

# Adult tracheostomy tube care

DATE OF TRACHEOSTOMY TUBE INSERTION, TUBE SIZE AND DATE OF TUBE CHANGE MUST BE RECORDED IN THE PATIENTS MEDICAL NOTES

If you experience any problems please contact Critical care /Outreach RVI ext 24616 / 29995 FRH ICCU 31014 / Cardio 37026 NGH ext 23956 / 23556

## Tracheostomy prompt sheet for **Non Fenestrated** Tracheostomy tubes

Check list	
Bed space	Nurse call bell
	Humidification
	Oxygen
	Suction equipment
	Outreach trache box
	Spare inner cannula
	Bottle sterile water
	Disposable gloves
On unit / ward	Plastic apron & eye protection
	Ambu bag
	Resus equipment
	Pulse oximetry

Adapted, with permission, from original by Tracy Lewis, East Kent Hospitals NHS Trust

### Communication

- Speaking valves are not usually advised with this tube but may on occasion be used under medical supervision
- Refer to speech and language therapy for other communication aids

### Suctioning

- As required following St George's guidelines

### Securing and changing tapes

- This is a TWO person procedure**
- Ensure tied securely (two fingers between neck and tape)
- Change tapes daily: more frequently if soiled
- Refer to St George's guidelines

### Inner cannula use/care of

- Use **WHITE** inner cannula when suctioning or if ventilation is required
- Inspect 4 – 6 hourly (more often with productive chest)
- Clean with running tap water (sterile water if immuno-compromised)
- Cleaning with brushes/mouth sponges is not advocated
- Discard and replace with a new inner cannula if heavily soiled/blocked
- Store spare inner cannula in a dry lidded container

### Humidification

Humidification must be used with this tracheostomy

- Inspiron
- Swedish nose
- Humidification bib

### Care of stoma

- Clean with normal saline as required, dry and apply sterile foam dressing
- Refer to St George's guidelines

### Eating and drinking

- Agreement with medical staff prior to commencing eating/drinking
- Refer to speech and language therapy for swallow assessment
- Patients should not eat and/or drink with the cuff inflated.

### Weaning from tracheostomy

**This remains a MEDICAL decision**

Assess daily and co-ordinate with Outreach team / physiotherapists

Consider weaning if:

- Patient is awake
- Patient can tolerate cuff deflation
- Patient has a strong cough and gag reflex
- Patient is on <40% O<sub>2</sub>
- Respiratory rate of <20/min

### In the event of CARDIAC ARREST

- Call arrest team **2222**
- Inflate** Tracheostomy cuff
- Ventilate** via Tracheostomy using high flow Oxygen
- Check chest is rising
- Where there is a high index of suspicion for displaced tube default to ventilation via face mask over nose and mouth and do not bag via tracheostomy tube.**

### In the event of respiratory distress

- Call for immediate medical help/Outreach
- Remove and check inner cannula, discard and replace if heavily soiled/blocked
- Suction:**
- Catheter can be passed:**
- Apply O<sub>2</sub>, sit patient up
- Proceed to respiratory/cardiac arrest action if needed
- Catheter cannot be passed:**
- Fast call Anaesthetist via Critical Care or switchboard
- Give O<sub>2</sub> via face mask
- Remove blocked/dislodged tube
- Cover stoma site
- Assess patients breathing
- If no spontaneous breathing place arrest call and commence bag-mask ventilation via face mask over nose and mouth, while occluding stoma.