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
Basic Response

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

- **Yes**: The tracheostomy tube is patent
  - Perform tracheal suction
  - Consider partial obstruction
  - Consider tracheostomy tube change

- **No**
  - **No**: Can you pass a SUCTION catheter?
  - **Yes**: CONTINUE ASSESSMENT (ABCDE)
  - **No**: 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

**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 compressions and rescue breaths
- 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

**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)

**SAFETY - STIMULATE - SHOUT FOR HELP - OXYGEN**

**Immediate assessment**

**CONTINUE ASSESSMENT (ABCDE)**

**RESPONDS**
- continue oxygen, reassessment and stabilisation
- Plan for definitive airway if tube change failure

**NTSP (Paediatric Working Group)**

Sep 2014
This patient has a

**TRACHEOSTOMY**

**Patient ID:**

**Tracheostomy:**

Add tube specification
including cuff or inner tube
_______ mm ID, _______ mm distal length

**Suction:**

_______ FG Catheter to Depth _______ cm

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

**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

**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

**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

RESPONSIBILITIES:
- Continue oxygen, reassessment and stabilisation
- Plan for definitive airway if tube change failure

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

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**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

**CONTINUE ASSESSMENT (ABCDE)**

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**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**

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

- **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

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**RESPONSORS:** continue oxygen, reassessment and stabilisation

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

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**Primary emergency oxygenation**

- Standard ORAL airway manoeuvres may be appropriate.
  - If so cover the stoma (swabs / hand).
  - Use:
    - Bag-valve-face mask
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**Tracheostomy STOMA ventilation**
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**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**

**Suction catheter?**
- No
- Yes

**SAFE:** Check Safe area, Stimulate, and Shout for help, CALL 2222 (hospital) or 999 (home)

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**NTSP (Paediatric Working Group)**

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