



- i. If the patient is not on a ventilator, remove any cap, filter, or speaking valve that may be connected to the tracheostomy
 - ii. Provide passive oxygenation with high flow oxygen over nose/mouth and stoma to avoid hypoxia during procedure
 - iii. Remove inner cannula if present
 - iv. If needed, use 1–3 mL sterile saline directly into the tracheostomy to loosen secretions and help clear obstruction
 - v. Pass appropriately sized suction catheter through tracheostomy
 - vi. Once obstruction is cleared, assist ventilations as needed with BVM to tracheostomy tube, provide passive oxygenation or return patient to ventilator if patient on chronic ventilator via tracheostomy
2. In patient with **significant/severe respiratory distress and/or inadequate oxygenation**:
 - a. If patient on ventilator, remove from vent and attempt BVM ventilation
 - b. **Suctioning/clearing obstruction**:
 - i. If the patient is not on a ventilator, remove any cap, filter, or speaking valve that may be connected to the tracheostomy
 - ii. Provide passive oxygenation with high flow oxygen over nose/mouth and stoma to avoid hypoxia during procedure
 - iii. Remove inner cannula if present
 - iv. Attempt to pass appropriately sized suction catheter through tracheostomy
 - v. If needed, use 1–3 mL sterile saline directly into the tracheostomy to loosen secretions and help clear obstruction
 - vi. If suction catheter will not pass, the tracheostomy needs to be changed emergently due to obstruction. (See [below](#))
 - vii. Once obstruction is cleared, assist ventilations as needed with BVM to tracheostomy tube, provide passive oxygenation or return patient to ventilator if patient on chronic ventilator via tracheostomy tube
 - c. **Emergent tracheostomy change**: determine size of tracheostomy needed from imprint on existing tracheostomy flange/collar. If no replacement tracheostomy is available, an endotracheal tube of the same size or smaller may be used
 - i. Ventilate or provide passive oxygenation during procedure. Attempt to ventilate from the upper airway or direct high flow O₂ to stoma during attempts.
 - ii. Deflate cuff (if present)
 - iii. Remove ties and obstructed tracheostomy
 - iv. Immediately replace with new (lubricated) tracheostomy, remove obturator, and begin BVM ventilation. Never use force. For difficult replacement, the following strategies can be attempted:
 - a. Reposition patient with neck extended
 - b. Ensure proper lubrication and re-attempt approach at a 90-degree angle from long axis of neck (i.e., from the side) to enter the stoma and then rotate back along the long axis to complete insertion
 - c. Attempt reinsertion with a smaller sized tracheostomy or endotracheal tube
 - v. Confirm correct placement with waveform capnography, breath sounds, oxygen saturation, chest rise
 - vi. Secure tracheostomy with tracheostomy ties or tube with appropriate holder
3. Consider use of humidified air or oxygen in any patient with a tracheostomy