Austin Health

TRAMS
CLINICAL GUIDELINE

MANAGEMENT OF PATIENTS WITH A MINITRACHEOSTOMY

Staff this document applies to:

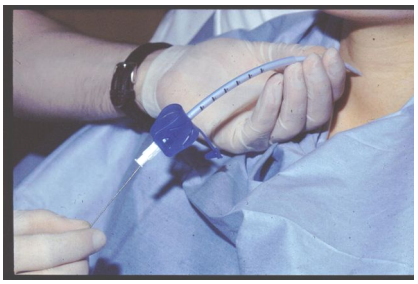
Medical Staff, Nurses, Physiotherapists and Physiotherapy Assistants at Austin Health

State any related Austin Health policies, procedures or guidelines:

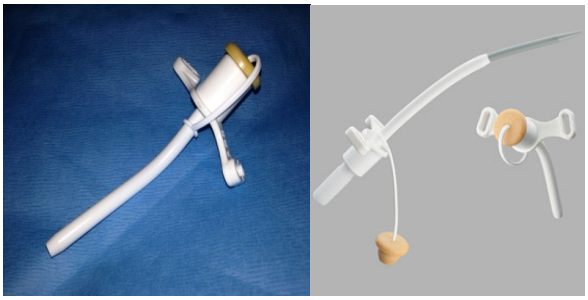
Tracheostomy Stoma Care
Suctioning via the Tracheostomy Tube
Changing a Tracheostomy Tube
Planned Tracheostomy Decannulation Procedure

Definition:

- A minitracheostomy is also known as a cricothyrotomy. It is a small bore cannula of 4mm internal diameter used as an access port for suctioning pulmonary secretions.
- A minitracheostomy can be inserted after removal of a regular tracheostomy tube in patients with an ineffective cough who are unable to clear their secretions adequately.
- In some circumstances a minitracheostomy tube may be inserted directly for the purpose of treating pulmonary secretion retention.



Portex Minitracheostomy



Cook Cricothyrotomy

Clinical alerts:

- A minitracheostomy is primarily intended for use as a secretion clearance device. It does not provide airway protection.
- A minitracheostomy can be used in emergency situations to provide some ventilation via an attachment that connects to an adult resuscitator or bagging circuit. It is not adequate as a primary airway due to its narrow diameter and absence of a cuff.
- Size 8 or 10Fg suction catheters are to be used with a minitracheostomy.
- Suctioning technique/procedure via a minitracheostomy remains the same as for a tracheostomy tube. See Suctioning via the Tracheostomy Tube
- The minitracheostomy tube should be capped when not in use.
- The stoma should be cleaned daily and a tracheostomy dressing applied.

  See Tracheostomy Stoma Care.

Roles and Responsibilities:

1. **When a minitracheostomy tube is inserted following removal of a regular tracheostomy tube:**
   - Prior to removal of the tracheostomy tube, a Decannulation Documentation Form is completed (SMR Form No M79.30). This entry will record the insertion of a minitracheostomy and the ongoing management plan for the patient.
   - TRAMS will record patients with a minitracheostomy on the TRAMS ward round list but will not review these patients routinely.
   - The treating physiotherapist should assess secretion clearance regularly and be involved in deciding readiness for removal of the minitracheostomy.
   - The TRAMS physiotherapist will liaise with the treating physiotherapist as required and report to the TRAMS team when the minitracheostomy is removed.
   - If primary insertion of the minitracheostomy occurs in the Intensive Care Unit (ICU), ongoing management of the patient is the responsibility of the treating physiotherapist.

2. **Patient with minitracheostomy tube discharged to subacute care or community setting.**
   - Patients in sub-acute care or in the community will be followed by TRAMS Community or VRSS Outreach. A written referral is required from the treating medical team. This can be faxed to TRAMS on ext 3280 or VRSS Outreach if the patient is receiving non-invasive ventilation.
   - TRAMS Community Link or VRSS Outreach will provide consumables and education to facilitate a safe discharge to the community.
   - If community patients with a minitracheostomy are readmitted to Austin Health, TRAMS or VRSS Outreach should be notified by the admitting unit. TRAMS or VRSS Outreach should also be notified of the patient's discharge and be involved in planning where appropriate to ensure safe and timely discharge.
   - TRAMS or VRSS Outreach will be responsible for routine minitracheostomy tube changes.

Transporting patients:

- A minitracheostomy is not an airway. Mandatory tracheostomy equipment is not required for the transport of a patient with a minitracheostomy.
- Suction equipment should accompany the patient during transfer, including clean gloves, portable suction unit, water for rinsing tubing and size 8 or 10Fg suction catheters.
- A nurse escort may be provided at the discretion of the nurse in charge of the shift.

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TRAMS team

VRSS Outreach

Legislation/References/Supporting Documents:

1. Beach, L., Denehy, L., & Lee, A. (2013). The efficacy of minitracheostomy for the management of sputum retention: a systematic review. *Physiotherapy*.
2. Bonde et al. Sputum retention after lung operation: prospective randomized trial shows superiority of prophylactic minitracheostomy in high-risk patients. Ann Thoracic Surgery 2002; 74: 196-203.
3. Morris L, Afifi M S. 2010, Tracheostomies: The Complete Guide. Springer Publishing Company, New York.
4. Walker et al. Percutaneous cricothyroidotomy (minitracheostomy) for bronchial toilet: results of therapeutic and prophylactic use. Annals of Thoracic Surgery. 1989. 48(6):850-2
5. Wright C D. Minitracheostomy. Clin Chest Med (24) 2003: 431– 435

Authorised/Endorsed by:

Tracheostomy Review and Management Service (TRAMS)

Primary Person/Department Responsible for Document:

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