

- Direct tamponade should be performed if hyperinflating the cuff does not stop bleeding.
 - Steps to perform:
 - Place a finger into the stoma.
 - Bluntly dissect anterior to the trachea.
 - Apply pressure anteriorly to the innominate artery.
 - Herald bleed: reported bleeding now resolved.
 - Let the proceduralist who placed the tracheostomy know the patient is back.
 - Bronchoscopy may find evidence of bleeding.
 - CTA may find bleeding but this is not a proven diagnostic modality.
 - If you do not have consultants, consider pulling the tracheostomy to look for skin bleeding or perform a scope yourself if competent.

Related content

CorePendum: Complications of Tracheostomies

<https://www.emrap.org/corependium/chapter/reckOdDn9Ljn7sBLy/Complications-of-Tracheostomies>

Pediatric Pearls: Asthma Smackdown – Part 1 and Part 2

Ilene Claudius, Al Sacchetti, and Jeff Seiden

- Round 1 smackdown was back in October 2021 when Al and Jeff did a pediatric fever smackdown.
- “Kitchen sink” of medication treatments: nebulized treatments
 - Beta agonist (albuterol), anticholinergic, subQ/IM epinephrine, steroids IV, magnesium.
 - Be aggressive up front. Don’t wait around for the child to decompensate.
 - Using an autoinjector of epinephrine is the safest route of administration.
 - Parenteral terbutaline (not infusion). Small bolus doses can help temporize.
 - Terbutaline and epinephrine is 0.01 mg/kg IM up to max dose of 0.4mg (0.15mg or 0.3mg is the autoinjector dose).
 - Magnesium dose (IV): 50mg/kg, max 2g (dose range 25-75 mg/kg per dose), give over 20 minutes.