

VALLEYCARE
OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
RESPIRATORY CARE SERVICES - ADULT
POLICY & PROCEDURE

NUMBER: 5182

VERSION: 2

SUBJECT/TITLE: TRACHEOSTOMY CARE

POLICY:

All tracheostomy patients will be assessed for tracheostomy care at least Q shift and appropriate cleaning and/or changing tracheostomy equipment will be performed at least daily.

PURPOSE:

To ensure a clean and patent tracheostomy while minimizing risk to the patient.

DEPARTMENTS: RESPIRATORY CARE SERVICES

DEFINITIONS:

PROCEDURE:

Equipment:

1. gloves (clean, disposable, and powderless)
2. clean, cotton, lint-free, white wash cloth or towel
3. mild soap and water
4. hydrogen peroxide
5. tracheostomy brush or pipe cleaners
6. dressing (one of the options below)
 - a. 4 x 4 gauze dressing without cotton filler
 - b. Foam dressing
7. cotton tip applicators
8. sterile water
9. container to mix hydrogen peroxide and sterile water
10. clean tracheostomy ties
11. disposable inner cannula (if applicable)

Procedures:

Newly placed tracheostomy care
Tracheostomy skin/stoma care
Inner Cannula cleaning or replacement

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Newly Placed Tracheostomy Care

1. The physician will perform the first dressing change on post-operative day 1.
2. Starting on post-operative day 2 and thereafter, the respiratory therapist will perform tracheostomy care.
3. In addition to the procedures described below, particular attention will be paid to the sutures in all assessments and procedures on newly placed tracheostomies. The sutures will usually remain in place for 5 days. Sutures will be removed by the physician.

Tracheostomy Skin/Stoma Care

1. Explain the procedure to the patient
2. Wash your hands using appropriate cleaning technique
3. Put on gloves.
4. Dampen lint-free, white cotton wash cloth
5. Gently clean around the neck plate and skin under the plate with mild soap and water. Be careful not to get any soap or water into the tracheostomy opening. Rinse well.
6. If necessary, crusts or remaining debris may be removed by loosening with peroxide (dilute equal parts of peroxide and water) on a cotton-tip applicator. Rinse well.
7. If necessary for mucous exudation or skin protection, you may use a dressing around the tracheostomy tube. Dressings may not be needed if the stoma is completely healed and without signs of irritation or mucous.

Examples of acceptable dressings are:

- a. 4 x 4 gauze WITHOUT cotton filler
 - i. Do not cut the gauze
 - ii. Folding the gauze is acceptable
 - b. Foam dressing
8. Assess tracheostomy ties; apply new ones if necessary.
 - a. Twill ties
 - i. Leave old ties in place. Pull one end of the twill tie through either neck flange hole. Adjust the ends of the tie until one is 3 to 4 inches longer than the other one.
 - ii. Bring both ends of the tie around the neck, and insert the longer end of the tie through the other neck flange hole.
 - iii. Pull the tie snug. Place one finger between the tie and the neck, and tie the two ends together using a square knot. Do not use a bow.
 - iv. Cut the ends of the ties leaving only 1 or 2 inches.
 - v. Carefully cut and remove soiled ties.
 - b. Velcro ties
 - i. Follow manufacturer's directions for measuring and

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- applying the tie.
 - ii. Use fingers to hold both sides of the neck plate of the tracheostomy tube in place. Release 1 side of the Velcro fastener.
 - iii. Insert and secure the clean Velcro strip into the same neck plate hole and wrap the remaining strip around the posterior neck.
 - iv. With fingers still holding both sides of the neck plate, remove the old Velcro tie from the other side.
 - v. Insert and secure the clean Velcro strip into the neck plate, and remove the old Velcro tie from the other side.
 - vi. Adjust the clean ties to fit the neck. You should be able to fit 1 to 2 fingers between the tie and the neck.
9. Check patient skin daily for redness or irritation. Tell the physician if you see redness, skin breakdown, or any other abnormality.
 10. Wash your hands using appropriate cleaning technique.

Inner Cannula Replacement

1. Explain the procedure to the patient
2. Wash your hands using appropriate cleaning technique.
3. Suction the tracheostomy if needed.
4. Open the package of a new disposable inner cannula.
5. Unlock and remove the disposable inner cannula according to the manufacturer's directions.
6. If necessary, suction outer cannula before reinserting the inner cannula. This will prevent the inner cannula from sticking. (use sterile suction technique)
7. Gently insert a new disposable inner cannula and lock in place according to the manufacturer's directions.
8. Discard the used inner cannula into the trash.
9. Wash your hands using appropriate cleaning technique.

Inner Cannula Cleaning

1. Explain procedure to patient
2. Wash your hands using appropriate cleaning technique.
3. Sterile or examination gloves must be worn for this procedure. Again, UNIVERSAL BLOOD AND BODY FLUID PRECAUTIONS must be followed.
4. Support outer cannula with thumb and forefinger to prevent it from becoming dislodged and remove the inner cannula by releasing the lock.

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5. Soak inner cannula in basin of hydrogen peroxide solution and clean the outside of the inner cannula until visibly clean.
6. Clean the inside of the inner cannula with pipe cleaners or the small brush
7. Rinse inner cannula in sterile bottled water shaking off excess water.
8. If necessary, suction outer cannula before reinserting the inner cannula. This will prevent the inner cannula from sticking. (use sterile suction technique)
9. Lock inner cannula in place by twisting it in the direction of the arrow. (support the outer cannula)
10. Wash your hands using appropriate cleaning technique.

Documentation

1. Document all procedures performed in the patient medical record.

Tracheostomy Care Orders

1. Respiratory Care Practitioners can enter an order for Tracheostomy Care without needing a physician order or co-signature.

References:	
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