

# Tracheal tube displacement algorithm for non-anaesthetists/intensivists

Consider if:

1. Hypoxia, CVS instability, failure to achieve set pressure/tidal volumes
2. Audible cuff leak despite appropriate cuff pressures

Step 1

**CALL FOR HELP**  
**GIVE 100% OXYGEN**

GET: Capnography (& attach it)  
 C-circuit or Ambu bag  
 Airway trolley


CHECK: Previous intubation grade & airway alerts

RE-ASSESS

Step 2

**Ventilate via tracheal tube with C-circuit or Ambu bag and 100% Oxygen**

Is the capnograph trace a normal square wave?



Is the chest moving up and down and easy to ventilate?

yes

**Suggests problem with tracheal tube unlikely**

Consider other causes of deterioration e.g. pneumothorax, bronchospasm

Assess breathing and circulation, follow ALS algorithms if necessary

no

Step 3

**SUGGESTS A PROBLEM WITH TRACHEAL TUBE (TT):**

- Check TT markings at the teeth: has it been pushed in or fallen out?
- Is the TT blocked? Pass suction catheter.
- Is the patient biting on the tube? Propofol 2ml & review, repeat prn.

**Mechanically** ventilated with SpO<sub>2</sub><88% and falling

**Spontaneously** ventilating with SpO<sub>2</sub><88% and falling

Step 4

**Remove tracheal tube (TT) while awaiting senior help. Ventilate with 100% O<sub>2</sub>, head up position, using face mask and Ambu bag or C-circuit, Guedel airway and 2-person technique.**

**Support spontaneous ventilation with 100% O<sub>2</sub> via tracheal tube +/- additional nasal cannulae. Maintain head up position and await senior help.**