

Difficulty Inserting Tracheostomy Tube

At times, the tracheostomy tube may be difficult to insert. Don't panic! The nurse should be prepared for this and understand what corrective action to take. The child may simply need repositioning, or may be having something as extreme as a seizure.

Check the child's neck position. Make sure the head is slightly tilted backward, and neck roll is in place under the shoulders. Then gently try to spread the skin of the stoma, and insert the tube as the child inhales. If the tube is still difficult to insert, use a tracheostomy tube one size smaller. If the tube still won't go in, then put a suction catheter (NOT attached to suction) in the stoma. Assess the child and initiate the emergency system and CPR if indicated. Breaths can be given through the suction catheter. Remember the Ambu bag with mask attached can also be used to ventilate through the nose and mouth, but the stoma has to be occluded to prevent air leak.

Suggested Techniques for a Difficult Tracheostomy Insertion

1. Reposition the child as needed.
2. Suction via old tracheostomy tube before procedure.
3. Always keep an obturator on hand for emergency tube changes.
4. If the tube cannot be fully inserted with the obturator in place and the tube is partially inserted, remove the obturator to let the child breathe, then continue to gently insert the tube.
5. If still unsuccessful, remove the new tube, spread open the stoma with your fingers, allow the child to breathe, provide oxygen as needed.
6. While spreading the stoma open, re-lubricate the new tube and re-attempt insertion when the child inhales.
7. Attempt to insert one size smaller tracheostomy tube with obturator.
8. If still unsuccessful, insert the suction catheter through the smaller tube; guide the catheter into the stoma, then slide the smaller tube into the stoma over the catheter. Remove the suction catheter.
9. Never force the tube in.
10. If all else fails, cut a section of the suction catheter, longer than the tracheostomy tube (long enough to prevent aspiration), and place catheter in stoma/trachea to maintain an airway. Hold on to the catheter and call Emergency Medical Response Services (911).
11. Provide oxygen as needed.
12. Initiate CPR as needed. Use a resuscitation bag to ventilate the patient by mouth, while covering the tracheostomy stoma. However, if the child has complete upper airway obstruction, a gaping stoma, or a laryngectomy, mouth to stoma ventilation must be performed.