AIRWAY MANAGEMENT: TRACHEOSTOMY SPECIAL SITUATIONS

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Date: 4/86
Revised: 4/2012

## **ALS ACTION/TREATMENT:**

### MUCOUS OBSTRUCTED TRACHEOSTOMY:

- If inner canula in place -- remove.
- Attempt to suction.
- Instill 5 mL normal saline (2 mL for pediatrics) into tracheostomy (use 10 or 12 mL syringe without needle) upon patient inspiration.
- Suction.

## **EXPELLED TRACHEOSTOMY TUBE:**

- Suction if necessary.
- Insert nasopharyngeal airway into stoma to maintain patency.
- Clean tracheostomy tube using patient supplies such as soap and water and/or hydrogen peroxide.
- Remove nasopharyngeal airway.
- Reinsert tracheostomy tube.
- Secure anchor ties of tracheostomy tube around neck.

### RESPIRATORY ARREST IN ADULT STOMA PATIENT:

- Suction stoma to ensure patent airway.
- Select proper size endotracheal tube.
- Test cuff inflation prior to use.
- Lubricate endotracheal tube with lubricating jelly.
- Insert tube into stoma.

Approved:

- Ventilate and auscultate for bilateral breath sounds.
  - If breath sounds absent on one side, pull back on ET tube and reassess.
- Inflate cuff with minimum amount of air (3-5 mL).
- Ventilate and auscultate bilateral breath sounds.
- When bilateral breath sounds noted, ventilate using 100% oxygen.

# RESPIRATORY ARREST IN PEDIATRIC STOMA PATIENT:

- Suction stoma to ensure patent airway.
- Place BVM with infant mask over stoma and assure good seal with skin.
- Ventilate and auscultate for bilateral breath sounds.
  - If breath sounds absent on one side, pull back on ET tube and reassess.
- Ventilate and auscultate bilateral breath sounds.
- When bilateral breath sounds noted, ventilate using 100% oxygen.