	P01.7 - EMERGENCY TRACH CARE / SUCTIONING	
	Version date: 2025-04-24	Effective date: 2025-05-13 (07:00)
EMR / PCP / ICP / ACP		ALL AGES

INDICATIONS
<ul style="list-style-type: none"> An obstructed tracheostomy that cannot be relieved by removing the inner cannula

WARNINGS
<ul style="list-style-type: none"> Always keep emergency airway equipment close at hand

EQUIPMENT
<ul style="list-style-type: none"> Personal protective equipment (PPE) including eye protection & nonsterile gloves Suction catheter(s) ⁴ Inner cannula Biohazard container Emergency airway equipment

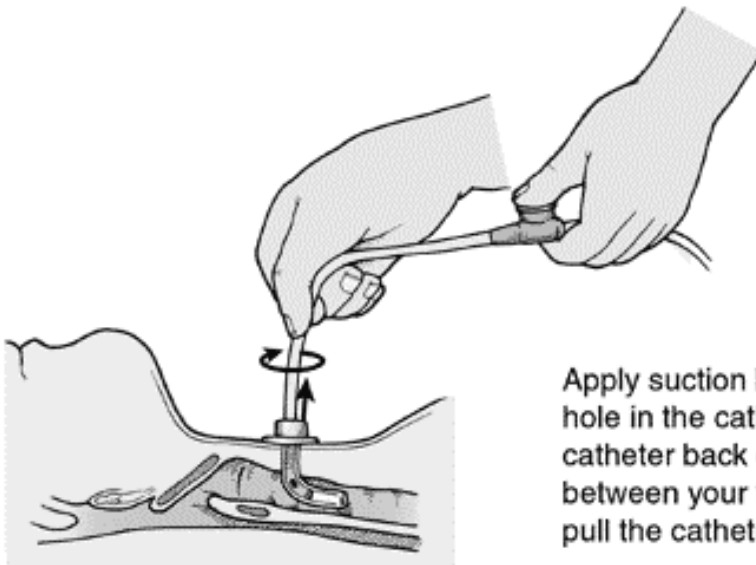
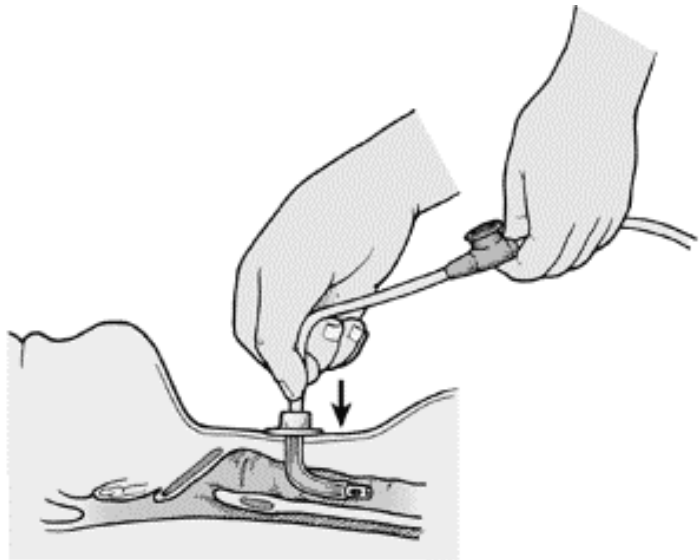
PROCEDURE
<ol style="list-style-type: none"> Perform hand hygiene and don appropriate PPE. Preoxygenate the patient if time allows. NOTE: If the patient has had a laryngectomy, you can only ventilate their lungs by the stoma (appendix A). Otherwise you can ventilate through the mouth / nose, but must deflate the cuff if the patient has a non-fenestrated tracheostomy tube (TT). Remove the inner cannula. <ul style="list-style-type: none"> If the obstruction is not relieved, proceed to suctioning. If the obstruction is relieved, replace it with a new cannula. Select the appropriate size of suction catheter by doubling the tracheostomy tube inner diameter (ID), then selecting the next lowest suction catheter size. Determine the appropriate catheter insertion depth by measuring from external tracheostomy opening to just above the sternal notch (i.e. the length of the tracheostomy tube plus ¼ to ½ inch). To avoid tracheal damage, <u>the suction pressure should not exceed 120 mmHg</u>. Insert the catheter with the suction port uncovered to the estimated insertion depth. Cover the suction port and withdraw the catheter using a gentle twisting motion (figure 1).

Limit each suction attempt to a maximum of 15 seconds.

7. If the obstruction is not relieved, repeat suctioning until secretions are removed or the obstruction is relieved. Preoxygenate between each suctioning attempt if time allows.
8. Replace the inner cannula.
9. Discard all supplies into a biohazard container
10. Remove PPE and repeat hand hygiene.



FIGURE 1

Insert the catheter the proper distance into the trach tube (usually the length of the trach tube plus 1/4 inch.)



Apply suction by putting your thumb over the hole in the catheter while you gently pull the catheter back out. Gently roll the catheter between your thumb and forefinger as you pull the catheter out.

LINKS	
<ul style="list-style-type: none"> C11 - Upper Airway Obstruction 	

APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X03 for change tracking)
<ul style="list-style-type: none"> New

APPENDIX A	
LARYNGECTOMY	TRACHEOSTOMY
