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

Basic Response

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

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

Yes → **RESPONDS: continue oxygen, reassessment and stabilisation**

Plan for definitive airway if tube change failure

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

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**

This patient has a

TRACHEOSTOMY

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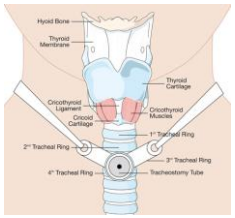

UPPER AIRWAY ABNORMALITY: Yes / No please give details of any expected difficulty

Emergency Paediatric Tracheostomy Management

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