



# TRACHEOSTOMY

## Escambia County, Florida - ALS/BLS Medical Protocol

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Tracheostomies are indicated for long-term ventilatory support, to bypass an upper airway obstruction, and to aid in the removal of secretions.

Tracheostomies come in a variety of sizes and can be either single lumen or double lumen. Special attachments include: tracheostomy nose (filtration device), tracheostomy collar (for oxygen or humidification), and Passymuir valve (speaker valve).

Signs of tracheostomy tube obstruction:

Excess secretions.

No chest wall movement.

Cyanosis.

Accessory muscle use.

5. No chest wall rise with bag-valve ventilations.

### Supportive Care

1. [Medical Supportive Care Protocol](#).

### ALS Level 1

If obstruction is present, inject 1-3 ml of Normal Saline into the tracheostomy tube and suction PRN.

If unable to clear obstruction by suctioning, remove tracheostomy tube and insert new tube (same size or one size smaller). **DO NOT FORCE TUBE.**

3. If unable to insert new tracheostomy tube or if unavailable, insert endotracheal tube of similar size into stoma and ventilate with bag- valve-device PRN.



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4. If unable to insert endotracheal tube, ventilate with bag-valve-mask over stoma or over patient's mouth while covering stoma PRN.
  
6. Consider need for other protocols. ([PerTraq Cricothyrotomy](#))

### ALS Level 2 (*Physician Authorization Required*)

None



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