



5. Uncuffed and fenestrated cuffed tracheostomy tubes may not protect the patient from aspiration
6. If transporting a patient with a tracheostomy either in an emergency or routine transport, the patient's home tracheostomy equipment (e.g., "Go bag") should accompany them. The equipment that needs to be at the bedside to ensure safety includes appropriately sized French suction catheters, operating suction system, and spare tracheostomy tubes. Sterile saline, sterile gloves and water-soluble medical lubrication packets should also be available. Most tracheostomy patients will maintain a kit with these supplies to travel with
7. Inadvertent tracheostomy decannulation incidence is the second most frequent life-threatening pediatric tracheostomy complication, occurring at rates of 0.35–15%, with the vast majority occurring more than 7 days postoperatively
8. Tracheostomy obstruction can occur for several reasons, including mucus plugging, abnormal/excess granulation tissue, tracheomalacia causing collapse of the tracheal wall around the tube
9. Do not replace a heat moisture exchange (HME) filter cap if soiled or wet as it can impede airflow

#### **Pertinent Assessment Findings**

1. Adequate oxygenation without respiratory distress suggests that the tracheostomy is patent and functioning correctly
2. Inadequate oxygenation and ventilation, respiratory distress, air hunger in a patient with a tracheostomy should first be presumed to be due to tracheostomy obstruction
3. Neck or chest crepitus on palpation suggests tracheostomy misplacement outside the trachea

#### **Quality Improvement**

**Associated NEMSIS Protocol(s) (eProtocol.01)** (for additional information, go to [www.nemsis.org](http://www.nemsis.org))

- 9914001 – Airway
- 9914003 – Airway - Failed
- 9914005 – Airway - Obstruction/Foreign Body

#### **Key Documentation Elements**

- For any tracheostomy patient with respiratory distress, visual verification of correct location of tracheostomy in the stoma and auscultation of breath sounds
- Continuous pulse oximetry and preferably continuous waveform capnography (or if unavailable, repeated capnometry measurements) should be documented for every patient. [eAirway.03: 4003015]

#### **Performance Measures**

None noted

#### **References**

1. Bontempo LJ, Manning SL. Tracheostomy Emergencies. *Emergency medicine clinics of North America*. 2019;37(1):109–19
2. Dawson, D. (2014). Essential principles: tracheostomy care in the adult patient. *Nurs Crit Care*, 19(2), 63–72. doi:10.1111/nicc.12076