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]

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

**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

Can you pass a SUCTION catheter?

The tracheostomy tube is patent

Perform tracheal suction

Consider partial obstruction

Consider tracheostomy tube change

CONTINUE ASSESSMENT (ABCDE)

**EMERGENCY TRACHEOSTOMY TUBE CHANGE**

Deflate cuff (if present). Reassess patency after any tube change

1<sup>st</sup> – same size tube, 2<sup>nd</sup> – smaller size tube

* 3<sup>rd</sup> – 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 help or resuscitation team called

RESPONS: 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

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

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**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)

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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

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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**

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**5 Rescue Breaths – Use Tracheostomy if Patent**

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

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**Check for Signs of Life? – Start CPR**

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

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**Responds:**

- Continue oxygen, reassessment and stabilisation

**Plan for Definitive Airway if Tube Change Failure**

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

**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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**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
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**Attempt intubation of STOMA**

3.0 ID tracheostomy tube / ETT

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

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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

Can you pass a SUCTION catheter?

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

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**RESPONDS:**

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

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*S3-smaller size tube sited over suction catheter to guide: to be used if out of hospital