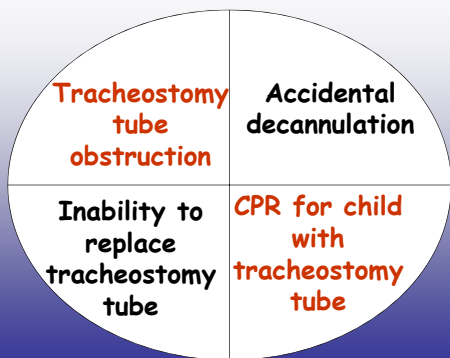


Emergency Care of the Child with a Tracheostomy/Ventilator

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Topics



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



Retrieved from: <http://www.girlscoutsdi.org/catalog/index.php?cPath=79>

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)

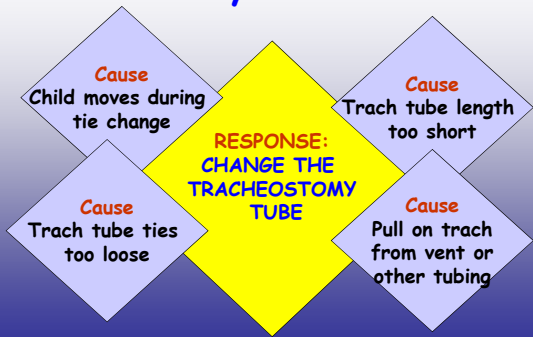


Emergency Situations



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

Emergency Situation: Tracheostomy Decannulation



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
- Cardio respiratory monitor alarms

Emergency Situation:


Suction the tracheostomy tube with normal saline

If unable to clear the secretions or plug by suctioning


**RESPONSE:
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
