## Emergency tracheostomy management - Patent upper airway **Call for Airway Expert help** Look, listen & feel at the mouth and tracheostomy A Waters circuit or capnography may help assessment if available Is there any respiratory effort? No Yes Call Resuscitation team Apply high flow oxygen to **BOTH** CPR if no pulse the face and the tracheostomy Assess tracheostomy patency Remove speaking valve or cap (if present) Remove inner tube Some inner tubes need re-inserting to connect to breathing circuits The tracheostomy is patent Yes Perform tracheal suction Can you pass a suction catheter? Consider partial obstruction Ventilate if not breathing No Continue ABCDE assessment **DEFLATE THE CUFF (if present)** Look, listen & feel at the mouth and tracheostomy Yes Partially obstructed or displaced Is the patient improving? Continue ABCDE assessment No **REMOVE THE TRACHEOSTOMY TUBE** Look, listen & feel at the mouth and tracheostomy. Ensure oxygen re-applied to face and stoma No Call Resuscitation team Continue ABCDE Is the patient breathing? CPR if no pulse assessment Basic emergency oxygenation Expert emergency oxygenation Standard **ORAL airway** manoeuvres Attempt **ORAL intubation** Cover the stoma (swabs / hand) Prepare for difficult intubation Bag-Valve-Mask Uncut tube. Advance beyond stoma Oral or nasal airway adjuncts **LMA** Attempt intubation of stoma Small trachy tube / 6.0 cuffed ETT **Tracheostomy STOMA** ventilation Consider Bougie / Aintree catheter / Paediatric face mask applied to stoma Fibre-optic 'scope LMA applied to stoma National Tracheostomy Safety Project www.tracheostomy.org.uk