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

- NO
  - The laryngectomy stoma is NOT patent
  - Use waveform capnography or manual breathing system with flow-inflating bag

Is the patient stable or improving?

- YES
  - Continue ABCDE assessment

- NO
  - 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

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