
**eFigure.** Low-Risk Decannulation Pathway for Patient With Tracheotomy

This supplementary material has been provided by the authors to give readers additional information about their work.
Low Risk Decannulation Pathway for Tracheotomized Patients

Pathway

Patient Risk Assessment Checklist

- Patient arrives on a Patient Care Unit from ICU with tracheostomy in situ.
- Within the first 12 hours, Physician assesses patient and completes Risk Assessment Checklist.
- Physician writes order to "Administer Low Risk Protocol" for RNT in SCN ITT Tool and Assess.

LOW RISK PATHWAY

Initial Respiratory Assessment by RNT:
- Review of previous tracheostomy changes
- Level of Consciousness
- Apaxia
- Baseline vital signs
- Respirometry Rate
- Heart rate
- Oxygen saturation
- Pulse oximetry
- FEV1/FVC Ratio
- Upper airway
- Finger occlusion test
- Cough reflex
- Gag reflex

Phase 1

YES
- Perform respiratory assessment
- Complete Respiratory Assessment Form

NO
- Patient has non-conductive tracheostomy tube
- Assess patient prior to capping
- Insert 1 Tracheostomy capping slid for maximum of 1 hour.
- Document capping trials on MPR using Respiratory Assessment parameters
- No increased oxygen requirements
- SpO2 > 95% on stable settings
- Respiratory rate remains stable
- No increase in work of breathing:
  - Accessory muscle use
  - Nasal flaring
  - Chin lift

Phase 2

YES
- Patient tolerates capping
- Continue capping process increasing time as patient tolerates to a maximum of 24 hours.
- Assess patient cfr for at least 4 hours from capping
- MDs write patient capping
- Communicate observation to physician and team
- Document plans MPR using Respiratory Assessment parameters

NO
- Continue capping process increasing time as patient tolerates to a maximum of 1 hour.
- No increased oxygen requirements
- SpO2 > 95% on stable settings
- Respiratory rate remains stable
- No increase in work of breathing:
  - Accessory muscle use
  - Nasal flaring
  - Chin lift

Phase 3

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