

Emergency Tracheostomy Management

v1.1

This is an adaptation of the NTSP Emergency Tracheostomy Algorithm for use within Retrieve

START: IMMEDIATELY NOTIFY DRIVER, STOP SAFELY

1 Immediate actions

- Assess patient breathing; Mapleson C system and waveform capnography
- If patient not breathing refer to Key Basic Plan

2 Oxygenation

- Apply high flow oxygen (15L/min) to both face and tracheostomy

3 Check tracheostomy patency

- Remove speaking valve and/or cap, remove inner cannula
- Try to pass suction catheter; if successful, suction then ventilate via trachea
- If tracheostomy remains obstructed, deflate cuff (if present) and reassess
- If patient breathing **STOP** this algorithm and complete A-E.

4 If patient is deteriorating – remove tracheostomy

- Look listen and feel. If patient is still **NOT** ventilating, **follow Cardiac Arrest EAC**. If patient breathing, follow Key Basic Plan.

5 Primary emergency oxygenation

- Cover stoma gauze and occlusive dressing
- Attempt standard oral airway manoeuvres + adjuncts with BVM +/- i-gel
- If unable to ventilate orally, attempt via stoma site using size 4 facemask.

6 Secondary emergency oxygenation

- Attempt ORAL Intubation
- Prepare for difficult intubation: **EAC: Unanticipated Difficult Intubation**
- Attempt intubation of STOMA using smaller tracheostomy tube or 6.0 ETT

7 Next Steps

- Secure new airway
- A-E assessment.
- If patient condition significantly changed, consider:
 - Return to referring hospital
 - Expediting journey to receiving hospital

Box A: CRITICAL CHANGES

- If problem worsen, continue to follow emergency tracheostomy algorithm, and refer back to **START** of Key Basic Plan
- If Transfer Practitioner or Transfer Doctor transfer, contact Remote Duty Consultant
- Consider contacting Leadership SPOC for support, if required.

Box B: DRUGS in Emergency Tracheostomy Care

- **Sedation**
 - Propofol 2% 1000mg/50ml; 20-40mg boluses (1-2ml)
 - Fentanyl 500mcg/10ml; 50-100mcg boluses (1-2ml)
- **Muscle relaxant bolus**
 - Rocuronium 50mg/5ml; 5ml bolus
- **Cardiovascular support**
 - Metaraminol 0.5mg/ml; increase infusion or 0.5mg (1ml) boluses

Box C: ISOLATE EQUIPMENT

- **Attempt ventilation** using Mapleson C system connecting **DIRECTLY** to Tracheostomy tube connector
- **DO NOT** use HME filter, angle piece or catheter mount
- Ensure **SUCTION** equipment ready, using size 12ch catheter
- Plan B, C, D pouch: gauze and occlusive dressing for tracheostomy **REMOVAL**

BOX D: POTENTIAL CAUSES and Symptoms etc blue

- Consider potential causes:
 - Dislodged tracheostomy
 - Bronchospasm (→ EAC)
 - Sputum plugging
 - Pneumothorax
 - Foreign Body