

TRACHEOSTOMY

SIGNS & SYMPTOMS:

1. Ostomy opening with/without obturator
2. Scarf covering opening

OBTAIN HISTORY OF:

1. Present illness
2. History, allergies and medications
3. Interventions taken before EMS arrival
4. DNR/DNI

PRECAUTIONS:

1. Avoid cross-contamination

BASIC LIFE SUPPORT CARE:

1. Establish patient responsiveness. If cervical spine injury is suspected, stabilize the spine.
2. Check and open the airway. Assess the tracheostomy tube and ensure that it is in place and not obstructed. If the obturator has been left in place, remove it to open the tracheostomy tube.
3. If trauma is present, dress the wound.
4. In infants, position a child's airway in a neutral position. Place a towel under the infant/child's shoulders as needed.
5. Assess the patient's breathing, including rate, effort, adequacy of ventilation as indicated by chest rise and air flow, auscultation and inspection.
6. If the patient is in respiratory distress, attempt assisted ventilation through the tracheostomy tube. If the patient is on a ventilator, follow the ventilator-dependent guideline. If the tracheostomy is a double-lumen tube, the inner cannula must be in place for bag-valve device to connect.
7. Check for a pulse. If no pulse or if the pulse is below 60 in a child (< 8 years of age) start compressions and continue to ventilate the patient via the tracheostomy.
8. If a pulse is present, obtain a set of vital signs including respiration rate, pulse rate, blood pressure, pulse oximeter and temperature (do not rely on SaO₂ in patients with poor perfusion)
9. Obtain baseline vital signs from the patient's caregiver.
10. If secretions are present in the airway, use intermittent suction for no more than 10 seconds. Use 100 mm Hg or less of suction.
11. If the patient has adequate respirations, administer 100% oxygen by placing an oxygen mask over the tracheostomy.
12. Transport patient to the appropriate facility
13. Bring the patients medical information and other items that they have in their "go" bag.
14. Reassess the patient often and obtain a set of vital signs every 5 minutes.

ADVANCED LIFE SUPPORT CARE: In addition to above and as appropriate:

1. If manual ventilation is difficult, change the tracheostomy tube.
 - A. Ask the caregiver to replace the tube
 - B. If the tube cannot be replaced, ALS providers should attempt placing a smaller size ET tube no more than 2 inches into the opening and inflate the cuff. The tracheal tube introducer can be used to place the ET tube. Ensure proper placement by normal ET checks.
2. If bronchospasm is present and patient has adequate ventilations, administer albuterol/atrovent via nebulizer over 10-15 minutes.
3. Place patient on ECG monitor and obtain IV access.