Tracheostomy

PROCEDURE

STEPS

1. Assess breathing and the tube: auscultate lung sounds, check oxygenation and ventilation
2. Inspect the site for infection; check tube placement, securement, and cuff (pilot balloon, leaks)
3. Remove speaking valve or cap, then remove the inner tube
4. Try to pass a suction catheter; if you can, perform tracheal suction
5. Consider partial obstruction; ventilate if the patient is not breathing
6. Clear obstruction: gently flush 10 mL saline, then suction — repeat up to 5 times
7. If obstructed/displaced and not stable or improving, remove the trach tube
8. Replace: pre-oxygenate, patient back at 45 degrees, neck extended; remove old tube as patient exhales
9. Lubricate new tube with obturator in place, hold skin taut, insert, remove obturator, inflate cuff, reattach oxygen/ventilator

BEFORE YOU START

- Indications: different tube size or type needed, tube malfunction, routine changes
- Emergent changes: blockage, dislodgement, or accidental decannulation
- Contraindications: unstable condition; high oxygen/ventilatory support needed to maintain status
- Do not change if it has a high probability of causing further tissue trauma or bleeding

KIT YOU NEED

- Replacement trach equipment; inspect the new tube for damage or leaks
- Water-soluble lubricant and obturator; suction
- Emergency airway equipment; BVM, oral/nasal airways, supraglottic airways
- Pediatric face mask (for stoma ventilation); pulse ox monitoring

IF IT GOES WRONG

- If no pulse, start CPR (both non-emergent and emergency pathways)
- Primary oxygenation: cover stoma and ventilate with BVM and standard oral maneuvers
- Stoma ventilation: pediatric face mask applied to the stoma
- Attempt oral intubation and prepare for a difficult intubation; or intubate the stoma with a small trach tube/6.0 ETT, consider a bougie

Take Home Message:

Assess patency first — valve off, inner tube out, suction — and only change the tube when it is obstructed, displaced, or malfunctioning.