

This patient has a

New TRACHEOSTOMY

Patient ID:

Patient Label / Details

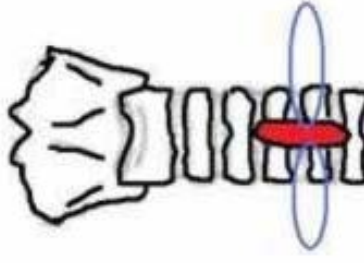
Tracheostomy:

Add tube specification
including cuff or inner tube

_____ mm ID, _____ mm distal length

Suction:

_____ FG Catheter to Depth _____ cm



Indicate on this diagram
any sutures in place

UPPER AIRWAY ABNORMALITY: Yes / No

Document laryngoscopy grade and notes on upper airway management or patient specific resuscitation plans

Due 1st tracheostomy change: ____ / ____ / ____ (by ENT ONLY)

**In an Emergency: Call 2222 and request the Resuscitation Team and ENT surgeon
Follow the Emergency Paediatric Tracheostomy Management Algorithm on reverse**

Emergency Paediatric Tracheostomy Management

SAFETY - STIMULATE - SHOUT FOR HELP - OXYGEN

SAFE: Check Safe area, Stimulate, and Shout for help, CALL 2222 (hospital) or 999 (home)
AIRWAY: Open child's airway: head tilt / chin lift / pillow or towel under shoulders may help
OXYGEN: Ensure **high flow oxygen** to the tracheostomy AND the face as soon as oxygen available
Capnograph: Exhaled carbon dioxide waveform may indicate a patent airway (secondary responders)

SUCTION TO ASSESS TRACHEOSTOMY PATENCY

Remove any attachments: humidifier (HME), speaking valve and change inner tube (if present)
 Inner tubes need re-inserting to connect to bagging circuits

The tracheostomy tube is patent
 Perform tracheal suction
 Consider partial obstruction
 Consider tracheostomy tube change

Can you pass a SUCTION catheter?

Yes

CONTINUE ASSESSMENT (ABCDE)

No

EMERGENCY TRACHEOSTOMY TUBE CHANGE

Deflate cuff (if present). Reassess patency after any tube change
1st – same size tube, 2nd – smaller size tube
*** 3rd – smaller size tube sited over suction catheter to guide**
IF UNSUCCESSFUL – REMOVE THE TUBE

IS THE PATIENT BREATHING? - Look, listen and feel at the mouth and tracheostomy/stoma

No

5 RESCUE BREATHS – USE TRACHEOSTOMY IF PATENT

Patent Upper Airway – deliver breath to the mouth
Obstructed Upper Airway – deliver breath to tracheostomy/stoma

CHECK FOR SIGNS OF LIFE ? – START CPR

15 compressions : 2 rescue breaths
Ensure help or resuscitation team called

Yes

RESPONDS:
 continue oxygen,
 reassessment
 and stabilisation

**Plan for definitive
 airway if tube
 change failure**

Primary emergency oxygenation

Standard **ORAL** airway manoeuvres **may be appropriate.**
 If so **cover the stoma** (swabs / hand).
 Use:
 Bag-valve-face mask
 Oral or nasal airway adjuncts
 Supraglottic airway device e.g.
 Laryngeal Mask Airway (LMA)

Tracheostomy STOMA ventilation
 Paediatric face mask applied to stoma
 LMA applied to stoma

Secondary emergency oxygenation

ORAL intubation may be appropriate with a downsized ET tube
 Uncut tube, advanced beyond stoma
Prepare for difficult intubation
'Difficult Airway' Expert and Equipment**

Attempt intubation of STOMA
 3.0 ID tracheostomy tube / ETT
'Difficult Airway' Expert and Equipment**

****EQUIPMENT: Fibreoptic scope, bougie, airway exchange catheter, Airway trolley**

***3-smaller size tube sited over suction catheter to guide: to be used if out of hospital**

Basic Response

Advanced Response

This patient has a

TRACHEOSTOMY

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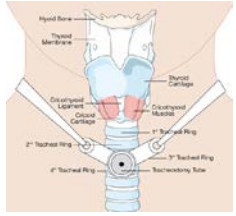
Tracheostomy:

Suction:

Patient Details

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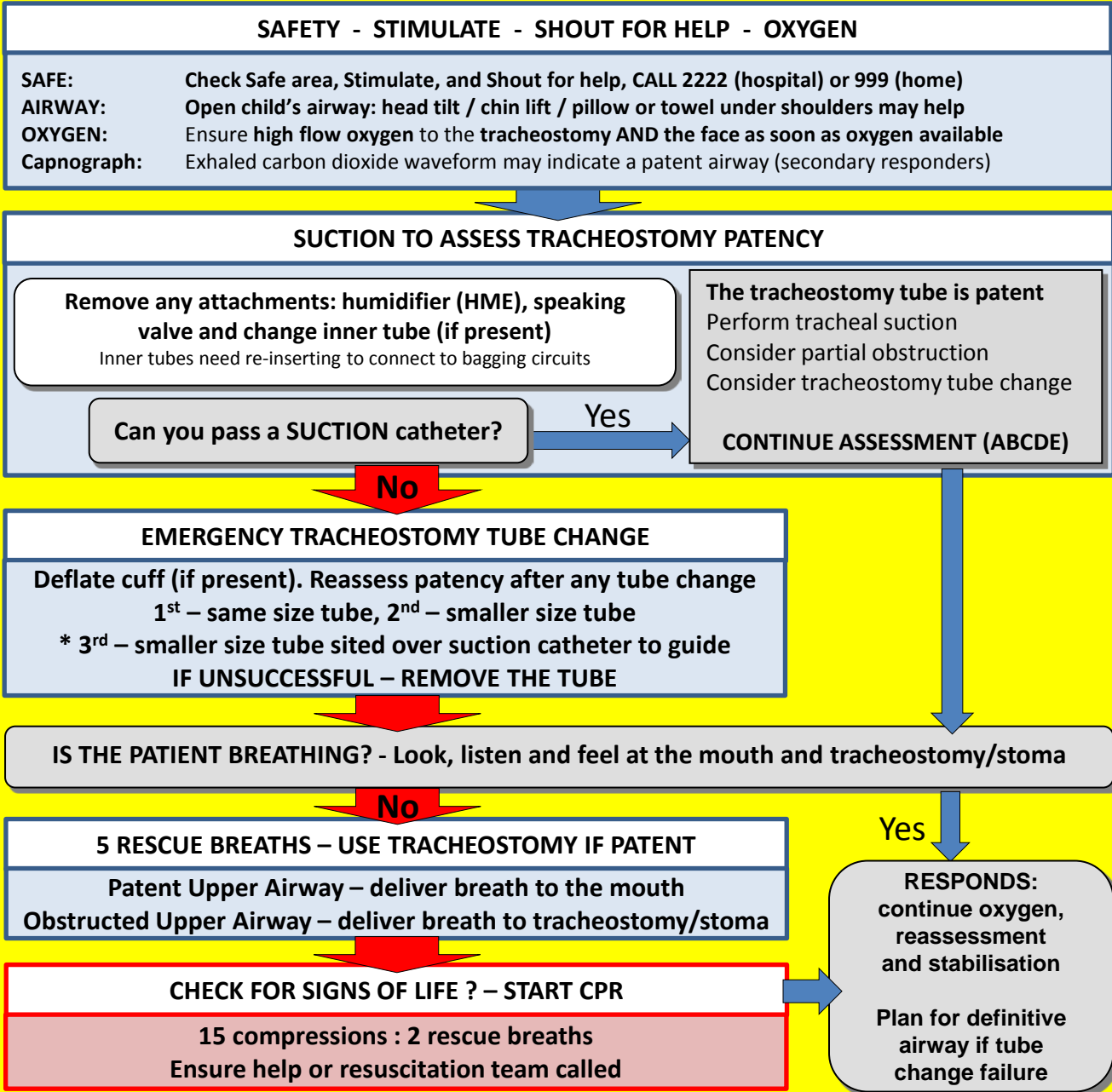
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UPPER AIRWAY ABNORMALITY: Yes / No please give details of any expected difficulty

Emergency Paediatric Tracheostomy Management

Basic Response



Emergency Paediatric Tracheostomy Management

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