Medtronic

Recognize and treat

Tracheostomy dislodgement and accidental decannulation

Up to 15 percent of patients experience tracheostomy tube dislodgement or accidental decannulation.[1] Loose trach ties, neck edema, coughing, edema, patient agitation, poor placement, and obesity may all cause dislodgement.

To save a patient's life, recognize the warning signs and steps of care to follow when tracheostomy dislodgement occurs.

Prevent adverse patient outcomes

Tracheostomy dislodgement and accidental decannulation can inhibit oxygen from entering the lungs and result in detrimental patient outcomes ranging from brain damage to death.

What to look for

Early warning signs:

- Tachypnoea – abnormal rapid breathing
- Increased work of breathing
- Noisy breathing
- Tachycardia – abnormally rapid heart rate
- Decreased SpO_2 levels
- Inability to suction
- Visual dislodgement

Late warning signs:

- Cyanosis – bluish/purplish coloration of skin or mucus membranes due to low oxygen levels at the tissue
- Bradycardia – abnormally slow heart rate
- Apnea – cessation of breathing

1. Omokanye HK, Dunmade AD, Segun-Busari S, et al. Accidental Decannulation OF TRACHEOSTOMY TUBES - Case Series. J West Afr Coll Surg. 2016;6(1):108-118.
2. Eisenhauer, Brenda. "DISLODGED TRACHEOSTOMY TUBE." Nursing 2015 26.6 (1996): 25.

Important: Please refer to the package insert for complete instructions, contraindications, warnings and precautions.

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Implement immediate intervention

When your patient shows early or late signs of a tracheostomy dislodgement or decannulation, intervene quickly.

Steps of care

Actions:

1. **Check for a response.**
   Examine your patient's alertness and responsiveness to your voice and pain.

2. **Assess the airway.**
   Look, listen, and feel for breathing.

3. **Clear the airway.**
   Establish airway patency:
   - Suction the tracheostomy tube with 3 milliliters of 0.9% sodium chloride solution while manually ventilating.
   - Change your patient's inner cannula tube, if present.
   - In a nonemergency situation, extend the patient's neck slightly using a small blanket or rolled towel under the shoulders.
   - Remove and reinsert the tracheostomy tube if it's still blocked or dislodged.
   - Try recannulating using the same size tracheostomy tube. If a patent airway is not established, use a smaller tracheostomy tube size.
   - If you haven't established a patent airway, urgently notify a physician to recannulate the patient.