

# SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 01/07/13  
Supersedes: 08/01/08

Protocol: P-206

## STOMA AND TRACHEOSTOMY CARE CCT PARAMEDICS

### INFORMATION REQUIRED

- Treatment provided and transferring physicians orders are within the CCT-P Scope of Practice.

### OBJECTIVE FINDINGS

- General appearance
- Vital signs
- Cardiac rhythm

CCT- P Treatment
<p><b>Suctioning Equipment:</b></p> <ol style="list-style-type: none"><li>1. Appropriate size suction catheter</li><li>2. Suction unit with adjustable suction capacity</li><li>3. Bag valve mask</li><li>4. 5 ml syringe filled with sterile saline</li></ol> <p><b>Procedure:</b></p> <ol style="list-style-type: none"><li>1. Adjust suction to 120 – 150 mmHg.</li><li>2. Apply sterile gloves.</li><li>3. Flush suction catheter with saline to lubricate tip and establish patency of suction catheter.</li><li>4. Remove the T-tube if a tracheostomy patient is on humidified oxygen.</li><li>5. Ventilate the patient with 100% oxygen several times.</li><li>6. Insert the suction catheter into the stoma or tracheostomy opening with the suction off (the thumb hole open). The short length of the tracheostomy tube facilitates suctioning. The catheter may be directed through the right or left bronchus by having the patient turn his/her head to the opposite side.</li><li>7. Apply suction by occluding the thumb hole while slowly withdrawing the catheter in a twisting motion.</li><li>8. If mucous plugs or thick secretions are present, the instillation of 3 – 5 ml of sterile saline may be helpful.</li><li>9. Ventilate with 100% oxygen.</li><li>10. Check breath sounds.</li><li>11. Suctioning can stimulate a cough reflex. Allow the patient to cough. Be prepared to suction or catch secretions from the tracheal opening. Recheck breath sounds.</li></ol>
Stoma Intubation
<p><b>Equipment:</b></p> <ol style="list-style-type: none"><li>1. Appropriate sized cuffed and uncuffed ET tubes</li></ol>

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2. Bag valve mask
3. Appropriate sized suction catheters
4. Oxygen supply
5. Suction equipment with adjustable suction capacity

## Procedure:

1. Select the largest endotracheal tube that will fit through the stoma without force. Check the cuff, unless an uncuffed tube is being used
2. Ventilate with 100% oxygen using a bag valve mask device with the face mask fitted over the stoma. (see **PRECAUTIONS and COMMENTS**)
3. Wear sterile gloves. Do not use stylet. It is not necessary to lubricate the tube
4. Suction if necessary
5. Pass the endotracheal tube  $\frac{1}{2}$  the length of the tube and inflate the cuff. The pharynx has been bypassed, so the tube will protrude from the neck several inches.
6. Hold the tube in place, watch for chest rise with ventilation.
7. Secure the tube and ventilate.
8. Auscultate the lung fields. Check the neck for subcutaneous emphysema, indicating false passage. Confirm tube placement with standard methods per airway protocols.

## PRECAUTIONS AND COMMENTS

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- This procedure shall only be performed by paramedics with CCT-P (Critical Care Transport-Paramedic) training and designation.
- Use of demand valve is contraindicated in both suctioning and stoma intubation.
- CCT-Ps may not initiate a surgical airway.
- Suctioning of a tracheostomy tube should take no longer than ten (10) seconds for the adult patient.
- Allow no longer than 30 (thirty) seconds for stoma intubation.
- Temporary or permanent placement of a tracheostomy tube is often necessary to maintain an open airway.
- Patients with tracheostomy tubes or stomas should not be intubated orally.
- Administration of inhaled medications will need to be given via the stomas or tracheostomy tubes.
- Never attempt to reinsert a dislodged tracheostomy tube. Trying to do so may cause a false channel in the subcutaneous tissue anterior to the trachea. Compression of the trachea may result.