

Bed head signs

- These PowerPoint slides are designed for you to adapt to your local procedures.
- You can cut and paste the relevant images on the subsequent slides to the bedhead template signs
- For example: if you never perform a Bjork Flap tracheostomy, remove the image
- Add your local emergency contact details
- This is best saved as a pdf (Save as..)
- We have included the 2 standard bedhead signs
- You can add the algorithms to make a double-sided bedhead sign

This patient has a
TRACHEOSTOMY

There is a potentially patent upper airway (Intubation may be difficult)

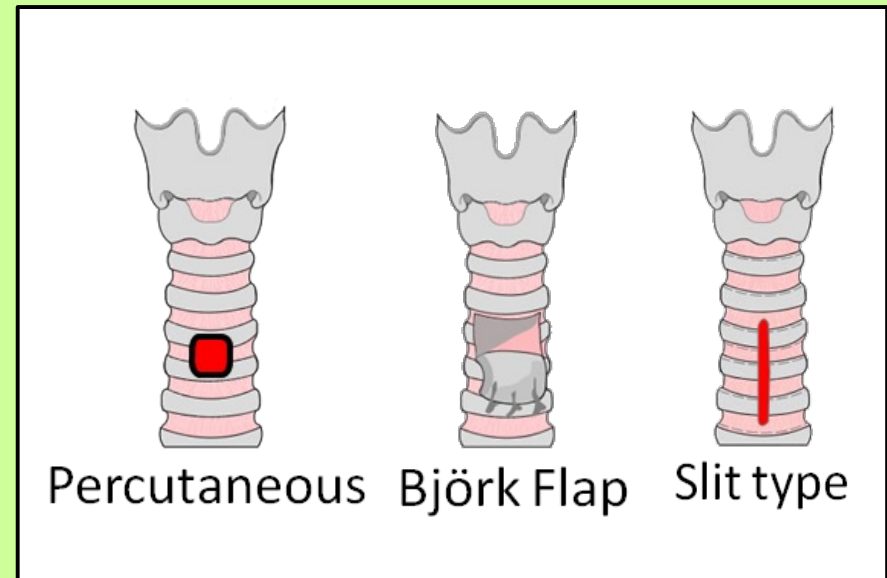
Surgical / Percutaneous

Performed on (date)

Tracheostomy tube size (if present)

Hospital / NHS number

Notes: Indicate tracheostomy type by circling the relevant figure.
Indicate location and function of any sutures.
Laryngoscopy grade and notes on upper airway management.
Any problems with this tracheostomy.



Emergency Call: Anaesthesia ICU ENT MaxFax Emergency Team

Emergency tracheostomy management - Patent upper airway

Call for airway expert help

Look, listen & feel at the mouth and tracheostomy

A Mapleson C system (e.g. 'Waters circuit') may help assessment if available

Use **waveform capnography** when available: exhaled carbon dioxide indicates a patent or partially patent airway

Is the patient breathing?

No
Call Resuscitation Team
CPR if no pulse / signs of life

Yes
Apply high flow oxygen to **BOTH** the face and the tracheostomy

Assess tracheostomy patency

Remove speaking valve or cap (if present)
Remove inner tube
Some inner tubes need re-inserting to connect to breathing circuits

Can you pass a suction catheter?

No
Deflate the cuff (if present)
Look, listen & feel at the mouth and tracheostomy
Use waveform capnography or Mapleson C if available

The tracheostomy tube is patent
Perform tracheal suction
Consider partial obstruction
Ventilate (via tracheostomy) if not breathing
Continue ABCDE assessment

Is the patient stable or improving?

No

Tracheostomy tube partially obstructed or displaced
Continue ABCDE assessment

REMOVE THE TRACHEOSTOMY TUBE

Look, listen & feel at the mouth and tracheostomy. Ensure oxygen re-applied to face and stoma
Use Waveform capnography or Mapleson C if available

Call Resuscitation team
CPR if no pulse / signs of life

No
Is the patient breathing?

Yes
Continue ABCDE assessment

Secondary emergency oxygenation

Attempt ORAL intubation
Prepare for difficult intubation
Uncut tube, advanced beyond stoma

Attempt intubation of STOMA
Small tracheostomy tube / 6.0 cuffed ETT
Consider Aintree catheter and fiberoptic 'scope / Bougie / Airway exchange catheter

Primary emergency oxygenation

Standard ORAL airway manoeuvres
Cover the stoma (swabs / hand). Use:
Bag-valve-mask
Oral or nasal airway adjuncts
Supraglottic airway device e.g. LMA

Tracheostomy STOMA ventilation
Paediatric face mask applied to stoma
LMA applied to stoma

This patient has a
LARYNGECTOMY
and CANNOT be intubated or oxygenated via the mouth

Follow the LARYNGECTOMY algorithm of breathing difficulties

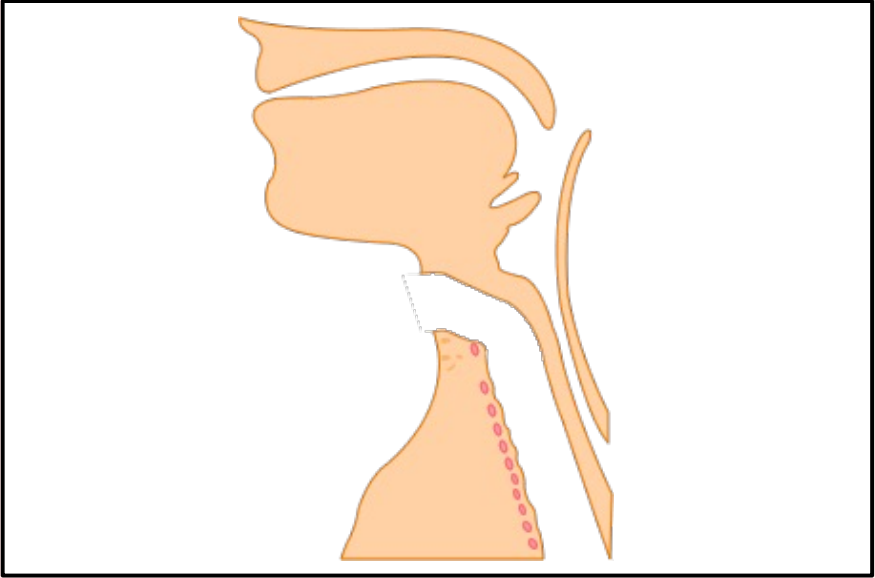
Performed on (date)

Tracheostomy tube size (if present)

Hospital / NHS number

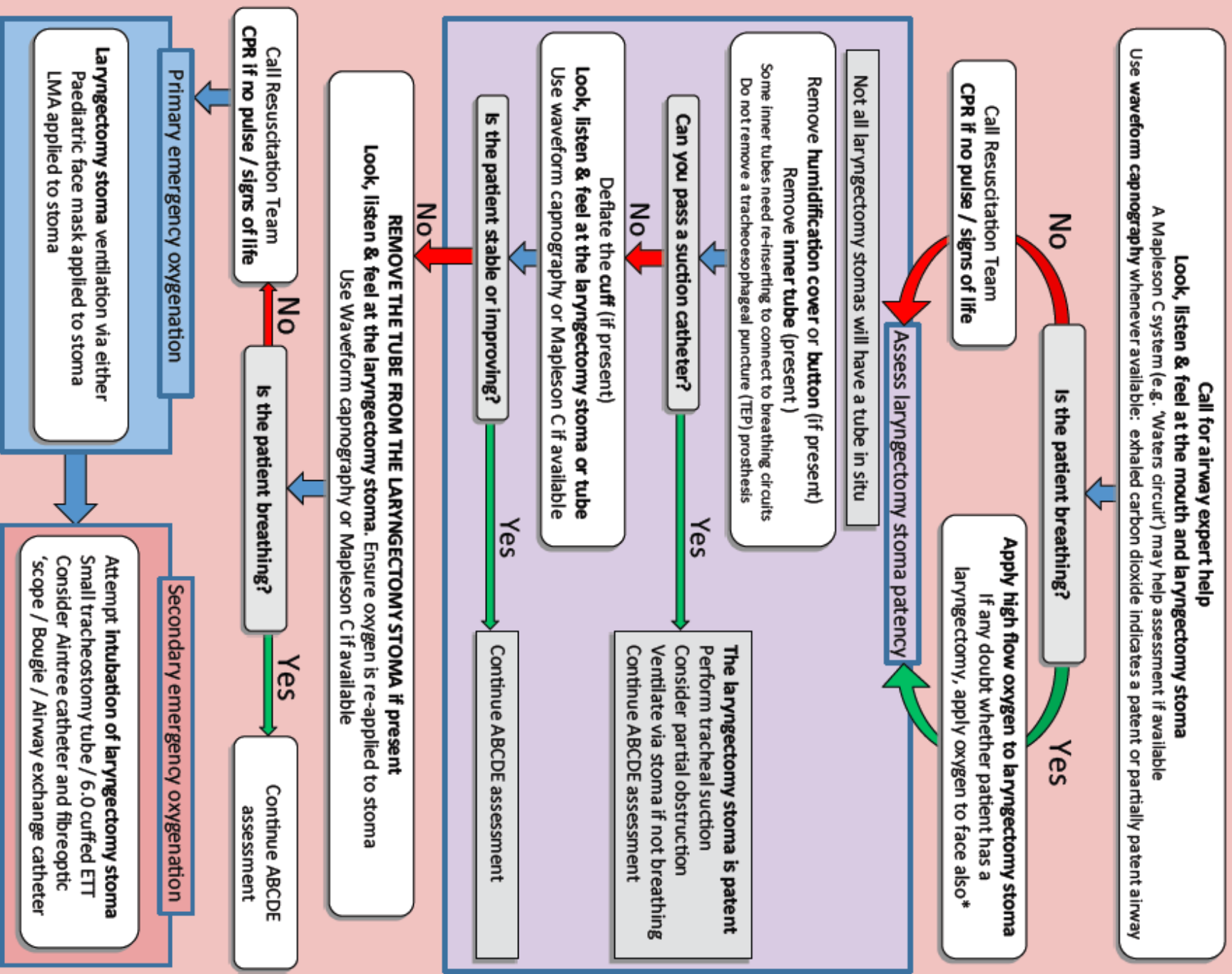
Notes:

There may not be a tube in the stoma.
The trachea (wind pipe) ends at the neck stoma



Emergency Call: Anaesthesia ICU ENT MaxFax Emergency Team

Emergency laryngectomy management

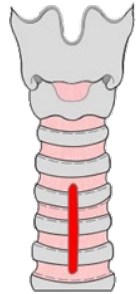


* Laryngectomy patients have an end stoma and cannot be oxygenated via the mouth or nose
Applying oxygen to the face and stoma is the default emergency action for all patients with a tracheostomy

Images for bedhead signs



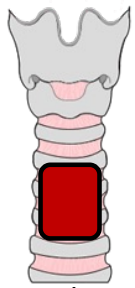
Percutaneous



Slit type



Björk Flap



Surgical window

