

## B-190 R Tracheostomy Care

### Purpose

Prevent infection of tracheostomy site to minimize tracheal trauma.

Maintain airway patency.

Agency recognizes client desire to choose or refuse tracheostomy care as part of their routine. If no routine is established in the home follow procedure.

### Applies To

Registered Nurses

Licensed Practical/Vocational Nurses

Other (*Identify*): \_\_\_\_\_

### Equipment/Supplies

- Tracheostomy suction supplies.\*
- Bedside table or workspace.
- Towel.
- Hydrogen peroxide.
- Normal saline.
- Three 4" x 4" gauze pads (or more if stoma has much drainage).\*
- Four cotton-tipped swabs.\*
- Split 4" x 4" pad (pre-cut tracheostomy dressing).\*
- Basin.\*
- Small brush.\*
- Tracheostomy ties.
- Scissors.
- Two pairs of disposable gloves.\*

***\* If tracheostomy care is to be done with sterile technique, these items must be sterile.***

### Procedure

1. Wash hands and dry. Refer to the Hand Washing procedure. Don clean gloves.
2. Perform tracheal suctioning per tracheal suctioning procedure. *This removes secretions and decreases the client's need to cough during the procedure.*

3. Remove the soiled tracheostomy dressing prior to removing gloves.
4. Assemble supplies using aseptic technique: If a Tracheostomy Care Kit is used, open the kit and spread the package on table.
  - a. Open the gauze pads. Pour hydrogen peroxide on the first, pour normal saline on the second, and leave the last one dry.
  - b. Open the cotton-tipped swabs. Pour hydrogen peroxide on one and normal saline on the other.
  - c. Obtain a clean basin and fill it with approximately 3/4 inch of hydrogen peroxide.
  - d. Place brush in basin.
  - e. Prepare tracheostomy ties. Use scissors to cut to proper length.
  - f. Do not recap the normal saline or hydrogen peroxide as they will be needed later in the procedure.

5. Apply gloves.

***Note: For tracheostomy tubes with an inner cannula, follow procedure numbers 6 through 16. For tracheostomy tubes with no inner cannula, follow procedure numbers 12 through 16.***

6. If the client is receiving oxygen therapy, remove the oxygen source.
7. Remove the inner cannula and place into basin. Hydrogen peroxide loosens secretions in the inner cannula.
8. If the client is on oxygen or mechanical ventilation, replace oxygen source on or over the tracheostomy site. This provides a supply of oxygen to the client and prevents oxygen desaturation.
9. Hold and clean the inner cannula using the small brush on the inside and outside of the cannula.
10. Pick up the inner cannula and hold over the basin. Rinse thoroughly with normal saline (pour over and through cannula) and shake off excess fluid.
11. Replace inner cannula and secure into place. Replace oxygen source.
12. Clean exposed stoma site and outer cannula areas with hydrogen peroxide-prepared, cotton-tipped swabs first. Follow by using 4 x 4 gauze pads. Clean in a circular motion from the stoma site outward. *Be sure to clean under the tracheostomy tube faceplate.*
13. Rinse the hydrogen peroxide from the tube and site using normal saline-prepared cotton-tipped swabs and 4 x 4 gauze pads following the same technique as in step 12.

14. Prepare and apply new tracheostomy ties. *Do not remove the old ties until the new ties are secured.*
  - a. Measure ties so they are long enough to go around the client's neck twice. Cut the ends diagonally.
  - b. If an assistant is present, have he or she hold the tracheostomy by the neck plate while clipping and removing the old ties. Slip the end of the new ties through the holder on the neck plate and secure ties. Slide both ends around the client's head and neck. Insert one tie through the second eyelet opening and pull snugly.
  - c. Tie the ends securely in a double square knot, allowing one finger space in the tie. *The tracheostomy should be secured without binding. The knot should be located on the side of the client's neck.*
15. Place a split 4 x 4 dressing under the tracheostomy faceplate and ties.
16. Assess respiratory status and the client's tolerance of the procedure.
17. Recap hydrogen peroxide and normal saline bottles. Label the bottles with the date they were opened.
18. Clean reusable supplies in warm, soapy water. Rinse thoroughly and dry between two layers of clean paper towels. Store supplies in a loosely closed, clear plastic bag.
19. Remove gloves and discard disposable supplies according to the Agency Waste Disposal Policy.
20. Wash hands. Refer to the Hand Washing procedure.

### **Documentation guidelines**

Document in the clinical record:

1. Status of the tracheostomy site.
2. Date, time, and care provided.
3. The client's tolerance of procedure.

### **Pediatric Considerations**

- Since the air that the child breathes no longer passes through the nose and mouth, it is not warmed, moistened and filtered before it enters the lungs. To keep mucous liquid so that it is easy to remove, added moisture is needed. Increase fluid intake as well as humidifying the air the child breathes.
- Tracheostomy in children makes it harder for the child to communicate needs. Monitors and other non-verbal modes of communication can be used.

- Trach secretions can irritate the skin around the tracheostomy and may cause infection. Wash skin with soap and water and completely dry. Change trach ties often as indicated.
- Adult supervision is needed when the child is near water.
- Any smoke, aerosol sprays, powder or dust can irritate the lining of the child's trachea. Child should not share a room with anyone who is smoking.
- All people who care for the child with a trach must know how to suction and any one caring for the child alone should know CPR.

**Related Procedures**

Tracheal Suctioning

**Policy History**

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Approved by	Mike Carpenter
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