

Trach Issues: A Quick Reference

Respiratory Distress

Symptoms:

- Nasal flaring
- Faster breathing than normal
- Color change (blue, pale) in lips, nails, skin
- Retractions
- Grunting, whistling noise when breathing
- Sweaty
- Not breathing

Actions:

- Make sure the trach is in!
- Suction the trach.
- Provide breaths with the resuscitation bag.
- If no relief or you cannot bag effectively, change the trach immediately!
- Call 911.

Accidental Decannulation--(Trach comes out by accident)

Actions:

- Remain Calm
- Undo trach ties (if applicable) and insert same trach back in.
- If unable to find trach or the original trach is visibly soiled, replace with a clean spare trach.



Trach is out! Undo velcro ties, place trach back into stoma, and secure ties.





Cuffed trach is out! If there is saline in the cuff first deflate the cuff entirely before reinserting the trach back into the stoma, and then secure the ties.

Unable to Reinsert Trach

Actions:

- Remain calm.
- Reposition the child (shoulder roll, place arm under shoulders and lift allowing the head to drop back and try again.
- Use your fingers to "spread" the skin back to better visualize the stoma.
- Try a smaller size trach, reposition, and try again.
- Call 911
- Provide breaths using the resuscitation bag.



Shoulder roll.



Lift between the shoulder blades and let the head fall backwards slightly.



Spread the skin around the stoma outwards to get better visualization.



Insert the emergency trach, which should be one size smaller.



Bag mask ventilate with resuscitation bag around mouth, while another person covers the stoma.



If unable to get good chest rise you may attempt to bag the stoma directly. Make sure you press down to get a better seal!

Trach is Blocked or Obstructed

Symptoms:

- The same symptoms of respiratory distress described in the respiratory distress section.
- If on a ventilator: High Pressure Alarm is sounding, and your child is coughing.
- Little to no chest movement.
- Unable to pass a suction catheter freely.
- Difficult to squeeze the resuscitation bag.

Actions:

- Try to suction the trach.
- Provide breaths using the resuscitation bag.
- If no relief or chest rise, CHANGE the trach immediately.
- If distress continues call 911!

Symptoms Identified

- Pulse Ox alarms going off
- Child is coughing and looking anxious
- Ventilator is High Pressure alarming





Unable to pass suction catheter



Remove and replace trach with a new one.



Suction Trach





Suction catheter able to pass, but your child still looks to be in distress



Try bagging with resuscitation bag



Unable to squeeze resuscitation bag or get good chest rise



Remove and replace trach with a new one.



Suction Trach



Suction catheter able to pass, but your child still looks to be in distress



Try bagging with resuscitation bag



You are able to squeeze the bag effectively and get good chest rise. Saturations increase, work of breathing is decreased significantly, your child looks happy again!

(e.g., ventilator, high humidity). Make note of

Place child back on original device

secretions color, consistency, and quantity.

Follow up with your pulmonologist.

Infection

Symptoms:

- Increase in the amount, thickness, and color of secretions
 - Yellow/Green
 - o Foul smelling
- Fever
- Excessive work of breathing
- Congested lung sounds, this may also be felt by placing your hand over your child's chest.

Actions:

- Call your doctor.
- Increase airway clearance (Vest, Cough Assist, Manual CPT)
- You may be asked to collect a sputum sample.
- Make sure you have adequate humidity (if off the ventilator, decrease the time your child is on an HME)



If your child is producing more secretions than normal and you do not have an airway clearance device like that of the vest machine or cough assist, then you may do manual chest physical therapy. This is done by taking a spare mask and placing tape over the opening and gently tapping the chest, sides, and back of your child as seen in the pictures above.

Bleeding

Symptoms:

- Small amounts of pink-tinged or redstreaked mucus.
- Light amounts of blood can be seen after insertion or removal of tracheostomy tube.

If bleeding excessively call 911 immediately!

Actions:

- First, confirm that you are following the safe suction guidelines and not passing the catheter beyond the tip of the tracheostomy tube.
- For small amounts of bleeding after removal/insertion of trach tube it could potentially be from granulation tissue or may have been inserted it too hastily. Clean with clean sterile gauze, may apply Mepilex Ag barrier (prescribed by doctor).

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