Shared health Soins communs Manitoba	P01.8 - EMERGENCY TRACH CARE / TRACH TUBE REPLACEMENT	
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ACP ONLY	ALL AGES	

INDICATIONS

- An obstructed tracheostomy that cannot be relieved by removing the inner cannula or by suctioning

WARNINGS

- Always keep emergency airway equipment close at hand

EQUIPMENT

- Personal protective equipment (PPE) including eye protection and nonsterile gloves
- Tracheostomy tubes (TT) with inner cannula and obturator
  - Current size
  - One size smaller
- Water-soluble lubricant
- Securement strap or trach ties
- 10 mL syringe
- Biohazard container
- Emergency airway equipment

PROCEDURE

1. Perform hand hygiene and don appropriate PPE.
2. Preoxygenate the patient if time allows.
3. Test the TT cuff to ensure there are no leaks (figure 2).
4. Remove the inner cannula from the new TT and insert the obturator (figure 3).
5. Attach the securement strap or trach ties to one side of the flange.
6. Apply lubricant to the tip and cuff of the TT.
7. Remove the securement strap or undo / cut the ties from the old TT. If the tube is cuffed and the cuff is inflated, deflate it with the syringe. Withdraw the old TT, following the curvature of the trachea.
8. Gently insert the new TT into the stoma, again following the curvature of the trachea (figure 4).

   DO NOT FORCE THE TUBE if resistance is felt. Repeat the attempt with the smaller sized TT. If unable to insert the smaller tube, secure the airway with an endotracheal tube (ETT).

9. Once the flange is completely seated against the neck, remove the introducer while holding the TT in place.
10. Secure the TT with the securement strap, or trach ties.
11. If the cuff was inflated, reinflate it with just enough air (no more than 5 ml) to prevent air from leaking around it (figure 5). Palpating the balloon (it should be firm but compressible) and listening for an air leak will allow you to estimative the cuff volume.

    NOTE: The cuff pressure will subsequently need to be measured by manometer to exclude excessive cuff volume and pressure which may cause tracheal damage, but this can be done in hospital.
12. Insert the inner cannula and ensure it is secured. If coughing occurs, remove the inner cannula and wait for coughing to subside before attempting to reinsert it.
13. Confirm placement by feeling for air coming out of the cannula with your hand.
14. Remove PPE and repeat hand hygiene.
15. Discard all supplies into the biohazard container.

FIGURE 1

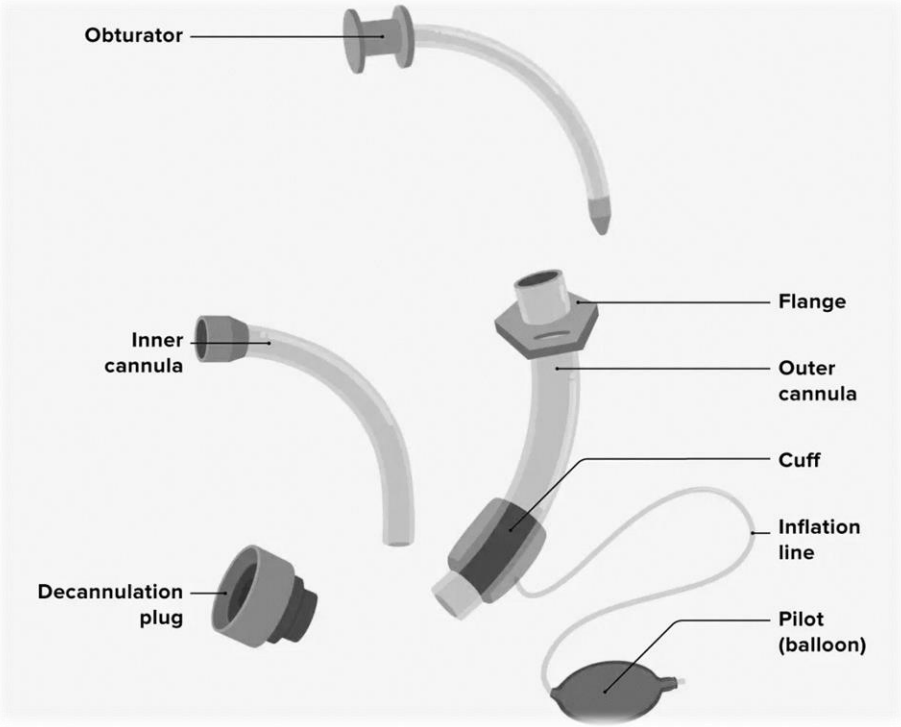
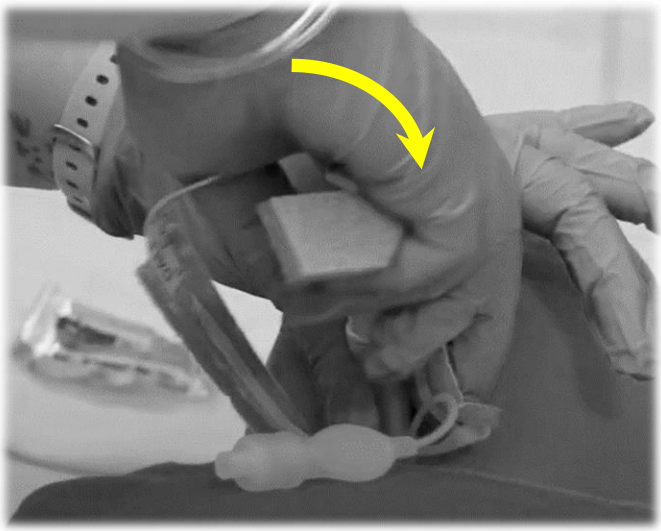


FIGURE 2	FIGURE 3
	

FIGURE 4	FIGURE 5
	

LINKS
• P01.7 - Emergency Trach Care / Suctioning • P01.9 - Emergency Trach Care / ETT Insertion

APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X09 for change tracking)
• New