

- j. If still unsuccessful and patient requires ventilation, consider endotracheal intubation or BVM ventilation through newborn mask or via nose and mouth with stoma occluded.
3. After proper placement, place tracheostomy ties through openings on flanges and tie around neck, allowing room for a little finger to pass between ties and neck.

» Possible Complications

- Creation of false lumen
- Subcutaneous air
- Pneumothorax or pneumomediastinum
- Bleeding at insertion site or through tube

► Stomal Intubation

For patients with existing tracheostomy without tube (mature stoma):

1. Assure an adequate BLS airway.
2. Oxygenate with 100% oxygen using a bag-valve-mask.
3. Select the largest endotracheal tube that will fit through the stoma without force (it should not be necessary to lubricate the tube).
4. Check cuff, if applicable.
5. Do not use a stylet.
6. Pass endotracheal tube until the cuff is just past the stoma. Right mainstem bronchus intubation may occur if the tube is placed further since the distance from tracheostomy to carina is less than 10 cm. The tube will protrude from the neck by several inches.
7. Inflate the cuff
8. Immediately assess tube placement with colorimetric end-tidal CO₂ indicator (see confirmation of tube/post-intubation procedure).
9. Auscultate the chest for air entry on the right and left sides equally. Look for symmetric chest wall rise. Check neck for subcutaneous emphysema, which indicates false passage of tube. If the chest DOES NOT RISE, extubate and repeat steps 2-7.
10. Secure the tube with tape and ventilate.

Note: Do not attempt to reinsert a dislodged pre-existing tracheostomy tube.