TRACHEOSTOMY EMERGENCIES

DISLODGEMENT (FALL OUT)

A. Tracheostomy tube has fallen out/out of place

- Call 995 for an ambulance immediately and monitor patient's condition.
- B. If patient,
- i. Experience breathlessness
- ii. SpO₂ drops below usual baseline
- Cover the tracheostomy hole with gauze and tape all four sides.
- If you are trained in manual ventilation (bagging), provide air to patient using a manual resuscitator bag and face mask.

HOW TO PREVENT DISLODGEMENT:

- Ensure the space between the skin and tracheostomy holder is within one finger space.
- Replace tracheostomy tube holder if the Velcro is not sticky.
- Ensure that the ventilator tubing is not pulled when repositioning patient in bed or transferring patient out of bed (if applicable).

BLOCKAGE

A. Patient experience breathlessness

- i. SpO₂ drops below usual baseline
- ii. Unable to insert suction catheter
- iii. Resistance felt when performing manual ventilation (bagging)
- Change inner cannula.
- Re-insert suction catheter and perform manual bagging.
- O If resistance is felt when inserting suction catheter and/or during manual bagging, remove the tracheostomy tube (if you are confident).

*Note: If tracheostomy tube has a cuff balloon, remove air from the balloon port completely before removing the tracheostomy tube.

- Call 995 for an ambulance immediately and monitor patient's condition.
- ii. If patient,
- i. Experience breathlessness
- ii. SpO2 drops below usual baseline
- Cover the tracheostomy hole with gauze and tape all four sides.
- If you are trained in manual ventilation (bagging), provide air to patient using a manual resuscitator bag and face mask.

HOW TO PREVENT BLOCKAGE:

- Perform regular suctioning based on patient's needs.
- Ensure that secretion is easily removable. If secretion is very thick, please speak to the medical team.
- Clean inner cannula at least three times a day.



