

## Tracheostomy Tube Change / Replacement (≥ PL5)

### Clinical Indications:

1. Dislodgement of tracheostomy.
2. Tracheostomy obstruction that will not clear with suction.
3. Inability to oxygenate and/or ventilate the patient without other obvious explanation.

### Contraindications:

1. None in the emergency setting.

### Notes/Precautions:

1. Always talk to family and/or caregivers as they have specific knowledge and skills.
2. Important to ask if patient has undergone laryngectomy. This does not allow mouth/nasal ventilation by covering stoma.
3. Use patient's equipment if available and functioning properly. Estimate suction catheter size by doubling the inner tracheostomy tube diameter and rounding down.
4. Suction depth: Ask family / caregiver. No more than 3 to 6 cm typically. Instill 2 – 3 mL of NS before suctioning. Do not suction more than 10 seconds each attempt and pre-oxygenate before and between attempts.
5. DO NOT force suction catheter. If unable to pass, then tracheostomy tube should be changed.
6. Always deflate tracheal tube cuff before removal. Continual pulse oximetry and EtCO<sub>2</sub> monitoring if available.
7. DOPE: **D**isplaced tracheostomy tube / ETT, **O**bstructed tracheostomy tube / ETT, **P**neumothorax and **E**quipment failure.

### Procedure:

1. Have all airway equipment prepared for standard airway management, including equipment of orotracheal intubation and failed airway.
2. Have airway device (endotracheal tube or tracheostomy tube) of the same size as the tracheostomy tube currently in place as well as 0.5 size smaller available (e.g., if the patient has a #6.0 Shilley, then have a 6.0 and a 5.5 tube).
3. Lubricate the replacement tube(s) and check the cuff.
4. Remove the tracheostomy tube from mechanical ventilation devices and use a bag-valve apparatus to pre-oxygenate the patient as much as possible.
5. Once all equipment is in place, remove devices securing the tracheostomy tube, including sutures and/or supporting bandages.
6. If applicable, deflate the cuff on the tube. If unable to aspirate air with a syringe, cut the balloon off to allow the cuff to lose pressure.
7. Remove the tracheostomy tube.
8. Insert the replacement tube. Confirm placement via standard measures.
9. If there is any difficulty placing the tube, re-attempt procedure with the smaller tube size.
10. If difficulty is still encountered, use standard airway procedures such as oral bag-valve mask or endotracheal intubation. More difficulty with tube changing can be anticipated for tracheostomy sites that are immature – i.e., less than two weeks old. Great caution should be exercised in attempts to change immature tracheostomy sites.
11. Document procedure, confirmation, patient response, and any complications in the ePCR