

This patient has a

New TRACHEOSTOMY

Patient ID:

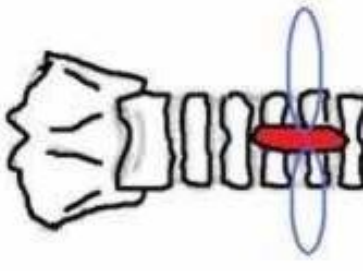
Patient Label / Details

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)

Basic Response

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

Yes

RESPONDS:
 continue oxygen,
 reassessment
 and stabilisation

CHECK FOR SIGNS OF LIFE ? – START CPR

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

Plan for definitive airway if tube change failure

Advanced Response

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**

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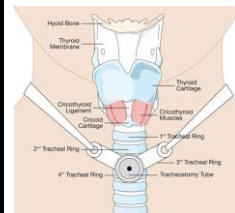
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UPPER AIRWAY ABNORMALITY: Yes / No *please give details of any expected difficulty*

Emergency Paediatric Tracheostomy Management

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