

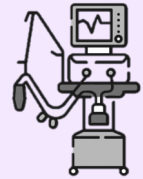


INITIAL ASSESSMENT

- All staff should don appropriate level PPE
- Place patient in airborne isolation room, place trach collar or NRB mask over airway
- Place mask over patient's mouth and/or tracheostomy (with extra tracheostomy ties)
- Identify airway anatomy: **Tracheostomy vs. Laryngectomy (No oral airway access)**
- Call Respiratory Therapy**
- Identify tracheostomy information:
 - Size & Type
 - Cuffed or uncuffed
 - Indication: Difficult airway vs. prolonged respiratory failure
 - Date placed (if known)

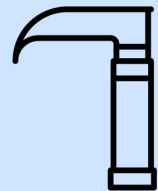
MATURE (>2 WEEKS), CUFFED TRACHEOSTOMY

- Inflate tracheostomy cuff
- Place patient on ventilator (closed circuit mechanical ventilation) **with viral/bacterial filter**



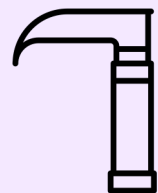
MATURE, UNCUFFED TRACHEOSTOMY

- Preoxygenate patient and prepare to perform RSI via oral intubation
- If difficult airway, call for Airway Rapid Response (overhead page via operator)**
- Can consider tracheostomy exchange if within clinician comfort
 - Administer sedation/paralytic
 - Consider using Cook Airway exchange catheter
 - Confirm placement with EtCO₂



IMMATURE (<2 WEEKS) DISLODGED/DYSFUNCTIONAL TRACHEOSTOMY

- Preoxygenate patient and prepare to perform RSI via oral intubation
- If difficult airway, call for Airway Rapid Response (overhead page via operator)**



POST-AIRWAY MANAGEMENT

- Utilize current COVID respiratory failure guidelines for ventilator Rx
- Utilize intubation order-set in EPIC
- Obtain back-up tracheostomy and place at bedside
- Complete tracheostomy card +/- consult appropriate service (ENT or Surgery)

