

# Simulation Scenario Template

## Appendix C: Facilitator Cheat Sheet & Debriefing Tips

### Sample Debriefing Questions:

1. What are the different components of a tracheostomy tube? What are their purposes?  
-See Image#1. Outer cannula remains in the tracheostomy site and keeps it open. Most tracheostomy tubes also have an inner cannula that is removable to allow for cleaning. The obturator is a solid device used to insert the tracheostomy, the obturator is removed after insertion.
2. What are the most common causes of sudden respiratory distress in a tracheostomy patient?  
-**Obstruction:** Simply removing the inner cannula and suctioning often relieves an obstruction. Generally the inner cannula will need to be in place to connect the patient to the BVM or ventilator, so it will need to be cleaned or replaced if it is obstructed  
-**Displacement:** Deflating the cuff may correct a partially displaced tracheostomy tube. See Image#2
3. What are the initial steps to management of the crashing tracheostomy patient?  
See Image #3. Emphasize that a tracheostomy tube that is not functioning because it is obstructed or displaced must be removed.
4. What important information must be obtained about the tracheostomy patient?  
-Has the patient had a laryngectomy? If yes, since the larynx is removed, the upper airway is not connected to the trachea. Oral ventilation and oral intubation are impossible in the laryngectomy patient. They must be ventilated/intubated through the stoma.  
-When was the tracheostomy performed? If the upper airway is patent (ie, no laryngectomy), and the tracheostomy is less than 7 days old, then oral intubation is preferred.
5. How is the emergency intubation of the stoma performed?
  - o Start with a size smaller than removed tracheostomy tube. Can also use 6.0 ETT.
    - Neck slightly extended.
    - Lubricate tube. Obturator in place
    - Insert into stoma at 90° angle. Push tube downward in fluid, sweeping motion.
    - Remove the obturator. Insert the inner cannula.

Inflate the cuff & ventilate.

## References

1. McGrath BA, et al. Multidisciplinary guidelines for the management of tracheostomy and laryngectomy airway emergencies. *Anaesthesia*. 2012, 67: 1025-1041.
2. <http://www.tracheostomy.org.uk/healthcare-staff/emergency-care/emergency-algorithm-tracheostomy>  
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