



Rancho Los Amigos National Rehabilitation Center
DEPARTMENT OF NURSING
CLINICAL
POLICY AND PROCEDURE

SUBJECT: CHANGING / REINSERTING
TRACHEOSTOMY TUBE

Policy No.: C140
Effective Date: 05/1987
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Purpose of Procedure: To maintain a patent airway and to safely change a patient's tracheostomy tube.

Physician's Order Required: Yes, for routine changes

Performed By: MD, RCP*, RN*, Licensed Independent Practitioner (LIP)

*An RCP or RN who has been trained in tracheostomy tube reinsertion.

Policy Statements:

1. An MD or LIP will perform the first tracheostomy tube change after the initial insertion, first post admission, or any time there is documentation of difficulty inserting a tracheostomy tube.
2. Routine and emergency tracheostomy tube reinsertion can be done in outpatient and inpatient areas.
3. LIPs, RCPs, MDs, and RNs can reinsert cuffed and cuffless tracheostomy tubes.
4. Routine changes should be evaluated and determined by the physician.
5. Generally, routine tracheostomy tube changes should be done on the day shift.
6. Patients admitted with a non-disposable tracheostomy tube should be converted to a disposable tracheostomy tube.
7. Twill tape is used to secure the tracheostomy tube for patients who are agitated, confused, or attempt to pull at the tracheostomy tube. For all other patients, the Velcro tube holder is used, unless patient requests otherwise.

Equipment:

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| <ul style="list-style-type: none">• Tracheostomy tube - same size as current one• Tracheostomy tube one size smaller than the one currently in place• Twill tape or Velcro tube holder• Sterile 4x4's• Tracheostomy dressing• 0.9% normal saline (NS)• 2 clean cups• Water soluble lubricant | <ul style="list-style-type: none">• Hydrogen Peroxide (H2O2)• Suction Catheter• Suction Machine• Clean Gloves• Obturator• Trash Bag• Cotton-Tipped Applicators• Scissors |
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Procedural Steps – Routine Change:

1. Perform hand hygiene
2. Confirm patient's identity using 2 patient identifiers
3. Explain procedure to the patient and provide privacy

4. Ensure the patient is on continuous pulse oximetry
5. Suction patient as needed prior to procedure (See nursing policy C142- Suctioning Techniques)
6. Prepare the new tracheostomy tube by inserting the Velcro tie or twill tape through eyelet and inserting the obturator
7. For cuffed tracheostomy tubes, attach a 12mL syringe and inflate the cuff following manufacturer's instructions to complete a leak test. Completely deflate the cuff prior to tube insertion.
8. Lubricate the tracheostomy tube by placing it in a cup with NS (water soluble lubricant may also be used)
9. Place the patient in the supine or semirecumbent position to facilitate tube removal and insertion
10. Perform hand hygiene and don clean gloves
11. Cleanse the stoma and surrounding area using NS moisten applicators, cleanse area next to the tube first and proceed in a semi-circular motion outward, repeat as necessary.
KEY POINT: The use of hydrogen peroxide has been found to delay the healing of the stoma.
12. Remove tracheostomy tube quickly and smoothly, in a motion following the curve of the tracheostomy tube.
13. Inspect the stoma for abnormalities and signs of infection. If debris is noted at the stoma site, remove it with a moistened gauze to avoid sweeping it into the airway during tube insertion. Dry area thoroughly.
14. Insert new tracheostomy tube keeping thumb over obturator, in a motion following the curve of the tracheostomy tube
KEY POINT: When inserting a cuffed tracheostomy tube, ensure that the cuff is completely deflated before inserting. Once in place, do not inflate the cuff, contact the RCP for cuff management. In the event resistance is felt when inserting the new tube, a tracheostomy tube one size smaller would need to be inserted if available.
15. Quickly remove the obturator while holding outer cannula in place – insert the inner cannula and reconnect to ventilator, oxygen, or humidification device if in use
16. Confirm tracheostomy placement, ensuring baseline oxygen saturation, adequate chest movement, and auscultating normal breath sounds
17. Secure Velcro or twill tie tightly enough so 1 finger can be slipped between tie and neck
18. Apply dressing using a pre-cut tracheostomy dressing
19. Rinse new obturator with NS and place in container labelled with patient's name and trach tube size
20. Assess patient's breathing and airway patency periodically and suction as needed
21. Remove gloves and perform hand hygiene
22. Ensure a replacement tracheostomy tube is in the emergency respiratory equipment bag and is the same size that was just reinserted; include another tube one size smaller

Procedural Steps – Emergency Reinsertion

1. Call for help if patient is in respiratory distress and give breaths with the bag-valve-device using the mask and occluding the stoma. Continue ventilating until the airway is properly secured.
2. Obtain the obturator from the emergency respiratory bag and insert into the dislodged outer cannula.
3. Insert trach tube, keeping thumb over the obturator, in a motion following the curve of the tracheostomy tube
4. Quickly remove the obturator while holding the outer cannula in place
5. Secure the tube
6. Replace ventilator, oxygen, or humidification if in use and suction airway to validate placement

7. Evaluate patient's respiratory status and contact physician/LIP or RCP
KEY POINT: Accidental decannulation within the first 7 days of tracheostomy tube placement is considered a medical emergency, as the stoma can close quickly. If the dislodged tube cannot be replaced promptly and patient is in respiratory distress call a Rapid Response or Code Blue as appropriate and prepare for orotracheal intubation.

Patient Education

1. Explain to patient and/or family the reasons for routine tracheostomy tube changes.
2. If appropriate, RCP will instruct patient/family on how to perform tracheostomy tube changes.

Documentation

1. Record in the medical record:
 - a. Size, date, and time tracheostomy tube was changed
 - b. Any problems encountered
 2. Document the progress and outcome of patient education in the medical record.
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References:

Lippincott Procedures. (2021, November 19). Tracheostomy tube change. Retrieved June 30th, 2022

Ng, J., Hamrang-Yousefi, S., & Agarwal, A. (2022). Tracheostomy Tube Change. In *StatPearls*. StatPearls Publishing.

Wiegand, D. L. (2017). AACN procedure manual for high acuity, progressive, and critical care (7th ed.). Elsevier.

05/87 – Revised
03/89 – Revised
08/90 – Revised
09/97 – Revised (Renumbered from C143.10 to C140)
06/00 – Revised
07/01 – Revised
07/02 – Revised
02/05 – Reviewed
08/08 – Revised
05/11 – Revised
07/14 – Revised
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08/19 – Revised
07/ 22 - Revised