

## Managing Complex Surgical Airways: Trials and Tribulations from Two Experts

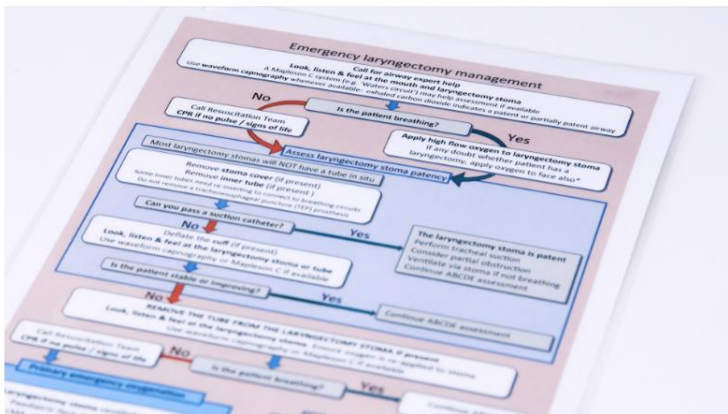
### Reference Materials

National Tracheostomy Safety Project: [Tracheostomy](#)

Available here along with so much more!

## NTSP Algorithms and Bedheads

Search the site



### Documents

[NTSP Adult Bedhead Templates \(to adapt\)](#)

[NTSP Laryngectomy Algorithm](#)

[NTSP Laryngectomy Algorithm \(Double\)](#)

[NTSP Paediatric Algorithm \(Double\)](#)

[NTSP Paediatric Bedhead Templates \(to adapt\)](#)

[NTSP Tracheostomy Algorithm](#)

[NTSP Tracheostomy Algorithm \(Double\)](#)

Humidification Reference Document: [NTSP Manual 2013 \(tracheostomy.org.uk\)](#)



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# This patient has a TRACH

There ☐ IS ☐ IS NOT a patent upper airway.

Tube Type:

- ☐ Shiley Flex  
☐ Shiley Legacy  
☐ Other: \_\_\_\_\_

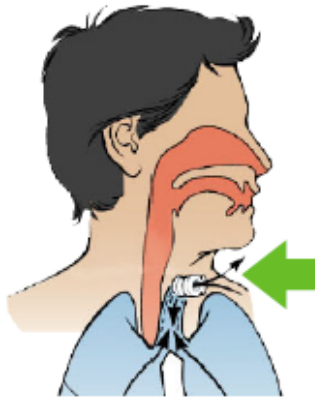
Tube Size: \_\_\_\_\_

CUFFED

UNCuffed

- ☐ This is a **FRESH** stoma:  
\_\_\_\_\_ (date)

- ☐ This is a **STABLE** stoma



VA



U.S. Department of Veterans Affairs  
Veterans Health Administration  
VA Pittsburgh Healthcare System

## UPPER AIRWAY OBSTRUCTION



### Trach Dislodgement

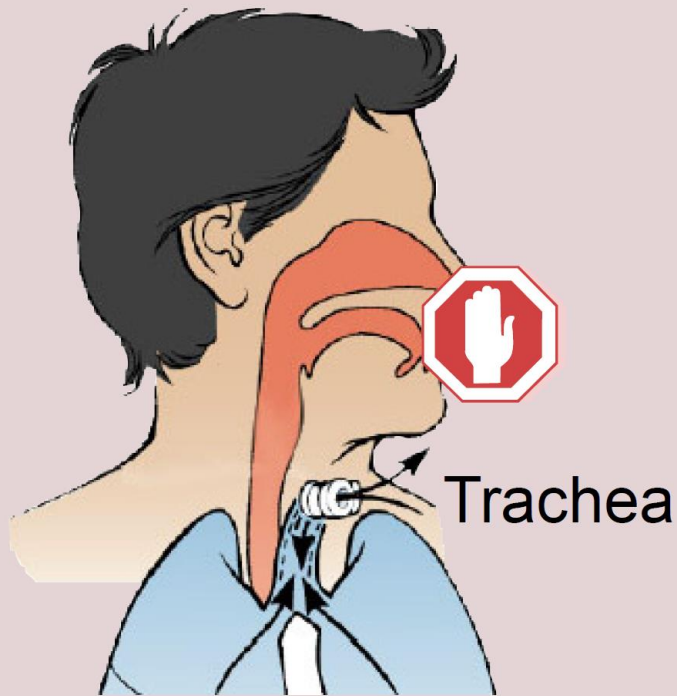
With a stable tracheostoma:

- 1 RN/RT may use direct visualization to guide trach tube through tracheostoma.
- 2 If immediate reinsertion is not straightforward, oxygenate directly via the tracheostoma.
- 3 Page ENT and/or CCM to verify trach placement; if indicated, call Condition C/A.
- 4 Oxygenate through the trach; maintain SaO<sub>2</sub> >90%.

With a fresh tracheostoma (within 72 hours):

- 1 Call Condition C/A; page ENT and/or CCM

# Total Neck Breather



**No oral intubation**