

# **Tracheostomy Protocol During Covid Pandemic-SGPGI Lucknow**

## **Emergency tracheostomy:**

Manage as covid positive.

### **Reversible cause of airway obstruction**

Intubation rather than tracheostomy

Most skilled anaesthetist for 1<sup>st</sup> pass intubation.

If tracheostomy required follow SOP as below

### **Irreversible cause of airway obstruction**

Tracheostomy as per SOP

## **Elective tracheostomy:**

Do Covid testing

If possible delay the case for 10-14 days in consultation with critical care specialist as tracheostomy is an aerosol generating procedure especially if patient is intubated and long term ventilation is not planned

OR

can be planned early if patient is Covid negative and long term ventilation is planned as per SOP

## **Percutaneous vs Surgical Tracheostomy**

Risk of shedding appears smaller in percutaneous tracheostomy.

If any risk factors like coagulopathy , anatomical abnormality and difficult situation, open surgical tracheostomy can be done in consultation with ENT and Critical care specialist.

## **Standard operative Protocol for tracheostomy**

Skilled anaesthetist, ENT surgeon, with minimal theatre staff -to ensure safe, accurate and swift tracheostomy.

Use PPE kit with face shield and double glove. (Universal Precaution)

Table with all equipments to be ready with cuff checked, appropriate size tracheostomy tube on table even before start of procedure.

Cuffed tube is important to prevent aerosol generation and non cuffed and fenestrated tube is not recommended to be used.

Endo-tracheal tube to be withdrawn before making fenestra in tracheostomy

Stop Ventilation just at time of putting the tube.

Care to prevent any damage to cuff during insertion.

Placement of tube should be checked with end tidal CO<sub>2</sub>.

Ensure there is no leak from cuff and tube is secured with straps and if required sutures.

HME(hear and moisture exchange) should be placed over tube to prevent shedding of virus

Avoid disconnecting HME and if required disconnect distal to HME.

### **Post tracheostomy care**

Avoid humidified wet circuit to reduce contamination of room.

Avoid changing the tube during pandemic

Cuff to be remain inflated.

Make every effort not to disconnect the circuit.

Only closed in line suctioning should be used.