

WISE-UP WEDNESDAY

CVICU'S WEEKLY CLINICAL PRACTICE NEWSLETTER

January 20th, 2021

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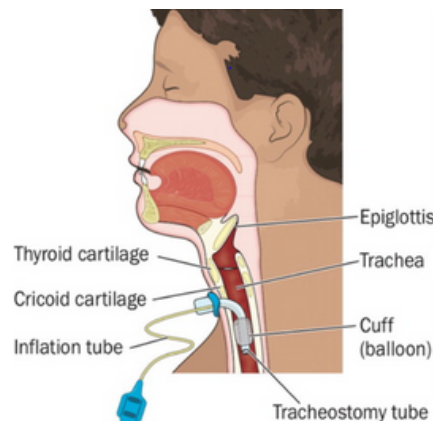
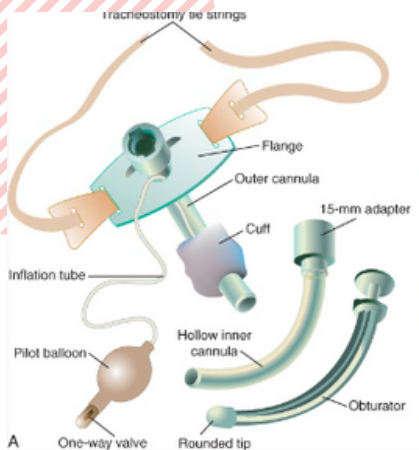
Tracheostomies

CONTENT

Best Practice and VUMC
Protocols Around Trachs

Trach Emergency
Preparedness

Trach Placement, Care, and
Management Resources



Situation: Our Cardiac Surgeons will now be placing all tracheostomies for their patients in the CVICU. The Cardiac Surgery Fellows will be responsible for downsizing, decannulation, and emergencies after the trachs are placed. We are taking this change as an opportunity to remind our team of the standards of care we have regarding trach care.

Background: Most of our tracheostomies were previously placed at the bedside by the Trach/PEG team. However, being that we have such an intensive and robust team in the CVICU - we have an opportunity to have more ownership over this aspect of care.

Assessment: The team we contact in emergencies is changing, our overall management and approach to tracheostomies will not.

Recommendation: Please take this time to pay close attention to orders you receive regarding trach care, the emergency bedside equipment, and appropriate signage at the head of the bed. The **Emergency Trach Bag** and the sign you see to the right should stay with the patient throughout their hospital stay.

Resources for where you can find best practice regarding trach care are on the 2nd page.

**THIS TRACHEOSTOMY IS MANAGED
BY CARDIAC SURGERY**

Tracheostomy Type: _____
Size: _____
Date Placed: _____

All patients with tracheostomy should have at bedside:

Emergency Trach Dislodgement kit
Airway Compromised Algorithm
Identical sized tracheostomy and obturator in case of dislodgement

Suspect a compromised tracheostomy?

1. Ventilate patient with resuscitation bag.
2. If difficulty met, pass suction catheter
3. If unsuccessful, attach CO2 detector
4. If no color change, the trach is dislodged. Begin bag/mask ventilation, press code button, and call cardiac surgery fellow on call

In the event of emergency, press the code button and call the cardiac surgery fellow on call: 615-317-2279

New packaging for

Trach Emergency Airway Kit

JANUARY 2021

NEW PACKAGING

EVERY PATIENT WITH A TRACHEOSTOMY MUST HAVE ONE AT THE BEDSIDE

REPLACING PREVIOUS PACKAGING:

WHAT COMES IN THE KIT:

- AMBU BAG
- CO2 DETECTOR
- MASK
- #6 ETT

What you must add to the kit:

- SUCTION KIT X2
- YANKAEUR
- EXTRA TRACH OF SAME SIZE
- DISPOSABLE INNER CANNULA TO MATCH TRACH IF APPLICABLE (unless you have a non-disposable inner cannula or a trach that does not have an inner cannula)

NEONATAL MASK for Lary pt's or pt's with obstruction in airway above the trach

THESE ITEMS MUST ALWAYS TRAVEL WITH THE PATIENT WHEN LEAVING FLOOR!



Trach Emergency Management

Trach emergencies are rare, usually preventable, and often fatal.

Trach emergencies include: airway hemorrhage, trach obstruction, and dislodgment. Its because of these emergencies that VUMC's policies require specific bedside emergency essentials at all times – even during travel.

Must always be at bedside of trached patients:

1. **The Emergency Airway Kit** (see pic on left) – these are stored on the bottom shelf of in the supply closet next to the ambu bags. They are charged to the patient and should be hung at HOB.
2. **Airway Emergency Sign** (featured on page 1)
3. **Obturator** – these are not packaged separately and come out of the trach kits. Keep taped at HOB at all times
4. **2 Suction Kits**
5. **Red Rubber Suction Catheters** (Recommended)
6. **Disposable Inner Cannula** (if applicable)
7. **Additional Trach** of the same size pt requires at bedside

In the event of a trach emergency for a trach placed by CSX, press the staff-assist and call (or ask someone to call) the CSX Fellow Pager: 615-317-2279 while also working through the airway emergency algorithm.

Resources

THE Laryngoscope

FOUNDED IN 1896

General Otolaryngology | Full Access

Mortality associated with tracheostomy complications in the United States: 2007–2016

John D. Cramer MD, Evan M. Graboyes MD, Michael J. Brenner MD, FACS

First published: 19 November 2018 | <https://doi.org/10.1002/lary.27500> | Citations: 10

Find it @ VU



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Volume 42, Issue 1, January–February 2021, 102791



Comparing the tracheostomy dislodgement and complication rate of non-sutured neck tie to skin sutured neck tie fixation

Kerry E. Fine^a, Matthew S. Wi^a, Vitaley Kovalev^b, Fanglong Dong^{a,b}, David T. Wong^{a,R,BS}

Year : 2017 | Volume : 6 | Issue : 2 | Page : 800-806

Tracheostomy tube displacement: An update on emergency airway management

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<https://www.hopkinsmedicine.org/tracheostomy/about/types.html>

VUMC Policy Tech: Tracheostomy Management and Care SOP

Mosby's. Tracheostomy Tube: Care and Suctioning.