

EMERGENCY RESPONSE TO ACCIDENTAL TRACHEOSTOMY DECANNULATION

Staff this document applies to:

- Medical Staff, Nurses, Speech Pathologists, Physiotherapists on all campuses
- Does not apply to ICU staff or to staff working in the community.

Who is authorised to perform this procedure:

Medical staff, Nurses and Physiotherapists

Only trained clinicians are responsible for reinserting the tracheostomy

State any related Austin Health policies, procedures or guidelines:

- [Changing a Tracheostomy Tube](#)
- [Suctioning via the Tracheostomy Tube](#)
- [Tracheostomy Cuff Management](#)
- [Emergency Tracheostomy Management Poster](#)

Expected Outcome:

- Accidental decannulation will be dealt with in a safe and timely manner. The patient will have an airway restored as soon as possible.
- In patients who require a tracheostomy for delivery of invasive ventilation, the tracheostomy tube is reinserted without delay. If a delay is anticipated, alternative ventilation method i.e. bagging via face is used.

Clinical Alert:

- This is an emergency.
- **Call Code Blue**
- **If it has been 7 days or less since the initial insertion of the tracheostomy tube, the stoma is potentially unstable. Do not attempt to reinsert the tube.**
- Only attempt to reinsert the tube if the tube has been in situ for more than 7 days and a trained staff member is immediately available to recannulate the patient.
- If a patient does not have a patent upper airway, he/she will only be able to breathe via the tracheostomy stoma until the tube is reinserted.
- If the patient is invasively ventilated and the tracheostomy tube is dislodged, occlude the stoma and manually ventilate with resuscitation bag / face mask

Equipment:

- Tracheal dilators, for use by trained staff only
- 10ml syringe
- Spare tracheostomy tube of the same size, and one size smaller
- Lubricant
- Clean gloves
- Safety goggles or eye wear
- Suction catheters
- AirViva with face mask and swivel connector
- Pulse oximeter
- Stethoscope
- Cuff manometer

Procedure:

- **Call Code Blue**
- Check for the date of initial tracheostomy tube insertion on the pilot cuff line, on the [Emergency Tracheostomy Management Poster](#) at the bedside or in the medical history.
- **Do not reinsert the tube if less than 7 days since initial insertion.**
- If patient has long blue stay/traction sutures in situ pull them up to bring the trachea forward, separate and hold them parallel to the chest to keep the stoma open
- **If the tube has been in situ for more than 7 days**, re-cannulate if you are trained in this procedure.
- Locate the spare tube of the same size. With the introducer in place insert the tracheostomy gently but firmly into the patient's airway, remove the introducer and inflate the cuff if present.
- Check tube position by auscultating the chest and suctioning to ensure patent airway.
- If the tube of the same size does not fit into the stoma, insert the tracheostomy tube of the next size down. Once the tracheostomy is inserted, replace oxygen and humidification via the tracheostomy or reattach the ventilator.
- In a ventilated patient whose tracheostomy tube cannot be reinserted, occlude the stoma and bag the patient via a face mask with an Air Viva.
- If time allows, the cuff (if present) should be checked and the tube lubricated prior to insertion.

Post Procedure Care:

- Perform half hourly observations for the next 2 hours
- Fill out a Riskman report
- Notify the Nurse in charge of the shift, the parent unit and TRAMS.
- Document the event and patient's status in history

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Legislation/References/Supporting Documents:

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