

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 SpO₂<88% and falling

Spontaneously ventilating with SpO₂<88% and falling

Step 4

Remove tracheal tube (TT) while awaiting senior help. Ventilate with 100% O₂, head up position, using face mask and Ambu bag or C-circuit, Guedel airway and 2-person technique.

Support spontaneous ventilation with 100% O₂ via tracheal tube +/- additional nasal cannulae. Maintain head up position and await senior help.