



## AIRWAY MANAGEMENT: TRACHEOSTOMY SPECIAL SITUATIONS

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### DEFINITIONS:

Tracheostomy Tube: A rigid tube inserted through an opening (stoma) in a patient's neck used to maintain airway and to ventilate. Some models may include a removable inner cannula.

Stoma: The anatomical opening in the neck where the tracheostomy tube is placed.

### CONTRAINDICATIONS:

No manipulation of tracheostomy tubes should occur (other than suctioning) in a patient whose stoma is not at least 7 days old. This also applies to insertion of endotracheal tubes into stomas. There is too great a risk of creating a false passage with newer stomas.

### ALS ACTION/TREATMENT FOR RESPIRATORY DISTRESS:

#### MUCOUS OBSTRUCTED TRACHEOSTOMY:

- If inner cannula is in place, remove it.
- Attempt to suction tracheostomy tube (may consider using patient's deep suction equipment).
- Instill 5 mL normal saline (2mL for pediatrics) into tracheostomy tube during inspiration (use a pre-filled saline syringe).
- Suction tracheostomy.
- Reinsert inner cannula, if applicable, after rinsing with normal saline and wiping the cannula with clean gauze.
- Ventilate through the tracheostomy tube with appropriately sized bag valve mask (without mask attached). Auscultate for bilateral breath sounds.
  - If ventilation is not adequate through the tracheostomy tube, may attempt ventilation through the **mouth** using bag valve mask. Occlude the tracheostomy tube with a gloved hand and proceed to provide positive pressure ventilation with bag valve mask over the patient's mouth.

#### EXPELLED TRACHEOSTOMY TUBE:

- If tracheostomy tube is still available:
  - Suction if necessary.
  - Clean tracheostomy tube after rinsing with normal saline and wiping with clean gauze.
  - Reinsert tracheostomy tube.
  - Secure anchor ties of tracheostomy tube around neck.
  - Ventilate through the tracheostomy tube with appropriately sized bag valve mask (without mask attached).

#### RESPIRATORY DISTRESS/ARREST IN ADULT STOMA PATIENTS (TRACHEOSTOMY TUBE NOT AVAILABLE OR UNABLE TO INSERT):

- Suction stoma to ensure a patent airway.
- Place appropriately sized iGel or other approved laryngeal mask airway over stoma and ventilate.
- If iGel or other approved laryngeal mask airway **not** available, place appropriately sized bag valve mask over the stoma and be sure a good seal is achieved.
  - Ventilate the patient with 100% O<sub>2</sub> by means of a bag-valve breathing device.
  - Observe for bilateral rise and fall of chest.
  - Auscultate the lungs for bilateral breath sounds and the epigastric area for absence of abdominal sounds.
- If laryngeal mask airway or bag valve mask does not provide adequate ventilation, consider placing an endotracheal tube into the stoma.
  - Select proper size endotracheal tube.



**ORANGE COUNTY EMERGENCY MEDICAL SERVICES**  
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- Test cuff inflation prior to use.
- Lubricate endotracheal tube with lubricating jelly.
- Insert tube into stoma.
- 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.
- If above interventions do not provide adequate ventilation or cannot be performed, occlude the stoma with a gloved hand and proceed to attempt positive pressure ventilation with bag valve mask over the patient's mouth or consider use of igel/endotracheal tube through the mouth.
  - Ventilate the patient with 100% O<sub>2</sub> by means of a bag-valve breathing device.
  - Observe for bilateral rise and fall of chest.
  - Auscultate the lungs for bilateral breath sounds and the epigastric area for absence of abdominal sounds.

**RESPIRATORY DISTRESS/ARREST IN PEDIATRIC STOMA PATIENTS (TRACHEOSTOMY TUBE NOT AVAILABLE OR UNABLE TO INSERT):**

- Suction stoma to ensure a patent airway.
- If no improvement, occlude the stoma with a gloved hand and proceed to provide positive pressure ventilation with bag valve mask over the patient's mouth.
  - Ventilate the patient with 100% O<sub>2</sub> by means of a bag-valve breathing device.
  - Observe for bilateral rise and fall of chest.
  - Auscultate the lungs for bilateral breath sounds and the epigastric area for absence of abdominal sounds.

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Approved:

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