LARYNGECTOMY EMERGENCY MANAGEMENT SHEET
Surgical End Stoma
NO Upper Airway

ACTIVATE MET - CALL 555
Look, Listen & Feel at the Laryngectomy Stoma

CPR if no pulse / signs of life

Is the patient breathing?

YES

NO

Apply high flow oxygen to laryngectomy stoma & face if doubt that patient has a laryngectomy

Assess Laryngectomy Stoma patency
Most laryngectomy stomas will NOT have a tube in situ
Remove stoma cover and inner tube

Can you pass a suction catheter?

NO

YES

Deflate the cuff (if present)
Look, Listen & Feel at the laryngectomy stoma
Use capnography or breathing circuit if available

Is the patient stable or improving?

NO

YES

Continue ABCDE assessment

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

Can you pass a suction catheter?

NO

YES

Is the patient breathing?

CPR if no pulse / signs of life

Continue ABCDE

PRIMARY EMERGENCY OXYGENATION
Stoma ventilation via paediatric face mask to LMA to stoma

SECONDARY EMERGENCY OXYGENATION
Attempt STOMA intubation of laryngectomy
- Small trache tube / 6.0 cuffed ETT
- Consider Aintree catheter & fibreoptic scope & bougie

MANAGEMENT PRINCIPLES
Read at each Shift Change

1. The ONLY airway the patient has is the laryngectomy stoma
2. Airway management using usual methods via the oral or nasal route into the trachea is NOT POSSIBLE
3. Face mask ventilation is UNHELPFUL
4. Surgical end stomas are generally easy to re-cannulate with tracheostomy tubes
5. There may be a small valve prosthesis between trachea & oesophagus to aid speech. Do not remove

Patient Sticker

Date Stoma formed:

Tube Type:

Size:

There is NO LARYNX

NO AIRWAY ABOVE STOMA
VIABLE AIRWAY OPTIONS
- Change Tracheostomy Tube
- Sub-stomal approach to trachea

PERMANENTLY
Can't INTUBATE
Can't VENTILATE ORALLY OR NASALLY