

Emergency Tracheostomy Change

Most of the time there is only one person at home when an emergency tracheostomy change is required. Everyone involved in the care of a child with a tracheostomy must know how to perform this procedure.

Two spare tracheostomy tubes, one of the child's current size tube, and one a size smaller, as well as a pair of blunt tipped scissors, should always be kept near the child (at home and in the travel bag), in case an emergency change should be needed. Whenever the child is having difficulty breathing, the tracheostomy tube may be plugged with secretions. Immediately suction the tracheostomy tube. If the breathing difficulty continues, a tracheostomy tube change should be done immediately. "When in doubt, pull it out" is a good motto to follow in this instance. If the child ceases to breath or the heart stops beating, initiate CPR. Call 911 emergency medical response system (EMS) immediately, and follow the emergency plan.

The following steps are taken in the event that the tracheostomy tube must be changed unexpectedly due to a mucus plug or displacement:

1. Accept that you may not have time to wash your hands.
2. Explain to the child what you are doing (if age appropriate).
3. Quickly cut the ties or unfasten the chain.
4. Remove the tracheostomy tube completely. The child should be able to breath through the stoma for a short time.
5. Holding the stoma open by putting one finger on the child's chest while holding the chin up with another finger.
6. Insert the new tube and tie it in place.
7. After the change, watch to see if the child is breathing easier, listen to breath sounds to check placement. Suctioning is usually indicated.
8. Calm the child if needed.
9. Report this procedure to the parent/caregiver, physician and your supervisor.
10. Document the procedure.

Refer to "*Difficulty Inserting Tracheostomy Tube*" section for additional considerations and problem situations.

Cardiopulmonary Resuscitation

In the event of accidental tracheostomy tube removal, 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.