

Emergency Tracheostomy Management – Patent Upper Airway

Call for expert airway help – Anaesthetist bleep 6111
and ENT SpR – call switchboard to aircall SG818

Is the patient breathing? YES

NO
Call Resuscitation Team 2222
CPR if no pulse / signs of life

Apply high flow oxygen to **both**
the face and the tracheostomy

Assess Tracheostomy Patency

Remove **speaking valve** or **cap**
Remove **inner tube** / check patency
Some inner tubes need re-inserting to connect to breathing circuits

Can you pass a suction catheter?

YES

The tracheostomy tube is patent
Ventilate/Oxygenate
(via tracheostomy)
Connect CO₂ Monitoring
Continue ABCDE assessment

NO

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

Is the patient stable or improving?

YES

Consider Tracheostomy Change/FNE (call ENT)
Continue ABCDE assessment

NO

Remove the Tracheostomy tube / cover stoma
Look, listen and feel at the mouth and tracheostomy. Ensure oxygen re-applied to face

NO
Call Resuscitation team
CPR if no pulse / signs of life

Is the patient breathing?

YES

Continue ABCDE assessment

Primary Emergency Oxygenation

Standard **Oral airway** manoeuvres
Cover the stoma (swabs / hand). Use:
Bag-valve-mask
Oral or nasal airway adjuncts
Supraglottic airway device e.g. LMA

Tracheostomy Stoma ventilation
Paediatric face mask applied to stoma
(in Resus Trolley)
OR LMA applied to stoma
(in Difficult Airways Trolley)

Secondary Emergency Oxygenation

Attempt **Oral intubation**
Prepare for difficult intubation
Uncut tube, advanced beyond stoma

Attempt **intubation of Stoma**
Small tracheostomy tube /
6.0 cuffed ETT
Consider Aintree catheter and
fiberoptic scope / Bougie / Airway
exchange catheter