



PEDIATRIC TRACHEOSTOMY



Escambia County, Florida - ALS/BLS Medical Protocol

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 neonatal, pediatric, and adult 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:

1. Excess secretions.
2. No chest wall movement.
3. Cyanosis, decreased or absent breathsounds.
4. Accessory muscle use.
5. No chest wall rise with bag-valve ventilations.

Supportive Care


1. [Medical Supportive Care Protocol](#).
2. If obstruction is present, inject 1-3 ml of Normal Saline into the tracheostomy tube and suction PRN (set suction at 100 mmHg or less).
3. If unable to clear obstruction by suctioning, remove tracheostomy tube and insert new tube (same size or one size smaller). **DO NOT FORCE TUBE**.
4. 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.
5. 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 (e.g. [Pediatric Respiratory Emergencies](#)).



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Approved by:


Charles Neal, D.O. Medical Director



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ALS Level 1

None

ALS Level 2 (*Physician Authorization Required*)


None



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