

Respiratory Distress with a Tracheostomy Tube

History

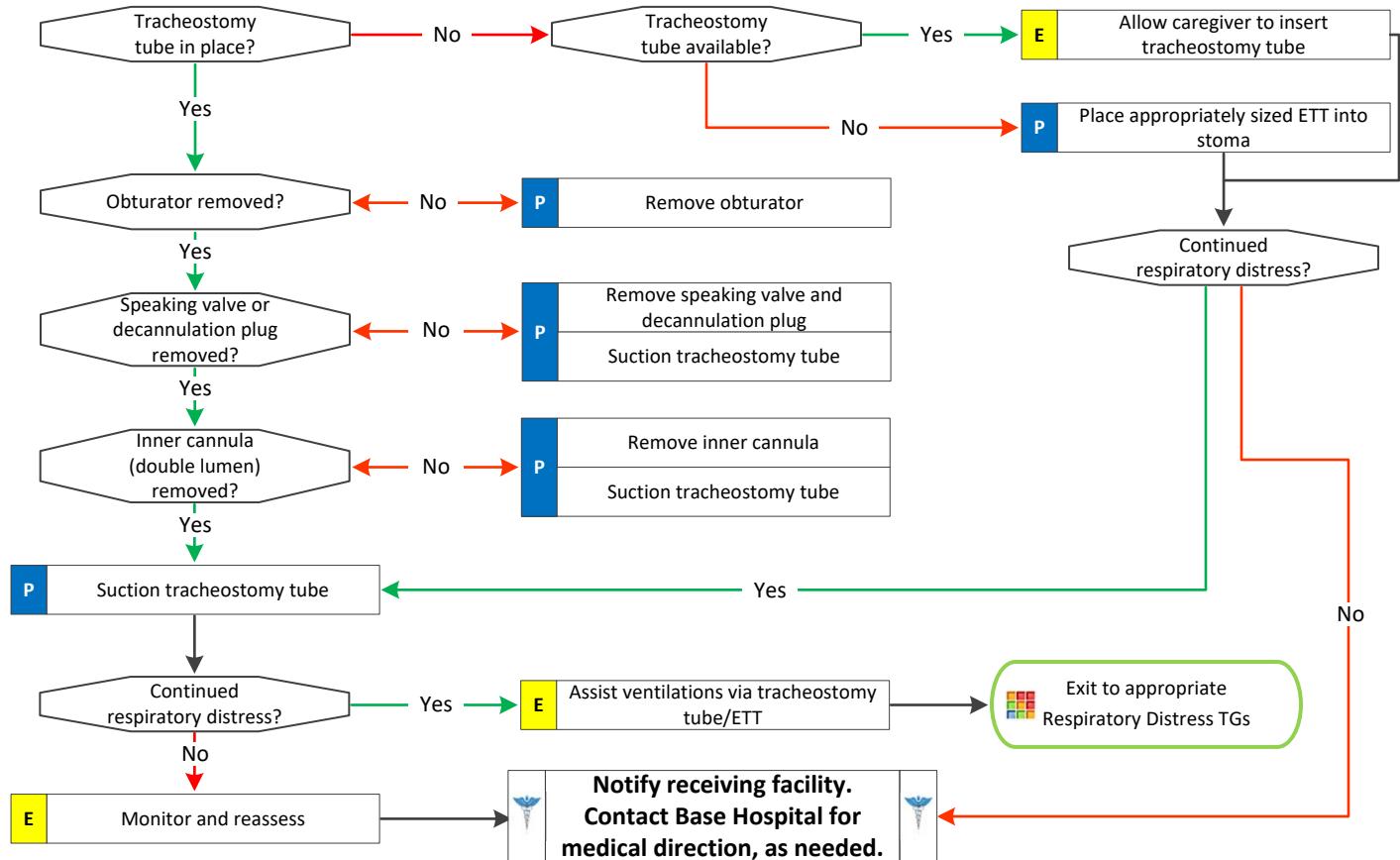
- Birth defect
- Surgical complications
- Trauma
- Medical condition involving the airway or phrenic nerve

Signs and Symptoms

- Nasal flaring
- Chest wall retractions (with or without abnormal breath sounds)
- Attempts to cough
- Copious secretions notes coming from the tube
- Faint breath sounds on both sides of the chest despite significant respiratory effort
- AMS
- Cyanosis

Differential

- Allergic reaction
- Asthma
- Aspiration
- Septicemia
- Foreign body
- Infection
- Congenital heart disease
- Medication or toxin
- Trauma

**Pearls**

- Always talk to family/caregivers as they have specific knowledge and skills of device(s).
- Use extreme caution when placing an ETT into a stoma. Placing the ETT too deep will result in right main stem positioning.
- Use patient's equipment if available and functioning properly.
- Estimate suction catheter size by doubling the inner tracheostomy tube diameter and rounding down.
- Suction depth: Ask family or caregiver. Suction no more than 3-6cm. Introduce 2-3ml NS before suctioning.
- Do not suction for more than 10 seconds each attempt and pre-oxygenate before and between attempts.
- DO NOT force the suction catheter. If unable to pass, the tracheostomy tube should be changed.
- Always deflate tracheal tube cuff before removal. Use continuous pulse oximetry and EtCO₂ monitoring.



Treatment Guideline A15