LOSS OF AIRWAY GUIDELINES

Tracheostomy tube accidentally comes out of trachea

New tracheostomy tubes less than seven days since tracheostomy performed
- Patient becomes acutely hypoxic, increased pressure to ventilate, unable to detect air movement
- Call CODE if in ICU, following communication plan outlined in “unplanned removal of or loss of artificial airway communication tree”
- Call for help – senior surgical residents, anesthesiologist, respiratory care, faculty
- Suction tracheostomy tube – remember suction catheter can go down a significant distance into the mediastinum suggesting that you are in the trachea and breath sounds are usually normal
- Remove air from balloon
- Remove inner cannula, then suction
- Remove tracheostomy tube sutures – those tying tracheostomy tube to skin
- Remove tracheostomy tube
- Hypertension the patient’s neck (unless cervical spine not clear)
- Administer oxygen to tracheostomy site
- Sige tube mask ventilation using cassette bag (Avoid intubation, perform endotracheal intubation)
- Sigan suctioning equipment
  - Crash cart
  - Tracheostomy tube tray
  - Tracheostomy and endotracheal tube
  - Light
- Replace tracheostomy tube after help and equipment have arrive (this may be in the operating room)
- May need to place endotracheal tube into tracheostomy temporarily
- Movable tracheostomies may be able to replace. If any trouble, see below.

Technique:
- Preoperative with 100% for several minutes
- Extend the neck if the Cervical Spine is cleared
- Prepare the tracheostomy tube
  - Check balloon
  - Milk balloon back and remove all air
  - Ensure obturator in a tracheostomy tube
  - Lubricate balloon with jelly
- Suction old tracheostomy tube with suction catheter
- Remove skin sutures that had old tracheostomy tube if still present
- Make sure labeled retention sutures are not crossed – the retention sutures are used to open tracheostomy incision in case tracheostomy tube has slipped out – do not pull hard on the sutures
- Place new tracheostomy tube through stoma and inflate balloon
- Remove obturator and place inner cannula
- Confirm breath sounds and oxygen saturation
- Secure in neutral position

Difficult tracheostomy tube change: If tracheostomy tube does NOT go in easily/well - STOP
1. Relaxation
2. Do NOT forcefully or blindly insert tracheostomy tube into stoma
3. Appropriate steps include
   a. Call for help
   b. Deliver oxygen to tracheostomy opening
   c. Consider endotracheal intubation orally
   d. Consider passing endotracheal tube exchange catheter if tracheostomy incision opening can be visualized
Consider establishing airway using via use of bronchoscope

Elective tracheostomy tube change, downsizing, and maintenance

Criteria to downsize tracheostomy tube
- Mental status appropriate to protect airway
- Sensations less than every two hours
- No active pneumonia
- No aspiration of feeding
- Consider downsizing from 8 to 6 as soon as clinically appropriate
- Consider using uncuffed tube when clinically indicated

Seven days post placement
- Cut sutures
- Clean and change inner cannula
-Robinette tracheostomy device
- Should not change tracheostomy tube before seven days unless emergency e.g. plugged, broken balloon, tube has slipped out, etc.

First tracheostomy tube change if problems of difficult airway expected consider location for tracheostomy may need to be in ICU or OR
1. First change should be performed by 14 days post placement
2. There should be two nurses present at the tracheostomy tube change, one of whom must be a MD
3. Who should do the first tracheostomy tube change
   - Faculty or Senior Resident/fellow with Faculty readily available
     - Senior residents/fellow should have performed tracheostomy change with facility before doing change by himself or teaching junior resident

Personnel and equipment
- Respiratory therapist and nurse (RN non LPN) by bedside
- Tracheostomy tray (bedside or intraot)
- Rapid Sequence Intubation tray at bedside
- Replacement tracheostomy tube
- Smaller size tracheostomy tube by bedside e.g. if tracheostomy tube size is 6.0 then size 6.0 by bedside
- Endotracheal tube, stylet, and intubation equipment by bedside – crash cart or door in the floor
- Intubation tray if in the ICU
- Tracheostomy tube obturator by bedside
- New Venous tracheostomy tube tie by bedside
- Repositioning bag by bedside
- Make sure there is adequate lighting
- Suction and suction catheter
- Sissors at bedside to remove skin sutures
- Oxygen source and continuous pulse oximetry

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