Emergency Care of the Child with a Tracheostomy/Ventilator
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Topics
- Tracheostomy tube obstruction
- Accidental decannulation
- Inability to replace tracheostomy tube
- CPR for child with tracheostomy tube

Be Prepared
Know:
> reason for tracheostomy & status of upper airway
> reason for ventilator
> if the child can take breaths on his own
> baseline suctioning frequency
> normal secretions

Keep the go-bag (emergency equipment) with the child at all times

Emergency Bag or “Go-Bag”

Contents
- Manual resuscitation device with appropriate size mask
- Same size and size smaller tracheostomy tube
- Tracheostomy tube ties
- Suction machine
- Suction catheters
- DeLee suction catheters
- Water soluble lubricant
- Scissors
- Tape

Example of “Go-Bag” (Used with permission: www.trachbag.com)

Emergency Situations

- Accidental decannulation
- Partially or totally occluded trach tube
- Inability to reinsert tracheostomy tube
- CPR for child with tracheostomy

Emergency Situation: Tracheostomy Decannulation

RESPONSE: CHANGE THE TRACHEOSTOMY TUBE

Cause
- Child moves during tie change
- Trach tube length too short
- Trach tube ties too loose
- Pull on trach from vent or other tubing

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Prevention
Accidental Decannulation

If:

- decannulation caused by moving during tie changes: swaddle the child and have the 2nd person assist with holding
- ties too loose: review proper placement of ties and check frequently
- tube too short: contact MD
- pull from tubing: secure tubing to prevent pulling

Emergency Situation: Totally/Partially Occluded Tube

- Decreased/absent air entry/chest rise
- Increased inhalation or exhalation time
- Increased use of accessory muscles
- Change in color/decreased oxygen saturation
- Inability and/or difficulty in passing suction catheter
- Decreased/absent breath sounds
- High pressure alarm on ventilator
- Cardiac respiratory monitor alarms

Suction the tracheostomy tube with normal saline

RESPONSE: CHANGE THE TRACHEOSTOMY TUBE

If unable to clear the secretions or plug by suctioning

CHANGE THE TRACHEOSTOMY TUBE
Prevention
Tracheostomy Tube Obstruction:

- Prevention: the best course of action
  - Adequate humidification
  - Monitor more closely with respiratory infections or use of speaking valve or HME which can affect humidification
  - Know the child’s baseline suctioning frequency and normal secretions
  - Consider airway clearance modalities such as aerosolized medications or CPT.

Emergency Situation:
Inability to Replace the Tracheostomy Tube

Emergency Situation:
CPR for Child With Tracheostomy
Key Points: Emergency Care

- The best emergency care is to be prepared
- The "Go-bag" must be with the child at all times
- Know the child's baseline suctioning frequency and normal secretions
- Monitor closely during times of respiratory illness
- Participate in trach changes every 6 months to maintain skills
- Review emergency steps for obstructed airway, decannulation and inability to replace tracheostomy tube
- Know the child's baseline suctioning frequency and normal secretions