Emergency laryngectomy management

Call for Airway Expert help
Look, listen & feel at the mouth and tracheostomy
A Waters circuit may help assessment if available
Use Capnography whenever available: exhaled carbon dioxide indicates a patent or partially patent airway

Is the patient breathing?

Call Resuscitation team
CPR if no pulse

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

Assess laryngectomy patency

Not all laryngectomy stomas will have a tube in situ

Remove humidification cover or button (if present)
Remove inner tube (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 Waters circuit or capnography if available

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 Waters circuit or capnography if available

Call Resuscitation team
CPR if no pulse

Is the patient breathing?

No

Primary emergency oxygenation
Laryngectomy STOMA ventilation
Paediatric face mask applied to neck
LMA applied to neck

Yes

Secondary emergency oxygenation
Attempt intubation of stoma
Small tracheostomy tube / 6.0 cuffed ETT
Consider Bougie / Aintree catheter / Fibreoptic ‘scope

Continue ABCDE assessment

Is the patient stable or improving?

Yes

Continue ABCDE assessment

No

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

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

National Tracheostomy Safety Project www.tracheostomy.org.uk