COVID-19 TRACHEOSTOMY GUIDELINES

Head and Neck society of ENT, UK
The British Laryngological association
The national tracheostomy safety project and ENT UK executive
Minimise Aerosol Generation

Covid Airway team: 2-3 consultants and 2-3 registrars
Standard operative procedure for tracheostomy in COVID-19 patients

- Ensure PPE is available for all the staff.
- FFP3 (Filtering Face piece) mask should be used
- Eye protection
- Fluid resistant disposable gown
- Double gloves
- Keep the Tracheostomy set ready.
- Shift the patient to OT
• Request full paralysis through out to reduce cough.

• Cuffed non fenestrated tracheostomy tube should be used.

• Before incising trachea

Pause
Inform anaesthetist of readiness to open trachea
Confirm paralysis
Pre-oxygenate with PEEP then stop ventilation and turn off flows
Allow time for passive expiration with open APL valve
**Advance**

Consider clamping ETT then advance cuff beyond proposed tracheal window.
Hyperinflate cuff and re-establish oxygenation with PEEP.
When adequately oxygenated, communicate clearly and cease ventilation prior to opening the trachea.

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**Tracheal window**

Create tracheal window taking care to avoid the ETT cuff. Turn off flows with open APL valve, allow passive expiration, consider clamping ETT.
Deflate ETT cuff and draw back proximal to the tracheal window under direct vision.
Ensure window is of sufficient size to allow easy insertion of tracheostomy tube without injury to cuff.
Insert cuffed, non-fenestrated tracheal tube.

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**Circuit connection**

Immediately inflate tracheostomy tube cuff.
Replace introducer with non fenestrated inner tube and HME.
Prompt attachment of circuit.
Resume ventilation.
Heat and Moisture exchanger
Closed inline suction circuit must be used
Delay first tube change to 7-10 days
Full PPE
Perform same sequence of pause in ventilation with flows off before deflating cuff and inserting new tube with immediately re-inflation of cuff and reconnection of circuit
Decannulation

If patient is confirmed COVID negative and is to be moved to a COVID negative ward then consider trials of cuff deflation.
Readiness for decannulation should be made with close liaison with SLT and physiotherapy.
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DISCUSSION

- Inputs ..
Thank you