Call for airway expert help
Look, listen & feel at the mouth and tracheostomy
A Mapleson C system (e.g. ‘Waters circuit’) may help assessment if available
Use waveform capnography when available: exhaled carbon dioxide indicates a patent or partially patent airway

Is the patient breathing?

Yes
Apply high flow oxygen to BOTH the face and the tracheostomy

No
Call Resuscitation Team
CPR if no pulse / signs of life

Assess tracheostomy patency

Remove speaking valve or cap (if present)
Remove inner tube
Some inner tubes need re-inserting to connect to breathing circuits

Can you pass a suction catheter?

Yes
The tracheostomy tube is patent
Perform tracheal suction
Consider partial obstruction
Ventilate (via tracheostomy) if not breathing
Continue ABCDE assessment

No
Deflate the cuff (if present)
Look, listen & feel at the mouth and tracheostomy
Use waveform capnography or Mapleson C if available

Is the patient stable or improving?

Yes
Tracheostomy tube partially obstructed or displaced
Continue ABCDE assessment

No
REMOVE THE TRACHEOSTOMY TUBE
Look, listen & feel at the mouth and tracheostomy. Ensure oxygen re-applied to face and stoma
Use waveform capnography or Mapleson C if available

Call Resuscitation team
CPR if no pulse / signs of life

No
Primary emergency oxygenation

Standard ORAL airway manoeuvres
Cover the stoma (swabs / hand). Use:
Bag-valve-mask
Oral or nasal airway adjuncts
Supraglottic airway device e.g. LMA

Tracheostomy STOMA ventilation
Paediatric face mask applied to stoma
LMA applied to stoma

Yes
Continue ABCDE assessment

Secondary emergency oxygenation

Attempt ORAL intubation
Prepare for difficult intubation
Uncut tube, advanced beyond stoma

Attempt intubation of STOMA
Small tracheostomy tube / 6.0 cuffed ETT
Consider Aintree catheter and fibreoptic ‘scope / Bougie / Airway exchange catheter

Emergency laryngectomy management

Call for airway expert help
Look, listen & feel at the mouth and laryngectomy stoma
A Mapleson C system (e.g. 'Waters circuit') may help assessment if available
Use waveform capnography whenever available: exhaled carbon dioxide indicates a patent or partially patent airway

Is the patient breathing?

No

Call Resuscitation Team
CPR if no pulse / signs of life

Yes

Apply high flow oxygen to laryngectomy stoma
If any doubt whether patient has a laryngectomy, apply oxygen to face also*

Assess laryngectomy stoma patency

Most laryngectomy stomas will NOT have a tube in situ

Remove stoma cover (if present)
Remove inner tube (if present)
Some inner tubes need re-inserting to connect to breathing circuits
Do not remove a tracheoesophageal puncture (TEP) prosthesis

Can you pass a suction catheter?

Yes

Deflate the cuff (if present)
Look, listen & feel at the laryngectomy stoma or tube
Use waveform capnography or Mapleson C if available

The laryngectomy stoma is patent
Perform tracheal suction
Consider partial obstruction
Ventilate via stoma if not breathing
Continue ABCDE assessment

No

Is the patient stable or improving?

Yes

Continue ABCDE assessment

No

REMOVE THE TUBE FROM THE LARYNGECTOMY STOMA if present
Look, listen & feel at the laryngectomy stoma. Ensure oxygen is re-applied to stoma
Use waveform capnography or Mapleson C if available

Call Resuscitation Team
CPR if no pulse / signs of life

Is the patient breathing?

No

Primary emergency oxygenation

Laryngectomy stoma ventilation via either
Pediatric face mask applied to stoma
LMA applied to stoma

Yes

Continue ABCDE assessment

Secondary emergency oxygenation

Attempt intubation of laryngectomy stoma
Small tracheostomy tube / 6.0 cuffed ETT
Consider Aintree catheter and fibroptic 'scope / Bougie / Airway exchange catheter

Laryngectomy patients have an end stoma and cannot be oxygenated via the mouth or nose
* Applying oxygen to the face and stoma is the default emergency action for all patients with a tracheostomy

National Tracheostomy Safety Project. Review date 1/1/24 Feedback & resources at www.tracheostomy.org.uk