

Management of the tracheostomy patient with breathing difficulties - Patent upper airway

Apply high flow oxygen to **BOTH** the face and the tracheostomy stoma
Call for Airway Expert help – Anaesthetics/ITU **AND** ENT/Max Fax

Look, listen & feel at the mouth and tracheostomy
 A Waters circuit or capnography may help if available

Is the patient breathing?

Assess patency

Remove **speaking valve** or **cap** (if present)
 Remove **inner tube**¹ (if present)
 Attempt **tracheal suction**

Can you pass a **suction catheter**?

Yes

Call Resuscitation team
Follow ALS algorithm
 Assess tracheostomy patency

The tracheostomy is patent
 Consider partial obstruction
 Continue ABCDE assessment

1. Some inner tubes need re-inserting to connect to breathing circuits
2. If bleeding from tracheostomy, await expert before deflating cuff

No

Deflate the **cuff** (if present)²
Look, listen & feel at the mouth and tracheostomy

Is the **patient improving**?
 Eg. SpO₂ >90%,

Yes

Partially obstructed or displaced
Continue ABCDE assessment
 Await Airway Expert

No

REMOVE THE TRACHEOSTOMY TUBE

Look, listen & feel at the mouth and tracheostomy. Ensure oxygen re-applied

No

Is the patient breathing?

Yes

Call Resuscitation team
Follow ALS algorithm
 Emergency oxygenation

Continue ABCDE assessment
 Support ventilation if hypoxic
 Await Airway Expert

Basic emergency oxygenation

Expert emergency oxygenation

Standard **ORAL airway** manoeuvres
 Cover the stoma (swabs / hand)
 Bag-Valve-Mask
 Oral or nasal airway adjuncts
 LMA

Tracheostomy STOMA ventilation
 Paediatric face mask applied to neck
 LMA applied to neck

Attempt **ORAL intubation**
DIFFICULT INTUBATION
 Uncut tube. Advance beyond stoma

Attempt **intubation of stoma**
 Small trachy tube / 6.0 cuffed ETT
 Consider Bougie / Aintree catheter /
 Fibre-optic 'scope