

# CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

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| Manual:     | Emergency Medical Services<br>Administrative Policies and Procedures          | Policy Number: 510.05<br><br>Page: 1 of 2 |
| Subject:    | Basic Life Support (BLS) Protocols<br><br><b>TRACHEOSTOMY CARE/SUCTIONING</b> |   |
| References: | California Administrative Code, Title 22,<br>Division 9, Chapter 2            | Effective: 11/15/83                       |

I. Indications:

- A. Any patients with a tracheostomy and experiencing respiratory distress.

II. Procedure:

A. Possible Tracheostomy Problems

1. Obstruction (Partial/Complete)

- Excessive secretions
- Dried secretions
- Swelling/Infection
- Foreign Body
- Bleeding (Rare)

B. Treatment:

1. 100% oxygen by BVM or mask to trach based on patient ability to ventilate. Do not use oxygen powered breathing device on a tracheostomy.
2. Suctioning (use sterile technique, if possible).
  - Preoxygenate (i.e., hyperventilate for one minute prior to suctioning).
  - Irrigate with 3cc NS through trach (i.e., saline flush, irrigation syringe).
  - Tell patient to inhale.
  - Insert suction catheter gently until resistance is felt.
  - Tell patient to cough/exhale.
  - Suction during withdrawal of catheter.

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| Approved By:<br>EMS Division Manager | <b>Signatures on File at EMS Agency</b> | Revision:<br><b>04/19/2005</b> |
| EMS Medical Director                 | <b>Signatures on File at EMS Agency</b> |                                |

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C. Contact Base Hospital for medical direction if:

1. Patient not improving after above treatments.
2. Patient develops subcutaneous emphysema.
3. Patient is bleeding from tracheostomy.
4. Tracheostomy tube is dislodged.
5. You have any questions.

NOTE: Do not delay transport. STAT transport, contact base hospital enroute to closest appropriate facility and consider rendezvous with ALS unit (refer to EMS Policy 510.03).