



# Performing Percutaneous Tracheostomy in a Viral Pandemic



## Patient Selection

- Mechanical ventilation 7-14 days OR failure to extubate
- Neck anatomy amenable to percutaneous approach
- Tolerates apnea trial of 30-60 seconds
- Absence of uncorrectable coagulopathy
- Patient or family able to consent

## Equipment/Personnel

- Percutaneous tracheostomy kit
- Kerlix to pack the oropharynx
- Clamp
- Bag valve mask
- Disposable bronchoscope
- Deep sedation and paralysis or general anesthesia
- Nurse, proceduralist, bronchoscopist, RT in appropriate PPE
- Negative pressure room or strict door policy + HEPA filter

## Procedure

- Pre-oxygenate and perform apnea during placement of adaptor and insertion of bronchoscope
- Consider packing oropharynx to close circuit
- Perform apnea during cuff deflation and positioning of endotracheal tube
- Maintain apnea from punch dilation until tracheostomy tube inserted and cuff inflated (see figures)

## Post-Trach Care

- Closed circuit with in-line suction
- Cuff inflated
- Maintain heat moisture exchanger (HME) viral filter or heated humidifier to the ventilator
- Delay first trach exchange as able to minimize aerosolization of viral particles

