



## 9. Temporary tracheostomy: blocked or displaced

*Consider if desaturation, respiratory distress, CVS instability, abnormal noise from the tracheostomy, failure to achieve set tidal volumes if on IPPV, abnormal or absent capnograph trace.*

- ➊ Press the red emergency button and make **anaesthetic/airway emergency 777 call**
- ➋ Who is the “hands-off” leader? Assign roles.
- ➌ State “**Priority is to provide oxygen and exclude tracheostomy displacement or blockage**”
- ➍ Provide 100% oxygen to trachy tube and high oxygen flow over patient’s mouth/nose
- ➎ **Attach ambubag with capnography and O<sub>2</sub> via catheter mount to tracheostomy tube**
- ➏ **Confirm patency of tracheostomy**
  - Remove inner tube and pass suction catheter or **fiberoptic scope**
  - Capnography trace present and normal
  - Assess neck free from swelling and/or surgical emphysema

**If tracheostomy suspected to be blocked/partially blocked OR displaced then:**
- ➐ **Deflate tracheostomy cuff, remove tracheostomy** and assess the patient’s ventilation/breathing
  - Continue to provide oxygen via mouth/nose/stoma and support ventilation if required
- ➑ If poor/absent respiratory effort detected then state “**We need an alternative emergency airway**”
  - If **potentially** patent upper airway → supraglottic airway, oral ETT ⇒ **CHKLST 7**
  - If cannot be intubated via mouth and stoma well-formed → reintubate via stoma with frowea boogie and COETT size 6.0 or new tracheostomy tube. Confirm position with fiberoptic scope
  - **or use alternative front-of-neck access technique (surgical reinsertion of tracheostomy tube – ENT/ORL registrar 021 242 7571 OR cricothyroidotomy)**

### Critical CHANGES

If PEA develops: **Go to ⇒ CHKLST 3**

### Consider other causes for patient deterioration:

Pneumothorax  
Bronchospasm  
Major haemorrhage

### Also consider:

Fiberoptic inspection of tracheostomy  
  
Guided reinsertion of tracheostomy if appropriate expertise immediately available (caution if track < 7 days old)

### Intubation roles

Team leader (coordinator)  
First intubator  
Second intubator/drug administrator  
Cricoid pressure  
Intubator’s assistant  
Intubator’s second assistant  
Runner  
Telephone