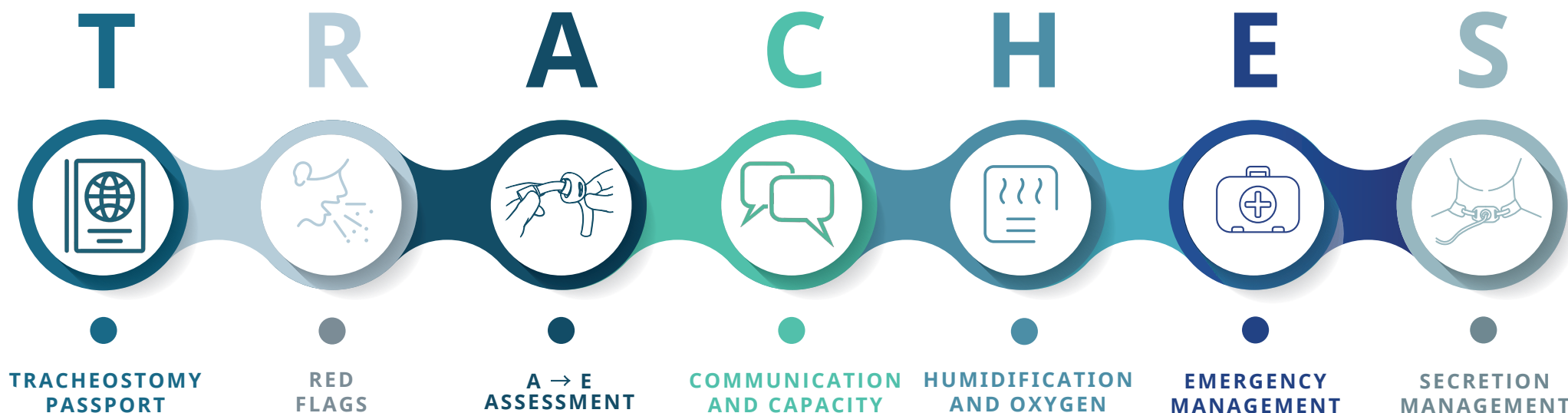


The TRACHES Checklist

The simple things needed when responding to a person living with a tracheostomy **in the community**

for Ambulance

Clinicians



Every patient with a tracheostomy should have a **personalised Tracheostomy Passport**, to include details about their tube, care needs and any red flags.

Red flags include **obstruction** and **displacement** of the tracheostomy tube (see emergency management), and **bleeding** around the stoma (for review by specialist teams).

In a person living with a tracheostomy the airway is at the neck, but they **may also have a patent upper airway**. If the airway is blocked, proceed with the emergency management steps. If not, **continue** with your B, C, D and E assessment.

Don't let the tracheostomy distract you!

A person living with a tracheostomy **may communicate differently**, but this doesn't mean they cannot communicate their wishes.

Be familiar with different **communication aids** and ensure you're using the best method for the patient.

Routine humidification is important to **prevent blockages**, but is not a priority in an emergency situation. If providing oxygen for a prolonged period, consider humidification devices.

If required, oxygen should be delivered to **both** the stoma (using a tracheostomy mask or appropriately sized oxygen mask) **and** at the mouth and nose.

Every patient should have an **emergency box**, which contains equipment to respond to a tracheostomy-related emergency.

Follow the JRCALC emergency algorithm, found here:

All patients should have a **regular airway clearance routine**.

If the tracheostomy tube is blocked, **remove the inner cannula** and clean. Using a soft catheter, **suction gently** on the way out (at 150-200 mmHg). **Do not** insert the suction catheter further than 2cm beyond the tube length. See emergency algorithm for more details.



Scan the QR code to find out more about TRACHEShub, a digital Tracheostomy Passport



Scan the QR code to view the emergency algorithm