Emergency tracheostomy airway management:

**Respiratory Distress**
Apply maximum Oxygen to stoma & face*

Assess for Danger
Assess patient Response
Call 222/alert for medical emergency

Assess laryngectomy stoma patency

If TRACHE insitu:
- Change inner cannula
- Ensure cuff inflated if present
- Head tilt—ensure device not kinked
- Ensure Device position insitu

NO TRACHE
- Remove stoma cover if insitu
- Do not remove tacheosophageal puncture TPE device

Patient Breathing?

YES

Can you pass a suction catheter?

YES

Laryngectomy stoma/trache patent
Consider partial obstruction
- Suction airway
- Continue ABCDEF assessment
- Re-establish oxygenation & ventilation

NO

Trache insitu:
- Deflate cuff
- Assess breathing- Can you hear air leak?
- Attach Mapleson circuit/BMV assess breathing or utilise capnography if available

Stoma/tracheostomy is blocked or trache malpositioned

NO

Is oxygenation & ventilation adequate & improving?

Do you have a patent airway?

YES

Trache:
- Consider tracheostomy tube change
- Consider removal of tracheostomy
- Prepare for potential endotracheal intubation /laryngeal mask insertion

NO trache:
- Prepare for potential endotracheal intubation /laryngeal mask insertion

NO

Commence BLS

Emergence STOMA OXYGENATION:
- Ventilate stoma using a paediatric facemask applied over stoma or LMA applied over stoma

Emergency STOMA INTUBATION:
- Insert smaller sized tracheostomy tube / 6.0 cuffed ETT
- Consider Aintree catheter and fibreoptic scope/ Bougie/ Airway Exchange catheter

* Despite no patent upper airway, this is a standard practice for all patients with trache devices- prevents confusion in emergency