Frequently Asked Questions

What is a tracheotomy?

A tracheotomy is an opening in the windpipe or trachea that you breathe through instead of breathing through the nose or mouth. The tracheotomy stoma allows air and oxygen to pass through the windpipe into the lungs. Suctioning can be done through the stoma to remove excessive secretions.

What is a tracheotomy tube?

A tracheotomy tube is a short, soft, flexible plastic tube that is placed into the windpipe through the stoma. The tracheotomy tube or "trach" tube keeps the windpipe open so your child can breathe easily. The trach tube is soft and smaller than the inside of your child's windpipe or trachea.

When the trach tube is in place, initially you will not be able to hear your child cry or talk because the air travels out of the stoma instead of through the vocal cords (where sound is made) and out the mouth.

Why does my child need a trach tube?

Children need trach tubes for many different reasons. Your doctor has probably already told you the specific reasons for your child's tracheotomy.

Some reasons for a tracheotomy include:

- Softening or collapse of the windpipe (malacia)
- Airway obstruction
- Subglotic stenosis (area of narrowing of the windpipe)
- Severe mouth or neck injuries
- Inhalation of corrosive materials
- Paralysis of the muscles that control swallowing
- Prolonged coma
- Prolonged intubation
- Degenerative muscle disease that affect breathing

Sometimes the tracheotomy is not permanent and can be removed when your child grows or when the problem is corrected and the trach tube is no longer needed.
What extra care must I take to keep my child safe?

The child with a tracheotomy needs to be watched closely at all times.

The child with a tracheotomy must be cared for at all times by an adult caregiver who has been trained in suctioning, trach care, trach tie change, and changing the trach tube.

A trach can have a mucous plug at any time and require a change to a patent, or open, tube.

You need to practice good hand washing before and after caring for your child to reduce your child's risk for infection.

Understanding Tracheotomies

Will my child be able to speak?

The trach tube does not prevent your child from learning how to speak. The amount of sound made is affected by the amount of air your child can breathe around the trach tube. Because air is exhaled through the trach tube instead of the vocal cords, mouth, and nose, your child's voice may be soft.

The size of the trach tube also affects the amount of sound your child can make. While in the hospital and after discharge, your child will receive speech therapy to help with speaking. The speech therapist will work with your child with the use of a passy-muir valve. This device sometimes will take some patience and practice before successful use.

How will I hear my child?

Parents of children with tracheotomies will be sent home with an apnea monitor or pulse oximeter to help monitor their child. If your child has breathing difficulty and oxygen desaturations or apnea, the pulse oximeter or apnea monitor should alarm to notify you to check on your child. The child must be checked with every alarm to provide safety for your child. Many families also use an intercom to hear their child.

Will the trach change the way my child eats?

The trach tube does not affect the way your child will eat food. However, some children who have trach tubes also have problems with swallowing and gastric reflux. Because of this, some children are at risk to aspirate food into the airway and may need a gastrostomy tube.
Will my child be able to do the same things that any other child without a trach can do?

Your child's trach tube helps your child breathe better. It is important, however, that your child have the opportunity to participate in most of the activities that other children do. There are a few activities that your child cannot do with a trach such as swimming, playing in a sand box, or other activities that could permit small particles to be inhaled into the airway.

Children with a tracheostomy should not be permitted to be around cigarette smoke, strong chemical odors, aerosol sprays or powders that can easily be breathed into the lungs.

Training

Your child's care is most important!

Since you learned that your child needs a tracheotomy to help with breathing, you've met many new people who will help you. And you've learned many new things about the care your child will need.

Family and trained caregivers

As you start thinking about and getting ready to take your child home, you are going to need the assistance of the nursing staff and physicians. More importantly, you will need the support and help of family and others.

Your child must be attended at all times by an adult caregiver who is trained to do trach care and who knows emergency trach care.

Much of the care your child will need requires two persons to perform. You will need at least one other adult to be completely trained in your child's care. This second caregiver will learn as much about your child's care as you do.

The second caregiver is an important adult who will continue to be involved in your child's life after discharge. This person will spend time with your child and be a resource and back up person for you if you need to be away from your child.

Before your child can go home, you and the second caregiver will need to learn and demonstrate the care that your child needs.

Training includes learning about your child’s:

- Physical care
• Care of the tracheotomy
• Medication administration
• Feedings
• Equipment care

In training, you will learn to:
• Suction
• Give breaths with the resuscitator bag
• Provide trach care
• Change trach ties
• Change the trach tube
• Perform CPR with a tracheotomy

Shortly before your child goes home, you will have received the teaching needed to care for your child. You will be asked to demonstrate the needed skills repeatedly to demonstrate your ability to take care of your child at home. This repetition will give you the confidence and ability to think through situations and provide excellent care. This method of training will insure that you are prepared to provide all the care that your child will need at home.

There is a checklist for essential skills that must be completed prior to your child leaving the hospital.

The checklist includes:
• Trach stoma care
• Suctioning
• Bagging with the ambu bag
• Changing the trach and trach ties
• CPR with a tracheotomy
• Recognizing signs of respiratory distress
• Recognizing signs of infection
• Recognizing the need for suctioning
• Performing technique for measured suctioning
• Knowing what to do for thick secretions or mucous “plugging”

Stoma Care:

We call cleaning around the trach doing "stoma care." You will do stoma care two times a day and as needed. Normally trach care is done in the morning and evening. Do not use powders or ointments around the stoma that your child could breathe in.

Supplies:
• 4-6 cotton swabs
• Normal saline
Procedure for cleaning the stoma

1. Wash your hands.
2. Place the cotton swabs in the normal saline.
3. Clean the skin around the stoma using each cotton swab only once.
4. Support the trach tube with your finger during cleaning, making sure the ties are secure.
5. Starting at the top or bottom of the trach tube roll the swab away from the edge of the stoma and discard the cotton tipped applicator. You may think of a clock when cleaning to make sure the total site is covered. For example, clean from 6:00 to 9:00, 12:00 to 9:00, 12:00 to 3:00 and 6:00 to 3:00.
6. Repeat with each swab around all the edges of the stoma.
7. Note if there is redness, swelling, tenderness, or a change in the color, thickness, or odor of the drainage.
8. Let the skin air dry
9. 2X2 sterile split gauze may be placed under the trach
10. Wash your hands.

Trach tie changes

We call changing the Velcro ties "changing trach ties."
You will change the trach ties once every 2-3 days or when wet or soiled.
Changing the trach ties requires two people: One person to hold the tube in place and position your child and the second person to change the ties.

Supplies:
- Clean Velcro ties
- Blanket roll to place under your child's shoulders
- Suction equipment and catheter
- Second caregiver to help you

Procedure for trach tie changes

1. Wash your hands.
2. You may want to suction before changing the ties to decrease the chance that your child will cough when the ties are off.
3. Place the blanket roll under the shoulders to allow you to see the tracheostomy better.
4. Remove one side of the Velcro tie while your helper holds the tube in place.
5. While the tie is removed, clean the neck with soap and water and dry thoroughly.
6. Thread the clean Velcro tie into this side and attach.
7. Repeat with the opposite side.
8. Examine your child's neck for rash, redness, or breakdown. Notify doctor of concerns.
9. Check the tightness of the new ties. Ties should be just tight enough to just slip one to two fingers under the tie.
10. Gently pull on the trach to make sure it is snug.
11. Wash your hands.
**Parts of a Trach Tube**

- Neck Plate
- Side Port
- Connector
- Inner Cannula
- Cannula
- Foam Cuff

**Cuff-less Neonatal/Pediatric Trach Tubes**
Larger trach tubes may contain an inner canula (tube inside of tube).
Suctioning:

You will need to suction the trach tube so that mucous will not block airflow through the tube. Suctioning is needed to keep your child's breathing passages open and let your child breathe easily. You will need to suction your child's trach tube at least 3 - 4 times daily. If your child's secretions are increased or thick, you may need to suction more frequently.

If your child's secretions are thick and sticky, you may loosen the secretions by inserting normal saline drops into the tube before suctioning.

Suction before your child eats to reduce the possibility of vomiting. Suctioning may cause coughing but does not hurt your child.

Supplies:
- Suction machine with connecting tubing attached

Procedure

1. Wash your hands.
2. Put on clean gloves. You will be taught sterile technique but may use clean technique at home.
3. Prepare your child for suctioning by explaining the need to suction, positioning on the back or bundling in a blanket to avoid too much movement.
4. Remove your child's trach collar or artificial nose.
5. Attach the suction catheter to the connecting tubing keeping the tip of the catheter clean.
6. Turn on the suction machine.
7. Check the suction pressure by placing your thumb over the thumb-hole on the catheter.
8. Insert the suction catheter into your child's trach tube only to the pre-measured depth.
9. Apply suction pressure by placing your thumb over the thumb-hole during withdrawal of the catheter.
10. Some children require bagging in between suction passes
11. As you withdraw the catheter from your child's trach tube, gently roll the catheter between your thumb and index finger to suction the entire inside surface of the trach tube.
12. Apply suction for no more than 5 - 7 seconds with the suction catheter (no longer than you comfortably hold your breath).
13. Clear the suction catheter by dipping it in the clean water and applying suction.
14. **Check your child's breathing.**
15. Repeat the suctioning procedure if you see or hear more secretions in the tube.
16. Wash your hands.

**Reminders**

- Suctioning is done only to a pre-measured depth that only allows the tip of the suction catheter to come out the end of the trach tube. There may be occasions that require deep suctioning if measured suctioning fails to relieve respiratory distress symptoms.

- Suctioning deeper than only to the end of the trach tube may injure the tissue lining the windpipe. This is the reason that we do not routinely do deep suctioning.

- Watch your child for changes in the amount, thickness, and color of secretions.

- At home, the clean technique may be done, but during hospitalizations the sterile technique must be used to avoid hospital acquired infections.

**Changing the trach tube**

Changing the trach tube requires two people:
1. One person to remove the old tube and examine the stoma.
2. The second person to insert the clean tube and attach the Velcro ties.

Do not change the trach tube by yourself unless absolutely necessary or in an emergency.
You will change the trach tube once a week unless otherwise directed. If secretions are thick or your child has cold symptoms, you may have to change the trach every 2-3 days.

You may also change the trach tube more frequently if:
- Your child has breathing difficulty not relieved by suctioning or calming.
- Your child has bleeding from the trach tube.
- You have difficulty inserting the suction catheter.

Unless it is an emergency, change the trach tube before your child eats or at least 2 hours after eating to reduce the chance that your child will vomit. Trach change by one person should only be done in an emergency when no other caregiver is available.

Supplies:
- Clean trach tube in the same size your child wears
- Next-size smaller trach tube
- Water-soluble lubricant
- Resuscitator bag and mask with oxygen attached if your child is on oxygen
- Clean Velcro ties
- Blanket roll for under your child's shoulders
- Suction equipment and catheter
- Second caregiver to help you
- Blunt end scissors if needed
- Good light source
Changing your child's tracheotomy

Removing Old Trach Tube

Inserting New Trach Tube

Secure Trach Tig

SHM
dated 1999
Procedure

1. Wash your hands.
2. Suction your child's trach tube before changing it.
3. Open the clean trach keeping the tube clean.
4. Attach a Velcro tie to one side of the clean trach. Have pre-measured trach tie available
5. Lubricate the outside of the clean trach and obturator with a small amount of water-soluble lubricant.
6. Place the blanket roll under your child's shoulders to allow you to visualize the trach better.
7. Remove the old trach tube with one hand using an up-and-out motion.
8. Gently insert the new tube with the obturator in place. Direct the tube in a back-and-down motion as your child breathes in.
9. Immediately remove the obturator after the new tube is in place. Your child cannot breathe unless the obturator is removed.
10. Attach clean Velcro trach ties and secure. The trach tube must be held in place until the ties are securely attached.
11. Check the tightness of the new ties. Ties should be just tight enough to permit one or two fingers under the tie.
12. Gently pull on the trach to make sure it is snug.
13. **CHECK YOUR CHILD'S BREATHING**
14. Wash your hands.
Techniques for a Difficult Trach Change

- The obturator helps make insertion easy and trauma-free. Always keep an obturator on hand should the tube need an emergency change.
- Reposition the child if needed
- If the tube cannot be completely inserted, hold the tube in place, remove the obturator to let the child breathe, then continue to insert to tube.
- If still unable to insert tube, remove the tube, re-lubricate and try again.
- If this is unsuccessful, try to insert the one size smaller tube.
- Try spreading the skin around stoma and try to insert tube as the child is breathing in.
- If needed, insert a suction catheter through the smaller tube and guide the suction catheter into the trach stoma. Then slide the trach tube over the suction catheter and into the stoma. Remove the suction catheter.

Figure 56: Tracheostomy Tube Placement

- Insertion of suction catheter through tracheostomy tube
- Insertion of suction catheter through stoma into airway
- Placement of tracheostomy tube in airway
- Tracheostomy tube in airway
Cleaning a Bivona @ Tracheotomy Tube (Smith Medical)

**Purpose**
Clean the tube every time you change it so it is always ready for a routine or emergency change.

**Supplies needed:**
- Basin for cleaning
- Water
- Soap or detergent (dishwashing liquid)
- Obturator (guide)
- Pan for boiling water
- Plastic wedge
- Container and lid
- Zip lock bag

**Procedure**

1. Mix soap and water
2. Push the guide through the trach tube to remove secretions in the tube.
3. Soak the tube and guide in the basin and then use the brush to clean the outside and pipe cleaners to clean the inside of the trach tube.
4. Remove the swivel cap from the adapter using the plastic wedge.
5. When all parts of the trach are cleaned- rinse with clear water
6. Fill a pan with tap water and bring to a boil on the stove.
7. Place the trach tube and the guide in the water.
8. Cover the pan and let the parts soak for 20 minutes.
9. Drain the water and place the tube and guide on a clean surface to air dry.
10. Replace the swivel cap. If you do not replace the swivel connector correctly, the manual resuscitator bag and/or ventilator will not fit correctly on the trach tube.
11. Store all parts in a clean container with a lid or zip lock bag.

- Check the trach tube for cracks.
- Do not store the trach tube with the guide in the tube.
- Order new trach tubes regularly.

Shiley trachs are cleaned with ½ strength peroxide- rinsed and then placed in a pan of boiling water that has been removed from the stove. Allow the water to cool. Remove and place on a clean dry area to dry. The trachs can be stored in a plastic bag.

Trachs are never sterile after first use but can be cleaned and are appropriate for use.
Manual Resuscitator Bag

Purpose

The manual resuscitator bag is used to give your child extra breaths. This is done when your child cannot or does not have to breathe on his or her own.

Use the bag whenever your child needs suctioning or your child needs help to breathe.

1. Place the bag on your child’s trach
2. As you squeeze the bag, watch your child's chest rise.
3. As soon as your child's chest rises, release the bag.
4. Repeat this cycle of squeezing and releasing until your child is back to his or her baseline.
5. If your child has oxygen ordered... use it when hand ventilating your child at the flow of 4-6 liters per minute.
   If your child does not have oxygen ordered keep your child on room air.

Giving extra breaths

Your child will need extra breaths with the resuscitator bag to inflate the lungs if your child cannot breathe on their own. Your child may need extra breaths with the resuscitator bag during the suctioning procedure.
Supplies:
- Resuscitator bag and mask
- Suction supplies

Procedure

1. Wash your hands.
2. Remove the artificial nose (HME), humidity system, or ventilation tubing from your child's trach tube.
3. Attach the resuscitator bag to your child's trach tube.
4. Squeeze and release the bag with your hand to deliver a breath to your child's lungs.
5. Watch your child's chest rise as you squeeze the bag, and air goes into your child's lungs. Bagging with too big a breath may be uncomfortable for your child and potentially cause injury.
6. Suction the trach tube.
7. Repeat the squeeze and release motion 3 - 5 times. Try to use a rhythm that matches your child's breathing pattern.
8. CHECK YOUR CHILD'S BREATHING
9. Remove the resuscitator bag from your child's trach tube.
10. Reattach the artificial nose (HME), humidity system, or ventilation tubing.

Assessing your child's breathing pattern

Breathing is usually very comfortable and easy when your child has a trach tube.

If your child has changed how fast or slow they breathe, works harder to breathe, or sounds different when breathing, your child may be having trouble breathing.

If, at any time, you are concerned about your child's breathing, call your child's doctor or call for emergency assistance.

A change in your child's breathing pattern may be abnormal when your child has:

- Fever
- Infection
- Secretions collecting in the trach tube
- Low oxygen level in the blood
- Is working hard to breathe
Signs of breathing problems:

- Difficulty breathing
- Restlessness
- Stridor (high pitched sound)
- Increased irritability
- Increased breathing rate
- Blue, gray, or pale color of lips or skin
- Heavy or hard breathing
- Grunting or noisy breathing
- Nostril flaring in and out with breathes
- Anxiety (frightened look)
- Retractions or sucking in of the rib muscles with breathing
- Whistling from the trach tube
- Sweating
- Frequent coughing
- Slow or fast heartbeat
- Bleeding from the trach tube
- Low 02 saturations
Figure 6: Respiratory Distress
Signs of respiratory distress include tripod position, nasal flaring, retractions.
To help your child breathe easier try some of the following suggestions:

- Reposition your child
- Suction your child's trach tube.
- Give your child breaths with the resuscitator bag
- Change your child's trach tube.
- Check your child's humidification system and temperature setting.
- Give your child an aerosol treatment.
- Consult your child's doctor.
- Call for immediate medical help using the Emergency Medical System if unable to resolve breathing difficulty.
- Begin CPR if needed.

Looking for signs of a respiratory infection

- Fever higher than 101° F
- Colored tracheal secretions (yellow, green, or tan) May be pink (blood tinged)
- Increased amount and thickness of secretions
- More frequent need for suctioning
- Change in normal breathing pattern
- Heavy breathing
- Retractions
- Inactivity or sleepiness
- Fever
- Foul odor of secretions or trach site
- Listlessness

Using an HME

An HME or Heat and Moisture Exchanger is also called an artificial nose.

Because your child breathes through the trach tube, air bypasses the nose and mouth where it would normally be warmed and humidified before entering the lungs. Moist, warm air is needed to keep the mucous and secretions thin and easy to suction through the trach tube.

When your child naps or sleeps at night, your child will be placed on the humidification system with the trach collar or ventilator to deliver moisture.
The HME is a portable disposable device used to maintain humidity loss from the lungs for short periods of time only. This device fits on the end of the trach tube and helps to keep the air warm and moist as your child breathes through it. Because the HME may cause increased work to breathe and cause your child to have thicker secretions, your child's doctor will decide when your child is ready to use the HME.

**Passy-Muir speaking valve**

The trach tube does not prevent your child from learning how to speak.

Because air is exhaled through the trach tube instead of through the vocal cords, mouth, and nose, your child's voice will be soft. The amount of sound your child makes depends on the amount of air your child is able to move around the trach tube. Most children will learn to speak around the trach tube. A speaking valve, called Passy-Muir Speaking Valve, can be placed on the trach tube to help your child speak louder.

The Passy-Muir Speaking Valve has a one-way valve that allows air to move through the trach tube when your child inhales.

When your child exhales, the air moves around the trach tube, up through the vocal cords, and out the nose and mouth. Because air moves through the vocal cords on exhalation, your child is able to make sounds and speak louder. Because the Passy-Muir Speaking Valve changes the pattern of airflow around the trach tube, some children will work harder to breathe when using it. Your child's doctor and speech therapist will decide when your child may be ready to use the speaking valve.

**Keeping your child safe**

- Your child with a trach needs to be watched closely at all times.
- Use the apnea monitor or pulse oximeter on your child whenever you are not directly interacting with your child or when your child is asleep.
- Your child must be attended to at all times by an adult caregiver who has been trained in suctioning, trach care, trach tie changing.
- Your child must be attended to by an adult who has been trained in emergency trach care.
- Avoid all necklaces or small beads that could get into trach tube.
- Always keep your GO BAG with your child at home and when you leave home.
- Do not allow smoking around your child.
- Do not use powders, chlorine bleach, ammonia, or aerosol sprays in the same room as your child.
- Do not buy toys with small parts.
• Avoid lint and dirt.
• Avoid animals with fine hair or that shed excessively.
• Do not use or play with latex balloons around your child with a trach.
• Avoid people with contagious illnesses or colds
• Keep your child's immunizations up to date.
• Administer yearly flu shots if recommended by your physician.
• Do not allow contact sports with your child with a trach.
• Do not use plastic bibs.
• Notify the electric, gas, and telephone companies that you have a child with a tracheostomy. In the event of a power outage, getting your power back on would be a priority.
• You might wish to notify your local fire department or emergency responder - in advance.

**Bathing**

• Never leave your child alone in the tub.
• Use caution with bathing. Your child may be bathed in the tub but do not let any water get into the trach tube.
• Use the artificial nose (HME) to prevent water splashes while bathing.
• Turn your child's head to the side to wash the hair so water does not get into the trach tube.
• Do not allow your child with a trach to go swimming or submerge under water.
• Your child can be in shallow water if accompanied by a trained caregiver and using floatation devices to keep water away from the trach tube.

**Clothing**

• Special clothing is not needed.
• Clothing that covers the trach should not be worn. Open neck items are good.
• Avoid fuzzy clothing, blankets, and stuffed animals near the trach.
• Avoid clothing and items with tiny beads, sparkles, or fibers that may get into the trach tube.
• Limit close contact with animals that may be shedding.

At first, your child will not be able to make sounds because the air from the lungs does not pass through the vocal cords. Most children will learn to talk around the trach tube. To help your child learn, it is important that you talk to your child as you would with any other child. A speaking valve called the Passy-Muir Valve can be placed on the trach tube to help your child speak louder. Your child's doctor will tell you when the speaking valve may be used. Many families use a portable intercom to help hear the child from another room.
When to call your child's doctor

Call your child's doctor if your child has:

- Fever greater than 101°F
- Secretions that are green or foul smelling
- Bleeding from the trach tube
- Difficulty breathing not relieved by suctioning or changing the trach
- A rash or unusual drainage around the trach tube
- Food or liquid coming through the trach
- Frequent plugging of the trach
- If you have difficulty changing or are not able to change the trach

Handling emergencies

Respiratory Distress

Procedure
1. Post CPR instructions at child’s bedside
2. If your child has trouble breathing, examine your child's trach tube to determine if the:
   - trach tube is out
   - oxygen is off the trach
   - ventilator is off the trach
   - trach tube is occluded
3. Check your child's breathing, chest movement, and skin color.
4. If your child's trach is occluded or out replace with a new trach
5. If your child is not breathing, assist with a resuscitator bag and call 9-1-1
6. When in doubt, call 9-1-1 and tell the operator that your child has a tracheotomy
   If you have someone to help you, send him or her to call 911.
   If you are home alone, unlock the door after calling 911.

Other helpful guidelines:

- Post emergency telephone numbers near each telephone.
- Post your address/location/directions to your home near each telephone in case another caregiver might need them.
- Post the "Home Resource Telephone List" near the telephone.
- Prepare an emergency drill and practice for 1-2 weeks upon arrival home
- Always keep your GO BAG with your child.
Emergency Situations

Changing the trach tube in an emergency:

Always have two trachs available. One will be the size your child has in and the other would be the next smaller size. The to go bag should always contain the two spare trach tubes and spare trachs should always be near your child’s bedside

Supplies:
- Current trach size and next smaller size
- Water based lubricant
- Blanket roll
- Trach ties
- Resuscitator Bag

Steps

1. Try to remain calm.
2. Call for a second trained caregiver to assist you.
3. Try to replace the trach tube with the same-size trach your child normally uses.
4. If you are not able to place the same-size trach tube, reposition your child with a blanket roll under the shoulders and lift the chin to help you visualize the stoma better.
5. Try to place the same-size trach tube again.
6. If it still doesn't work, place the next-smaller-size trach tube into your child's stoma, and call your child's doctor.
7. If you are not able to place the next-smaller-size trach tube, check your child's breathing pattern.
8. Sometimes the stoma may be opened manually by spreading the surrounding tissue open.

If your child is not breathing or needs help with breathing, continue to try to replace the trach while someone calls 911. It is considered a medical emergency if the trach tube cannot be replaced.

If the monitor alarm goes off

1. Look at your child to see if your child is breathing.
2. Check your child's trach
Your child may need to be suctioned or need a trach change for occlusion of trach tube with mucous
4. If your child is not breathing, begin CPR and dial 9-1-1.
Performing CPR with A trach tube

Steps:

1. If your child is showing signs of respiratory or breathing distress, examine your child’s tracheotomy tube to determine if:
   - Trach tube is out
   - Oxygen is off the trach
   - Ventilator is off the trach
   - Trach tube is blocked with mucous

2. Check your child’s breathing, chest movement and skin color for signs of life. If there is no breathing proceed to step 3.
3. If another person is available have them call 911
4. Position child on his back
5. Look, listen, feel and watch for chest rise or air movement
6. Attempt to give breaths with resuscitator bag. If trach tube is occluded, change it out and then give breaths. Give 2 breaths
7. Check for circulation. Check an infant’s pulse at inner aspect of the arm just above the elbow. Check a child’s pulse at the carotid artery closest to you.
8. If there is no pulse/signs of circulation present, place 2 fingers 1 finger breadth below the nipple line and compress 1/3-1/2 the depth of the chest for an infant. For a child place one hand between the nipples and compress 1/3 to ½ the depth of the chest. For chest compressions to be effective, the victim must be positioned on a hard surface.
9. Give 30 compressions followed by 2 breaths. Repeat the 30:2 cycle for 2 minutes (5 cycles) for either an infant or a child. Target compression rate of 100 compressions per minute.
10. Reassess the victim for “signs of circulation,” and pulse including the brachial pulse (infants) or carotid pulse in a (child)
    a. If you are alone, after completing two minutes of CPR, you may then leave the infant or child to call 911
    b. If EMS has been called and there is no sign of pulse or circulation, resume CPR until EMS arrives, the victim is resuscitated, or you are physically exhausted.

Stocking your "To Go Bag"

The purpose of the “To Go Bag” is to be sure that you have all the supplies needed to manage your child’s breathing if you are not close to where their supplies are kept. The “To Go Bag” should be fully stocked and ready to go at any time.
Supplies:
- Hand sanitizer
- Same-size trach tube--used to replace your child's trach tube if an emergency trach change is needed.
- Smaller-size trach tube--used if you cannot get the same-size trach tube back into your child.
- Portable suction machine
- Water-soluble lubricant--used to make the trach tube slide into the stoma easier.
- Normal Saline bullets--normal saline is used with suctioning if the secretions are thick. It is also used to instill drops into the trach tube if the artificial nose is used longer than ordered.
- Shoulder roll
- Dressing supplies if needed
- List of emergency phone numbers
- Trach ties--used to secure the new trach.
- Suction kits--used to suction before a trach change is done.
- Blunt end scissors--used to cut the old ties if you are unable to remove them.
- Manual Resuscitator Bag--used for any reason when you need it to deliver breaths.
- Tape--used to cover the stoma so air goes to your child's lungs if you are giving breaths mouth-to-mouth. This would only be used if you were unable to bag through the trach or if unable to replace the trach tube.
- Suction machine--keep fully charged and carry the power cord with you at all times.
- Mobile phone if possible
- Please travel with portable oxygen tank