

TRACHEOSTOMY CONFIDENCE ON A GENERAL INTENSIVE CARE UNIT

Introduction

Tracheostomies are common in the critically unwell, with approximately 12,500 performed each year in England. Indications may include upper airway obstruction, airway protection, weaning, long-term ventilation or secretion management. Complications are common, and the nature of harm may depend on the clinical environment and level of staff training. Despite difficult airway guidelines becoming widely accepted, tracheostomy emergencies were historically managed by relying on individually acquired skills. NAP4 [1] highlighted a number of significant tracheostomy complications. As a consequence, national guidelines for emergency tracheostomy were published in 2012 [2]. The National Tracheostomy Safety Project advocates for the improved care and safety for patients with a tracheostomy. The COVID-19 pandemic led to mass redeployment of the clinical workforce to support intensive care units (ICUs). Many junior doctors and nurses have little to no experience of dealing with patients with a tracheostomy. We set out to establish the need for developing an educational package to support staff who may be new to ICU.

This patient has a TRACHEOSTOMY

There is a potentially patent upper airway (Intubation may be difficult)

Surgical / Percutaneous

Performed on (date)

Tracheostomy tube size (if present)

Hospital / NHS number

Notes: Indicate tracheostomy type by circling the relevant figure.
Indicate location and function of any sutures.
Laryngoscopy grade and notes on upper airway management.
Any problems with this tracheostomy.

Percutaneous Björk Flap Slit type

Emergency Call: Anaesthesia ICU ENT MaxFax Emergency Team

www.tracheostomy.org.uk

Fig 2. National Tracheostomy Safety Project, Bedside Tracheostomy Indication

Methods

We devised and disseminated a survey to all clinical staff working on the general ICU in a tertiary university hospital. We received 40 responses from a diverse group including doctors of varying grades, ACCPs and nurses of ICU and non-ICU background.

Results

The majority of respondents had looked after a patient with a tracheostomy within the last week. Most had experience with dealing with an emergency and were aware of the national tracheostomy safety project. Despite this, the majority were not confident at dealing with tracheostomy emergencies. Of concern, the majority had received no formal training on dealing with tracheostomy emergencies. The overwhelming majority would like further training

Discussion

The clinical course of COVID-19 meant many more patients than normal are receiving a tracheostomy as part of their care. There is a clear need and want for further training for clinical staff on dealing with tracheostomy emergencies. We are exploring the options of delivering education, with the involvement of key stake holders such as the physiotherapy teams and tracheostomy practitioners. We hope to develop a simulation package to be completed on induction to ICU.

References

1. Cook T, Woodall N, Frerk C, Royal College of Anaesthetists (Great Britain), Difficult Airway Society (Great Britain). Major complications of airway management in the United Kingdom: report and findings: 4th National Audit Project of the Royal College of Anaesthetists and the Difficult Airway Society: NAP4. 2011.
2. McGrath BA, Bates L, Atkinson D, Moore JA, National Tracheostomy Safety Project. Multidisciplinary guidelines for the management of tracheostomy and laryngectomy airway emergencies. *Anaesthesia* 2012; **67**: 1025–41

Emergency tracheostomy management - Patent upper airway

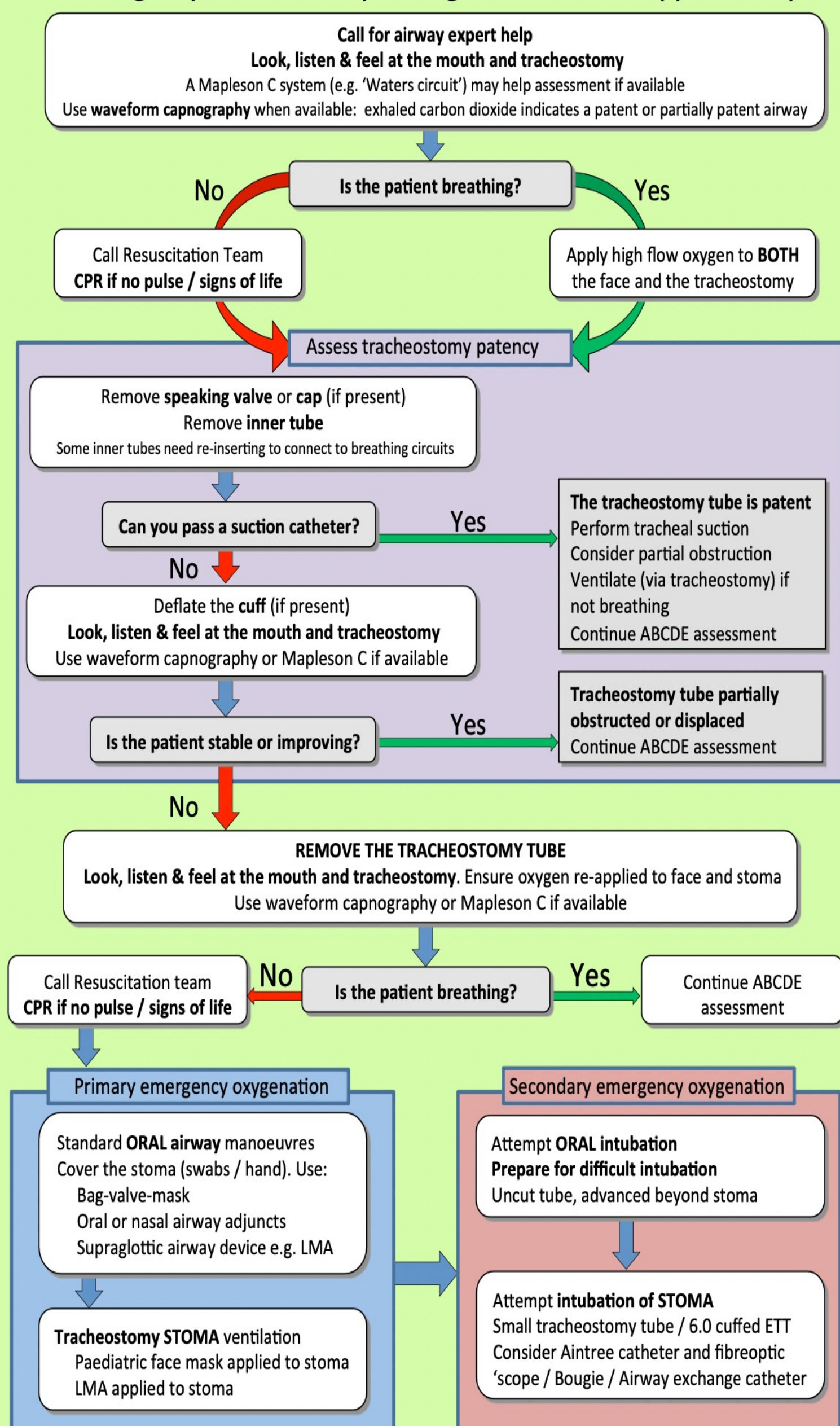


Fig 1. National Tracheostomy Safety Project, Emergency Tracheostomy Management Algorithm for a patent upper airway