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 \iptrach 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 fibreoptic 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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