Emergency laryngectomy management

**Call for airway expert help or rapid response team or code blue**
Look, listen and feel at the mouth and laryngectomy stoma
A manual breathing system with a flow-inflating bag may help assessment (if available)
Use waveform capnography whenever available: exhaled carbon dioxide indicates a patent or partially patent airway

**Is the patient breathing?**

**NO**
Call rapid response team or code blue
CPR if unresponsive AND absent or abnormal breathing
Apply high flow oxygen to laryngectomy stoma
If in doubt, apply oxygen to face also*

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

**Assess laryngectomy stoma patency**

**Most laryngectomy stomas will NOT have a tube in situ**

**Remove stoma cover (if present)**
**Remove inner cannula (if present)**
Some inner cannulas need re-inserting to connect to breathing circuits
Do not remove the voice prosthesis (if present)

**Can you pass a suction catheter?**

**YES**
Deflate the cuff (if present)
Look, listen and feel at the laryngectomy stoma or tube
Use waveform capnography or manual breathing system

**NO**
The laryngectomy stoma is patent
Perform tracheal suction
Consider partial obstruction
Ventilate via stoma if not breathing
Continue ABCDE assessment

**Is the patient stable or improving?**

**NO**
Continue ABCDE assessment

**YES**
Continue ABCDE assessment

**REMOVE THE TUBE FROM THE LARYNGECTOMY STOMA if present**
Look, listen and feel at the laryngectomy stoma. Ensure oxygen is re-applied to stoma
Use waveform capnography or manual breathing system with flow-inflating bag

**Is the patient breathing?**

**NO**
Call rapid response team or code blue
CPR if unresponsive AND absent or abnormal breathing

**YES**
Continue ABCDE assessment

**Primary emergency oxygenation**
Laryngectomy stoma ventilation via either
Paediatric face mask applied to stoma OR
LMA applied to stoma

**Secondary emergency oxygenation**
Attempt intubation of laryngectomy stoma
Small tracheostomy tube, 6.0 cuffed ETT
Consider bougie, airway exchange catheter, flexible bronchoscope +/- aintree catheter

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

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Intensive care NSW
Based on UK National Tracheostomy Safety Project.
www.tracheostomy.org.uk

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