

Tracheostomy changes in Critical Care

- In the emergency situation involving an acutely desaturating patient with a tracheostomy in situ, changing the tracheostomy tube is not the appropriate course of action – see the Emergency Tracheostomy/Laryngectomy algorithm for management of this scenario
- Two practitioners, one with advanced airway skills, are required for tracheostomy tube change.
- Record any changes in tube size/type on the bedhead sign. Record tube change, including any complications, in invasive device record.

Essential equipment for elective tracheostomy change

- Full minimal monitoring including capnography.
- The NHS Lothian Airway Trolley
- Fibre-optic 'Scope (FOS) immediately available if required.
- Aintree catheter over FOS, bougie, or suction catheter (with plastic attachment cut off) are acceptable guides over which to change a tube and choice of guide depends on patient condition and personal preference.

Potential pitfalls

- Guide/bougie will not pass: remove guide and use FOS to assess tube position.
- New tracheostomy tube will not pass: use tracheostomy tube one size smaller.

Caution with tube changes in the following patients:

- First tube change.
- Difficult previous tube change.
- Known difficult upper airway especially in the obese patient with large neck.
- Early changes - within 96h of surgical tracheostomy and 7-10d of percutaneous tracheostomy.

Most tube changes are uneventful, but those that do not go smoothly can go badly wrong. **Thorough preparation is essential. You must plan for loss of airway and/or failure to cannulate the tracheostomy.**

Title: Tracheostomy changes in critical care	
	Authors: R Baruah
Status Draft/Final: FINAL	Approved by: QIT editorial group
	Written:
Reviewed on: June 2019	Next review : June 2012