

## IN HOSPITAL EMERGENCY TRACHEOSTOMY MANAGEMENT AND CPR

### Danger

- Check for dangers to yourself or the child
- If safe to do so, remove the danger, or remove the child from the danger.



### Response

- Check for a response by touching and talking to the child, call their name.
- No response? - firmly pinch the cartilage on their ear (infants/toddler), trapezius pinch (older child)



### Send for Help

- If there is no response from the child:
  - Press Emergency buzzer & Call MET 2222 (RCH)



### Airway

- **Airway** (tracheostomy tube patency) assess if the child is able to breath via their tracheostomy tube?
- **Is the tube dislodged? Look – Extend** patient's neck slightly (lift chin or place small roll under shoulders)
- **Suction the tracheostomy tube** - Remove any attachments – Humidifier / Speaking Valve.
- If tube is blocked or you cannot pass the suction catheter, immediately remove tracheostomy tube (deflate cuff if applicable) and change with same sized tube, or change inner cannula if one present
- **1st** - attempt to insert same size tube
- **2nd** - attempt to insert smaller tube, use water based lubricant/gel if unable to insert.
- **3rd** - Insert suction catheter through smaller size tube to guide tracheostomy in to stoma

#### Patent tracheostomy insitu



#### No patent tracheostomy insitu



### Breathing

Look, Listen and Feel for chest rise and fall, and air movement. If child not breathing:

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| <ul style="list-style-type: none"><li>• Deliver rescue breaths via tracheostomy tube: Attach resuscitation bag (+ oxygen flow 10 -15 lpm) and give 2 effective rescue breaths.</li></ul> | <ul style="list-style-type: none"><li>• Deliver rescue breaths via nose/mouth with face mask. Cover tracheostomy stoma with gauze and tape if required to prevent air leak</li><li>• <b>Obstructed upper airway and no patent tracheostomy tube in situ?</b><br/>If possible deliver rescue breaths via the tracheostomy stoma with face mask.</li></ul> |
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- Observe for rise and fall of chest and **reassess breathing**
- Attempt access of stoma using smallest available tracheostomy tube.
- Prepare for oral intubation, or intubation of stoma using ETT where upper airway is obstructed.



### Circulation

- Check for pulse for a maximum of 10 seconds, or check for signs of life (moving, breathing, responsive)
- If pulseless, bradycardic, or no signs of life commence CPR @ 120 compressions/minute
- 15 compressions: 2 breaths - 2 rescuers
- 30 compressions: 2 breaths - single rescuer
- Continue CPR until child recovers or help arrives