

Tracheostomy Management

Aliases

None

Patient Care Goals

1. Meet airway management goals in a patient with a tracheostomy
 - a. Assure patent airway, understand how to troubleshoot tracheostomy in a patient with respiratory distress
 - b. Assure adequate oxygenation and ventilation

Patient Presentation

Inclusion Criteria

Any adult or pediatric patient with an existing tracheostomy *greater than* 7 days post placement and a mature stoma tract

Exclusion Criteria

Adult or pediatric patient with tracheostomy *less than* 7 days post placement (i.e., no mature stoma tract)

Patient Management

Assessment

1. Evaluate patient respiratory status as per [Airway Management Guideline](#)
2. In a patient with respiratory distress, evaluate for DOPE:
 - a. Dislodgement or misplaced tracheostomy (e.g., decannulation)
 - i. Assess for subcutaneous air in the neck which may indicate the tracheostomy is not in the trachea
 - ii. Directly visualize the tracheostomy and the stoma (i.e., remove anything obstructing direct view of stoma including clothing/bandages/sponges etc.) to assure it remains properly seated in the stoma
 - b. Obstruction or secretions in tracheostomy
 - i. Assure tracheostomy is patent. Especially in pediatric tracheostomy patients with significant respiratory distress, plugging or dislodgement/decannulation of the tracheostomy is the problem until proven otherwise
 - ii. Auscultate breath sounds, consider potential for plugging of large airways in patients with significant respiratory distress
 - c. Pneumothorax
 - d. Equipment connection problems
3. As with any patient with respiratory distress, appropriate monitoring with pulse oximetry and waveform capnography should be provided as per [Airway Management Guideline](#)

Treatment and Troubleshooting Interventions

1. In patient with **mild respiratory distress and adequate oxygenation**:
 - a. **Suctioning/clearing obstruction:**