

This paediatric patient has a

NEW TRACHEOSTOMY

Patient ID:

Patient Label / Details

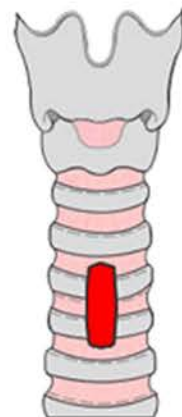
Tracheostomy:

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
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
CAPNOGRAPHY: Exhaled carbon dioxide waveform may indicate a patent airway (advanced response)

SUCTION TO ASSESS TRACHEOSTOMY PATENCY

Remove attachments: humidifier (HME), speaking valve
Change inner tube (if present)
Inner tubes may need re-inserting to connect to breathing circuits

Can you pass a SUCTION catheter?

Yes

The tracheostomy tube is patent
Perform tracheal suction
Consider partial obstruction

CONTINUE ASSESSMENT (ABCDE)

No

EMERGENCY TRACHEOSTOMY TUBE CHANGE

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

1st change – same size tube

2nd change – one-half size smaller tube

3rd change - 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

CALL FOR HELP: 2222 in hospital, 999 in community

5 RESCUE BREATHS

Patent Upper Airway – use the nose/mouth
Obstructed Upper Airway – use the tracheostomy/stoma

NO SIGNS OF LIFE? START CPR

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

Yes

Continue oxygen
Stabilize
Reassess
Review

Plan for definitive
airway if tube
change failure

Primary emergency oxygenation

Standard ORAL airway manoeuvres
Cover the stoma (swabs / hand).
Use:

Bag-valve-face mask
Oral or nasal airway adjuncts
Supraglottic Airway (SGA)
e.g. Laryngeal Mask Airway (LMA)

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

Secondary emergency oxygenation

ORAL intubation with endotracheal tube
Uncut tube, advanced beyond stoma
One half-size smaller than tracheostomy tube
'Difficult Airway' Expert and Equipment*

Attempt intubation of STOMA
3.0 ID tracheostomy or endotracheal tube
'Difficult Airway' Expert and Equipment*

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

This paediatric patient has a

TRACHEOSTOMY

Patient ID:

Patient Label / Details

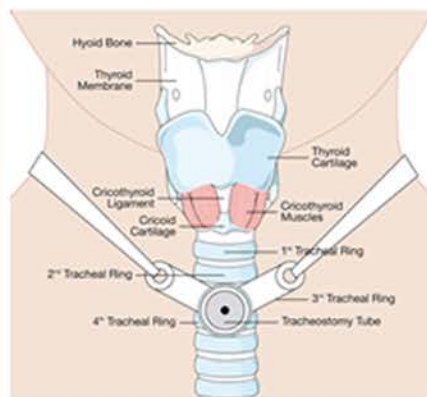
Tracheostomy:

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

**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
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
CAPNOGRAPHY: Exhaled carbon dioxide waveform may indicate a patent airway (advanced response)

SUCTION TO ASSESS TRACHEOSTOMY PATENCY

Remove attachments: humidifier (HME), speaking valve
Change inner tube (if present)
Inner tubes may need re-inserting to connect to breathing circuits

Can you pass a SUCTION catheter?

Yes

The tracheostomy tube is patent
Perform tracheal suction
Consider partial obstruction

CONTINUE ASSESSMENT (ABCDE)

No

EMERGENCY TRACHEOSTOMY TUBE CHANGE

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

1st change – same size tube

2nd change – one-half size smaller tube

3rd change - 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

CALL FOR HELP: 2222 in hospital, 999 in community

5 RESCUE BREATHS

Patent Upper Airway – use the nose/mouth
Obstructed Upper Airway – use the tracheostomy/stoma

NO SIGNS OF LIFE? START CPR

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

Yes

Continue oxygen
Stabilize
Reassess
Review

Plan for definitive
airway if tube
change failure

Primary emergency oxygenation

Standard ORAL airway manoeuvres
Cover the stoma (swabs / hand).
Use:

Bag-valve-face mask
Oral or nasal airway adjuncts
Supraglottic Airway (SGA)
e.g. Laryngeal Mask Airway (LMA)

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

Secondary emergency oxygenation

ORAL intubation with endotracheal tube
Uncut tube, advanced beyond stoma
One half-size smaller than tracheostomy tube
'Difficult Airway' Expert and Equipment*

Attempt intubation of STOMA
3.0 ID tracheostomy or endotracheal tube
'Difficult Airway' Expert and Equipment*

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