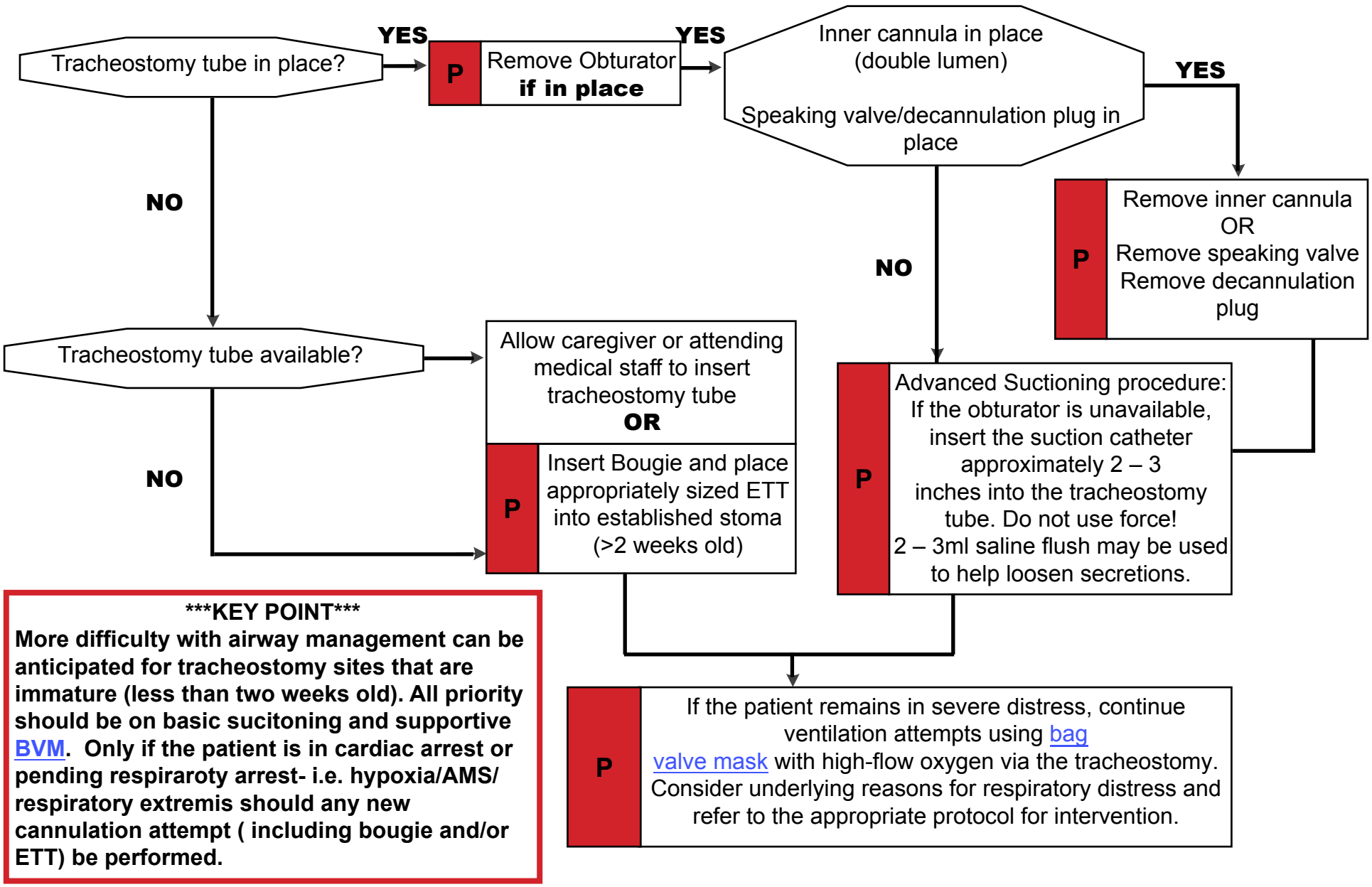
Tracheostomy Tube Emergencies

Designation of Condition: Tracheostomy tubes are placed as a long term permement airway device. These are often placed due to chronic airway and breathing conditions like birth defects—tracheal atresia, tracheomalasia; surgical complications—damage to phrenic nerve; trauma—post TBI. Look for possible complications including: nasal flaring, diaphoresis, chest wall retractions (possible abnormal breath sounds), attempts to cough, copious secretions from the the tube, AMS, cyanosis.

B	Consult with the patient's caregivers for assistance. Assess tracheostomy tube: Look for possible causes of distress which may be easily correctable, such as a detached oxygen source. If the patient's breathing is adequate but exhibits continued signs of respiratorydistress, administer high-flow oxygen via non-rebreather mask or blow-by, as tolerated, over the tracheostomy. Suction any VISIBLE mucus plugs to help clear airway but do not suction deep into the tracheostomy itself. If patient's breathing is inadequate, remove from ventilator and assist ventilations using bag valve mask device with high-flow oxygen.



*****KEY POINT*****

More difficulty with airway management can be anticipated for tracheostomy sites that are immature (less than two weeks old). All priority should be on basic sucitoning and supportive BVM. Only if the patient is in cardiac arrest or pending respiraroty arrest- i.e. hypoxia/AMS/ respiratory extremis should any new cannulation attempt (including bougie and/or ETT) be performed.