This patient has a

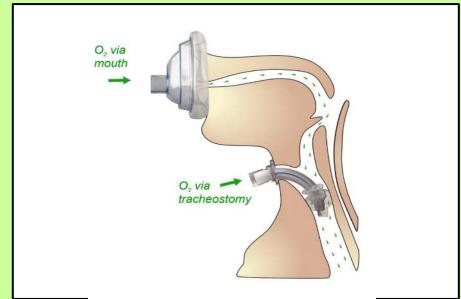
TRACHEOSTOMY

There is a potentially patent upper airway (Intubation may be difficult)

Surgical / Percutaneous

Performed on (date)	•••••
Tracheostomy tube size (if present)	
Hospital / NHS number	
Notes: Indicate tracheostomy type. Indicate function of any sutures. Laryngoscopy grade and notes on upper a	

Any problems with this tracheostomy.



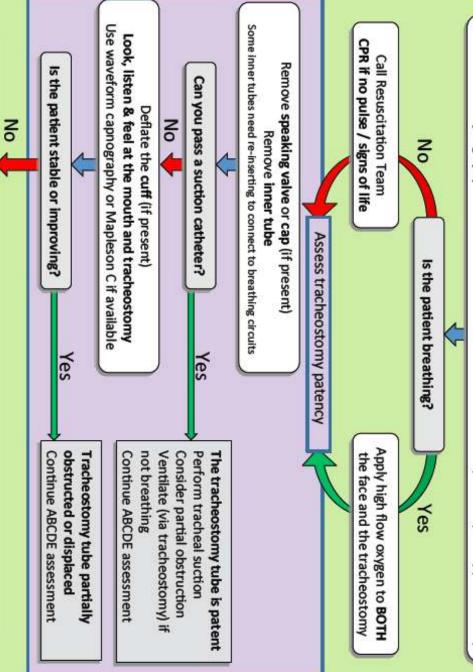
Emergency Call: Anaesthesia ICU ENT MaxFax Emergency Team

Emergency tracheostomy management - Patent upper airway

Look, listen & feel at the mouth and tracheostomy Call for airway expert help

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

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



REMOVE THE TRACHEOSTOMY TUBE

Look, listen & feel at the mouth and tracheostomy. Ensure oxygen re-applied to face and stoma Use Waveform capnography or Mapleson C if available



Primary emergency oxygenation

Standard ORAL airway manoeuvres Cover the stoma (swabs / hand). Use:

Bag-valve-mask

Oral or nasal airway adjuncts

Supraglottic airway device e.g. LMA

Tracheostomy STOMA ventilation Paediatric face mask applied to stoma

LMA applied to stoma

Secondary emergency oxygenation

Attempt ORAL intubation Uncut tube, advanced beyond stoma Prepare for difficult intubation

Consider Aintree catheter and fibreoptic Small tracheostomy tube / 6.0 cuffed ETT Attempt intubation of STOMA 'scope / Bougie / Airway exchange catheter

National Tracheostomy Safety Project. Review date 1/1/24. Feedback & resources at www.tracheostomy.org.uk