Emergency Response to Accidental Decannulation

THIS DOCUMENT APPLIES TO	• Medical Staff, Nurses, Speech Pathologists and Physiotherapists on all campuses. • Does not apply to ICU staff or staff working in the community.
WHO IS AUTHORISED TO PERFORM THIS PROCEDURE?	• Medical Staff, Nurses and Physiotherapists trained in the procedure of tracheostomy, insertion and/or changing tracheostomy tubes.
DEFINITION	• Accidental decannulation is the unplanned removal of the tracheostomy tube from the patient's trachea. This may occur during movement of the patient or when a confused/ agitated patient pulls out his/her own tube.
CLINICAL ALERT	• This is an emergency. • Depending on the patient's medical status, place a MET call, MER call or Code Blue. • Reinsertion of a tracheostomy tube that was initially inserted less than 7 days before the accidental decannulation is more likely to be problematic. • The date of initial tracheostomy insertion must be listed on the pilot cuff line and will also be clearly listed on the patient's observation chart. • Only attempt to reinsert the tube if the tube has been in situ for more than 7 days AND a competently trained staff member is immediately available to recannulate the patient. • If a patient does not have a patent upper airway above the level of their tracheostomy, he/she will only be able to breathe via the tracheostomy stoma until the tube is reintroduced into the trachea. • If accidental decannulation occurs in a ventilated patient he/she will no longer be ventilated.
RATIONALE	• Unplanned removal of the tracheostomy needs to be dealt with in a safe manner that minimises risk to the patient. • If the patient is ventilated via a tracheostomy tube, and the tube is removed, it will not be possible to ventilate the patient via a mask unless the stoma can be effectively occluded and the upper airway is

	patent. • If the patient is dependent on the tracheostomy tube as an airway, the tube must be replaced as an emergency. If the patient is able to breathe comfortably without the tracheostomy tube for a time, then reinsertion is less urgent.
EXPECTED OUTCOME	• Accidental decannulation will be dealt with in a safe and timely manner. The patient will have a patent airway restored as soon as possible.
EQUIPMENT	• Tracheal dilators, for use by trained staff only • 10 mL syringe (non-Luer lock) • Spare tracheostomy tube of the same size; extra tracheostomy tube one size smaller • Suction source • Lubricant • Clean gloves • Safety goggles or eye wear • Suction catheters: standard size 12 should always be available. (Size 14 may be requested at the discretion of the Physiotherapist.) If a mini tracheostomy tube is in situ, only size 8 or 10 catheters can be used. • Air-Viva or Hudson Adult Resuscitator (disposable or reusable) with tracheostomy connector or with corrugated flex tube and swivel elbow connector • Pulse oximeter. • Stethoscope • Cuff manometer (this is not essential for an emergency reinsertion, but cuff pressure should be checked as soon as practical)

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PROCEDURE	• Check for the date of initial tracheostomy tube insertion on the pilot cuff line, or in the patient's observation chart. • **If it has been 7 days or less since the initial insertion of the tracheostomy tube, place a MET call, MER call or Code Blue. Do not attempt to reinsert the tube.** • Ensure adequate oxygenation of the patient. Oxygenate via the stoma or nose/mouth while occluding the stoma. Monitor with a pulse oximeter. • **If the patient is not high risk and the tube has been in situ for more than 7 days,** consider recannulation if you are trained to perform this procedure. **If you are not trained in this procedure, place a MET call, MER call or Code Blue depending on the patient's medical status**. • If trained in changing tracheostomy tubes and the tube is only partially displaced, deflate the cuff and guide the tracheostomy tube back into the trachea, then reinflate the cuff. Check the tube position by auscultating the chest for air entry. • If there is any doubt about correct tube position call a MET, MER or Code Blue as indicated by the status of the patient. • If the tracheostomy tube is completely out of the patient's airway, quickly loate the spare tube of the same size. With the introducer in place, insert the tracheostomy tube gently but firmly into the patient's airway, remove the introducer and inflate the cuff. Check the tube position by auscultating the chest. • If the tube of the same size won't fit into the stoma, try the next size down. Once the tracheostomy tube is inserted, replace the oxygen via the tracheostomy tube or reattach the ventilator. • In the ventilated patient whose tracheostomy tube becomes dislodged and cannot be II reinserted, cover the stoma and bag the patient via a facemask with an Air-Viva. • If time allows, the cuff should be checked and the tube lubricated prior to insertion.

POST-PROCEDURE	• Monitor the patient's oxygen saturation, secretion production, respiratory rate and effort for 30 minutes. • Report the following to the Medical Staff: • that accidental decannulation occurred and describe subsequent management • patient deterioration since management • excessive bleeding from the stoma or excessive granulation tissue • blood staining in sputum becomes excessive or does not clear over the next few hours. • Document events and patient status in history.
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REVIEWED BY	• ICU Intensivists • the Acute Tracheostomy Working Party
PRIMARY DEPARTMENT RESPONSIBLE FOR REVIEW	Tracheostomy Review and Management Services (TRAMS)
ENDORSED BY	Heads of Departments

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CURRENT RELATED POLICIES, PROCEDURES OR GUIDELINES	• Tracheostomy Clinical Procedure - Changing a Tracheostomy Tube • Tracheostomy Clinical Procedure - Suctioning via the Tracheostomy Tube • Tracheostomy Clinical Procedure - Tracheostomy Cuff Release, Deflation and Reinflation
REFERENCES	Russell C, Matta B. Tracheostomy: a multi professional handbook. London: Greenwich Medical Media Limited, 2004. St John R, Malen J. Contemporary issues in adult tracheostomy management. Critical Care Nurse Clin N Am 2004;16:413-430.
PREVIOUSLY UTILISED RELATED POLICIES, PROCEDURES OR GUIDELINES	
KEYWORDS	• tracheostomy, airway, sputum plugging, emergency, respiratory distress, accidental decannulation