APPENDIX 5: EMERGENCY CONSIDERATIONS

The purpose of this document is to provide an overview of the potential actions in the event of a tracheostomy emergency. This document has been designed for use for healthcare professionals working in community settings, as well as carers and family members. In addition to this, a tracheostomy emergency algorithm may be used. This algorithm should be made bespoke to the individual with a tracheostomy and be accompanied by specific training.

In all circumstances, individuals using this document must work within their own scope based on their knowledge of tracheostomy care and any training they have received.

EMERGENCY CONSIDERATIONS - **ALARM**

UPPER AIRWAY INFORMATION

- ☐ Patent
- ☐ Not patent
- ☐ Difficult

TRACHEOSTOMY DETAILS

- ☐ Cuffed
- ☐ Uncuffed
- ☐ Fenestrated
- ☐ Un-Fenestrated

RESUSCITATION STATUS

DNACPR

- ☐ Yes
- ☐ No

Work within scope of practice at all times

Assess the situation

Is the patient breathing?

Does it look difficult to breath?

Is the patient in distress?

Apply oxygen to the tracheostomy if available

Look for potential causes

Undertake tasks that you are able to do

Ask for help

Call for help - 999

Refer to the patient's algorithms

Are there patient specific suggestions for what you can do for this patient in this situation?

Monitor the patient and adapt

Has the patient responded to your intervention?

Are they better? Worse?

Review potential causes again

Potential causes and actions

Blocked tube?

- Remove any inner tube attachments e.g. speaking valves
- Check / change inner tube
- Ask the patient to cough
- Undertake a deep suction
- Deflate cuff if present
- Consider a nebuliser
- Repeat / reassess
- Remove tracheostomy tube

Disloged tube / tube fully out?

- How far is the tube out?
  - Could it be gently reinserted?
- If the tube is fully out
  - Consider insertion of replacement new tube from emergency box

No signs of life

- Call 999
- Commence **continuous** chest compressions
- If second person available
  - Check inner tube
  - Attach bag valve mask to tracheostomy – ventilate 10-12 breaths / min
  - Consider suction need

Continuously reassess the reason that caused alarm e.g. breathing, GCS