

Emergency tracheostomy management - Patent upper airway

Call for airway expert help
Look, listen & feel at the mouth and tracheostomy
 A Mapleson C system (e.g. 'Waters circuit') may help assessment if available
 Use **waveform capnography** when available: exhaled carbon dioxide indicates a patent or partially patent airway

Is the patient breathing? (No/Yes)

Call Resuscitation Team
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** (if present)
 Remove **inner tube**
 Some inner tubes 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
 Ventilate (via tracheostomy) if not breathing
 Continue ABCDE assessment

No → Deflate the **cuff** (if present)
Look, listen & feel at the mouth and tracheostomy
 Use waveform capnography or Mapleson C if available

Is the patient stable or improving?

Yes → **Tracheostomy tube partially obstructed or displaced**
 Continue ABCDE assessment

REMOVE THE TRACHEOSTOMY TUBE
Look, listen & feel at the mouth and tracheostomy. Ensure oxygen re-applied to face and stoma
 Use waveform capnography or Mapleson C if available

Call Resuscitation team
CPR if no pulse / signs of life

Is the patient breathing? (No/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
 LMA applied to stoma

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