

## B-200 R Changing a Tracheostomy Tube

### Purpose

Change the client's tracheostomy tube.

Prevent respiratory infection.

Maintain adequate ventilation.

Prevent any tracheal damage.

### Applies To

Registered Nurses

Licensed Practical/Vocational Nurses

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

### Equipment/Supplies

- Tracheostomy care and suctioning supplies (*See Tracheostomy Care procedure*).
- Tracheostomy tube.\* Have smaller size trach tube available.
- 5 to 10 ml syringe.
- Water-soluble lubricant.
- Stethoscope.
- Disposable gloves.

**Note:** Use sterile tube as ordered by the physician.

### Procedure –

Best practice is to have two caregivers present for trach change if possible.

1. Wash hands. Refer to the Hand Washing procedure.
2. Don clean gloves.
3. Suction the client per *Tracheostomy Suctioning procedure*.
4. Prepare new tracheostomy tube:
  - a. Remove inner cannula from outer cannula and put obturator in place.
  - b. Attach syringe to the end of cuff (for cuffed tube).
  - c. Inflate cuff slowly to verify patency (for cuffed tube).
  - d. Withdraw air (for cuffed tube).
  - e. Lubricate end of tube.
  - f. Place new ties on one end of tube.

- g. Set aside.
5. Cut existing tracheostomy ties; hold tube in place with non-dominant hand.
6. Pick up new tube in dominant hand.
7. Gently remove existing tracheostomy tube and insert lubricated outer cannula with obturator into stoma. Insert downward and inward.
8. Following insertion, remove obturator, insert inner cannula and “lock” it into place. If the client is on a ventilator, reconnect within 30 seconds.
9. Secure the tube in place with clean ties and dressing per *Tracheostomy Care procedure*.
10. If the tube is cuffed, inflate after insertion with 5 to 10 ml of air. *Inflate during inspiration, if possible.*
11. Place stethoscope at the side of the neck just below the chin near the tracheostomy tube while injecting air into the cuff. *Listen until you can no longer hear air going past the stethoscope. When the air sound stops, a seal has been formed and minimal occluding volume attained.*
12. Check cuff seal for leakage by feeling for air escaping from the nose, mouth, or tracheostomy site.
13. Dispose of disposable supplies and clean reusable equipment according to the Agency Waste Disposal Policy. If tracheostomy tubes are to be reused, clean them in hydrogen peroxide and distilled water or saline, boil for 10 minutes, rinse, and dry thoroughly.
14. Remove gloves and wash hands. Refer to the Hand Washing procedure.
15. Wrap or cover clean supplies in a clean towel.

### Documentation Guidelines

Document in the clinical record:

1. Suctioning performed if necessary and appearance of secretions.
2. Tolerance of procedure.
3. Date and time tracheostomy tube was changed.

### Principles of Cuff Maintenance ?????

- Check tracheal breath sounds every 4-8 hours and note pressure of pilot balloon between fingers.
- Per agency policy, check cuff pressure and note if minimum occlusive volume increases or decreases (usually done every 8 hours).
- If tube feedings or oral feedings are being given, assess secretions for tube feeding or food particles.

**Related Procedures**

Tracheostomy Care, Tracheostomy Suctioning

**Policy History**

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