

PRACTISS Tracheostomy Emergency Supporting Roles

Role	Description (Role, Behaviour, Key Moments, Script)
EMS	<p>Gives initial description as patient is transferred to bed:</p> <p>“Mr. Smith is a 48 year old man with recent tracheostomy placed 8 weeks ago for severe motor vehicle collision complicated by traumatic brain injury, splenectomy and pelvic fracture. He was discharged from rehab yesterday and his wife said that he was doing OK until just prior to arrival. He was sitting on the couch watching TV when he suddenly started having trouble breathing. She immediately called 911. On our arrival he was in severe respiratory distress with a pulse ox of 80%. We applied 100% NRB to both face and tracheostomy tube with no improvement to the pulse ox. Vital signs en route: 37°C, HR 130/min, BP 150/90, RR 45. He was agitated on our arrival, but now he is getting lethargic. 18g IV to right antecubital fossa.”</p> <p>If asked, able to report that there is no history of laryngectomy.</p>
RN	Skilled and helpful in assisting
RT - Optional	<p>Skilled and helpful in assisting</p> <ul style="list-style-type: none"> - Reports that unable to ventilate due to resistance when ventilation is attempted via BVM via Trach. tube - Prompts to remove the inner cannula and suction if not requested. Reports that unable to pass suction catheter - Prompts to deflate the tracheostomy balloon and reposition to reattempt suction/ventilation if not requested. Reports that unable to suction/ventilate even with cuff deflation and repositioning