Emergency tracheostomy airway management:

**Respiratory Distress**
- Apply maximum Oxygen to face & trache

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

**HAEMORRHAGE**
- Ensure adequate cuff inflation
- Administer Oxygen
- Escalate a rapid response call
- If bleeding from mouth or stoma, apply digital pressure

**Assess tracheostomy patency**
- Remove speaking valve/Cap
- Change inner cannula- ensure this is non-fenestrated
- Ensure cuff inflated if present
- Head tilt—ensure device not kinked

**Patient Breathing?**
- Check tracheostomy remains insitu

**YES**
- Tracheostomy is patent
  - Consider partial obstruction
    - Continue ABCDEF assessment
    - Re-establish oxygenation & ventilation

**NO**
- Commence BLS

**Can you pass a suction catheter?**
- Tracheostomy is blocked or malpositioned
  - Deflate cuff
  - Assess breathing- Can you hear air leak?
  - Attach Mapleson circuit/BMV assess breathing or utilise capnography if available

**YES**
- Continue deterioration

**ORAL OXYGENATION & VENTILATION:**
- Occlude stoma with dressing or hand, deliver breaths using a BMV
- Utilise airway adjuncts- oral or nasal

**STOMA OXYGENATION & VENTILATION:**
- Ventilations with BMV using small mask applied to stoma
- LMA to stoma

**ORAL INTUBATION:**
- Attempt oral intubation- plan for DIFFICULT intubation
- Advance ETT beyond stoma

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

**Not insitu?**
- Do not attempt to reinsert tube unless trained in this procedure
- If not experienced— apply O2 to face & trache
- Attempt ventilation via mouth or stoma until individual with Advanced airway skills present

**ORTAL INTUBATION:**
- Do you have a patent airway?
  - Consider tracheostomy tube change
  - Consider removal of tracheostomy
  - Prepare for potential endotracheal intubation /laryngeal mask insertion

**YES**

**NO**

**ORAL OXYGENATION & VENTILATION:**
- Patient Breathing?
- Check tracheostomy remains insitu

- Can you pass a suction catheter?
  - Tracheostomy is patent
    - Consider partial obstruction
      - Continue ABCDEF assessment
      - Re-establish oxygenation & ventilation
  - Tracheostomy is blocked or malpositioned
    - Deflate cuff
    - Assess breathing- Can you hear air leak?
    - Attach Mapleson circuit/BMV assess breathing or utilise capnography if available

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

**HAEMORRHAGE**
- Ensure adequate cuff inflation
- Administer Oxygen
- Escalate a rapid response call
- If bleeding from mouth or stoma, apply digital pressure

**PATENT UPPER AIRWAY**

**ENT MUST BE INVOLVED IF DEVICE within 7 days post insertion**