Management of the tracheostomy patient with breathing difficulties - Patent upper airway

Apply high flow oxygen to BOTH the face and the tracheostomy stoma
Call for Airway Expert help – Anaesthetics/ITU AND ENT/Max Fax

Look, listen & feel at the mouth and tracheostomy
A Waters circuit or capnography may help if available

Yes

Is the patient breathing?

No

Assess patency

Remove speaking valve or cap (if present)
Remove inner tube (if present)
Attempt tracheal suction

Can you pass a suction catheter?

No

Deflate the cuff (if present)
Look, listen & feel at the mouth and tracheostomy

Yes

Is the patient improving?

Eg. SpO₂ >90%,

No

Partial obstruction or displaced
Continue ABCDE assessment
Await Airway Expert

The tracheostomy is patent
Consider partial obstruction
Continue ABCDE assessment

1. Some inner tubes need re-inserting to connect to breathing circuits
2. If bleeding from tracheostomy, await expert before deflating cuff

Partially obstructed or displaced
Continue ABCDE assessment
Await Airway Expert

Remove the tracheostomy tube
Look, listen & feel at the mouth and tracheostomy. Ensure oxygen re-applied

Call Resuscitation team
Follow ALS algorithm
Emergency oxygenation

Yes

No

Is the patient breathing?

Basic emergency oxygenation

Standard ORAL airway manoeuvres
Cover the stoma (swabs / hand)
Bag-Valve-Mask
Oral or nasal airway adjuncts
LMA

Expert emergency oxygenation

Attempt ORAL intubation
DIFFICULT INTUBATION
Uncut tube. Advance beyond stoma

Attempt intubation of stoma
Small trachy tube / 6.0 cuffed ETT
Consider Bougie / Aintree catheter / Fibre-optic ‘scope

No

Deflate the cuff (if present)

www.tracheostomy.org.uk