This paediatric patient has a **NEW TRACHEOSTOMY**

**Patient ID:**

**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)

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

NTSP (Paediatric Working Group)   www.tracheostomy.org.uk   Review January 2020
This paediatric 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
Document laryngoscopy grade and notes on upper airway management or patient specific resuscitation plans

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**SAFETY - STIMULATE - SHOUT FOR HELP - OXYGEN**

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**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**
        - **Yes**
          - **Continue oxygen**
          - Stabilize
          - Reassess
          - Review
          - Plan for definitive airway if tube change failure
          - **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

**Basic Response**

**Advanced Response**

**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)

**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*

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

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

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