**Check for danger**

**Check for response**: Alert? Responds to Voice? Responds to Pain? Unresponsive?

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**ASSESS AIRWAY**

- **Look**: for breathing movements of the chest.
- **Listen**: for breathing sounds from the tracheostomy tube.
- **Feel**: for air coming from the tracheostomy tube or nose or mouth.

If airway **OBSTRUCTED**:

- Suction the tracheostomy tube.
- Change the patient’s inner cannula tube if one is present.
- Extend the patient’s neck slightly with a small towel rolled under the shoulders.
- **If the tracheostomy tube is still blocked or dislodged**: remove and re-insert a new tube.
- If unable to re-cannulate, try again using a smaller size tube.
- If still unable to establish airway: **CALL MET on 777 or CALL MICA ambulance on 000**

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**Patent tracheostomy in situ**

**ASSESS BREATHING**

Is the child breathing? If NO:

- Connect resuscitation bag with oxygen flow to the tracheostomy tube and give 2 breaths.
- Reassess – if not breathing, continue manual ventilation.
- If air leaks from the nose/mouth and this compromises ventilation – close these gently with one hand.

**No patent tracheostomy in situ**

**ASSESS BREATHING**

Is the child breathing? If NO:

- Use bag and mask over mouth and nose, cover the stoma with gauze and tape to prevent air leak.
- Give 2 breaths.
- Reassess – if not breathing, continue manual ventilation.

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**ASSESS CIRCULATION**

**Healthcare professionals**: check for pulse for a maximum of 10sec.

Parents and carers in the community: check for absent signs of life (not moving, not breathing, unresponsiveness).

If absent, commence **chest compressions**, ratio of:

- 15 compressions : 2 breaths (healthcare workers).
- 30 compressions : 2 breaths (lay persons).