pass a suction catheter
- Deflate cuff/remove tube
- Consider ventilation via stoma using a mask or tube

