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Tier 1: Tracheostomy Guidelines during COVID-19

Scope

These guidelines apply to all HFHS providers performing tracheostomies during the COVID-19 pandemic.

Background

These guidelines are for the performance of the high risk procedure of tracheostomy as more and more patients require prolonged ventilation. This would be applicable to ALL patients needing tracheostomy regardless of current COVID-19 status (COVID positive, COVID status pending or suspected, COVID negative)

Definitions

None

Guidelines

Tracheostomy Procedure Classification and Prioritization

Procedure Classification	Descriptions	Policy
Emergent	Acute airway with oxygen desaturation, unable to intubate, unable to bag mask	Proceed with tracheostomy. Airborne Plus Precautions.
Urgent	Acute airway no oxygen desaturation, able to bag mask only,	Proceed with tracheostomy. Airborne Plus Precautions.

	unable to intubate.	
Elective	Patient intubated.	Staff Physician to Staff Physician discussion. Decision to trach confirmed by two intensivists. COVID Testing: All patients must have a negative COVID19 result reported in the electronic medical record (EPIC) to be considered for elective tracheostomy. If patient clinically deemed to be high risk, patient must have two documented negative COVID-19 results with the second test being performed 48-72 hours after the first test.

ICU or OR Tracheostomy

- a. When possible and appropriate, percutaneous tracheostomy at bedside is preferable to open tracheostomy in the OR to minimize aerosolization, transport and resource utilization.
- b. If decision is made to perform a tracheostomy, the following will be followed universally:
 - i. **Minimal staff to be present in the room:**
 - a. Bedside Trach: Respiratory therapist, surgeon and surgical assistant/APP/Resident, RN.
 - b. OR Trach: Anesthesiologist, surgeon, circulator, surgical scrub and surgical assistant/APP/Resident.
 - ii. The procedural staff will speak directly to the ICU Attending Staff to confirm need for and timing of tracheostomy (as noted in the grid above, two intensivists must have previously agreed to the need for tracheostomy; if the proceduralist is also an intensivist, they may serve as secondary confirmation).
- c. As a rule, COVID-19 positive cases will NOT undergo tracheostomy unless there is a life-threatening situation that the tracheostomy has the potential to improve, such as upper airway obstruction with inability to intubate.
- d. All tracheostomy performed will use [Airborne Plus precautions](#): N95 mask (or PAPR if available), face shield, head covering, moisture barrier gown, and gloves. Proper removal of PPE will be followed.
- e. All bronchoscopy procedures (including percutaneous tracheostomy), will be performed using disposable bronchoscopes unless a life-threatening airway issue exists.
- f. For more information regarding proper removal of PPE refer to: <https://youtu.be/bG6zISnenPg>

Tips for Tracheostomy of COVID patient

- a. Paralyze patient
- b. Pre-oxygenate and hold ventilation when entering airway and placing tracheostomy tube.
- c. Maintain cuff inflation whenever possible: as applicable, advance tube prior to creating window, inflate cuff promptly upon insertion of tube, ensure cuff is inflated prior to resuming ventilation
- d. Cuffed non-fenestrated tracheostomy tubes should be used to avoid aerosolizing the virus
- e. Confirm placement with end-tidal CO2 rather than suction catheter or bronchoscope through trach
- f. Filter (HEPA or HMEV) should be placed on the tracheostomy to reduce shedding of the virus should the anesthetic tubing be disconnected

- g. Avoid disconnecting filter, but if necessary, disconnect distal to the filter

Post Tracheostomy Care Recommendations

- a. No tracheostomy tube exchange unless clinically indicated
- b. Cuff to remain inflated and check for leaks
- c. Make every effort not to disconnect the circuit
- d. Only closed in line suctioning should be used

Related Documents

None

References/External Regulations

None

Urgent Approval By

P. Patton, Diane George, Mark Smith, John Deledda, Manu Malhotra, Chris Milback, Joe Patton, Geehan Suleyman 3/25/2020

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
VP, Regulatory & Infection Control Compliance	Jacqueline Chesney: VP-Reg&InfectnControlComplianc	03/2020
System Policy Management Office	System Policy Management Offic	03/2020
Document Owner	Carol Mcquery: Mgr-HFHS Policy Mgmt Office	03/2020

Applicability

Henry Ford Allegiance Health, Henry Ford Allegiance Specialty Hospital, Henry Ford Behavioral Health Services, Henry Ford Community Care Services, Henry Ford Health System, Henry Ford Hospital, Henry Ford Kingswood Hospital, Henry Ford Macomb Hospital, Henry Ford Medical Group, Henry Ford West Bloomfield Hospital, Henry Ford Wyandotte Hospital