


TRACHEOSTOMY REINSERTION

Document Owner: M.James	Program/Service Area: Centre for Prehospital Care	Issue Date: December 2019
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Approval: Corey Petrie, Interim Regional Manager, CPC and Trauma Services	Frequency: As Required	
Signature: 		

Purpose: To ensure a consistent standardized practice for Tracheostomy Reinsertion.

	Content	Details
1.	Ensure that the patient qualifies for Tracheostomy reinsertion	
2.	Assemble required equipment and wear the appropriate PPE	
3.	Communicate the need for reinsertion and its effects to the patient and family members whenever possible	Utilize a family member or caregiver who is available and knowledgeable to replace the tracheostomy cannula.
4.	Best Practice: Prepare new Tracheostomy Tube if available. Otherwise, clean existing tracheostomy tube (saline bath)	
	Open package and remove the tracheostomy tube using an aseptic technique	
5.	Ensure adequate oxygenation/ventilation	Ensure pulse oximeter is affixed and ETCO2 monitor (if available)
6.	Remove the existing inner cannula	
7.	Deflate the outer cannula cuff (if present)	
8.	Have the patient placed in a 30-90 degree angle & tilt head back slightly to sniffing position	
9.	Insert the obturator into the outer cannula (if available)	
10.	Lubricate the end of the outer cannula with water based lubricant or saline to prevent tissue damage.	
11.	Gently but firmly insert the outer cannula into the stoma using a curved upward motion. Do not force.	Insertion should be during the inhalation phase.
12.	Hold the tracheostomy tube in place and remove the obturator (if applicable)	
13.	Secure the tracheostomy tube using tube tie (if available)	
14.	Insert a new inner cannula or existing cleaned cannula. Pinch sides (if applicable) to secure in place.	
15.	Have the patient take a few breaths or oxygenate as required	
16.	If the patient uses a cuffed outer tube, re-inflate the tube as required with approx. 8mls of air	Utilize 10 ml syringe
17.	Consider transporting ASAP. Maximum insertion attempts is 2.	
18.	** PCP Reinsertion Attempt Failure: If required to ventilate cover the stoma and use standard oral airway manoeuvres. If that fails, place a appropriate size mask that can provide a seal around the stoma and attempt to ventilate with a BVM.	
18.1	**ACP Reinsertion Attempt Failure: If required to ventilate cover the stoma and use standard oral airway manoeuvres. If that fails,	

	<p>use a appropriate size mask that can provide a seal around the stoma and attempt to ventilate with a BVM or; attempt intubation of the stoma with a size 6 ETT then secure with tape or; cover the stoma and orally intubate with a downsized tube to advance beyond the stoma.</p>	
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Expected Outcome: To successfully reinsert a Tracheostomy Tube