

**OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
5B - INTENSIVE CARE UNIT
POLICY & PROCEDURE**

**NUMBER: 5129
VERSION: 1**

SUBJECT/TITLE: ASSISTING WITH BEDSIDE PERCUTANEOUS TRACHEOSTOMY

MD ORDER: Yes (X) No ()

POLICY: A bedside percutaneous tracheostomy is performed as an elective procedure in the Intensive Care Unit under sterile conditions. The procedure involves a physician performing the technical tracheostomy and another physician performing simultaneous bronchoscopy through via the endotracheal tube. The RN assists the physician (technician) with the bedside procedure. The Respiratory Therapist assists the physician (bronchoscopist) with managing the ventilator and securing the endotracheal tube and tracheostomy tube in the appropriate position.

PURPOSE: To provide a procedure to maintain airway patency and to outline the management of a patient during bedside percutaneous tracheostomy.

DEPARTMENTS: Medicine, Nursing 5B - Intensive Care Unit, Respiratory Care

DEFINITIONS: Tracheotomy refers to the surgical procedure where an incision is made below the cricoid cartilage through the first and second or second and third tracheal rings. Tracheostomy refers to the opening, or stoma made by the incision. The tracheostomy tube is the artificial airway inserted into the trachea during tracheotomy.

EQUIPMENT LIST:

- Tracheostomy Tube - Type and size dependent on physician request
- Tracheostomy Tray
- Sterile gloves, sterile gown, caps, and masks
- Lidocaine (1%, or 2% with or without epinephrine per physician request)
- Skin marking pen
- Large sterile body drape
- Chlorhexadine skin wipes
- 4 x 4 sponges
- Sand Bag or towel roll (under patient's shoulder blades)
- Overhead Spotlight
- Non-adhesive tracheostomy sponge dressing
- Intubation tray
- Bronchoscopy cart with adaptor

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PROCEDURE:

CONTENT	
STEPS	KEY POINTS
<p>Procedure:</p> <ul style="list-style-type: none">• Check EHR for informed consent or Physician's Certification of Emergency signed by two physicians.• Set-up overhead spotlight• Shave neck and upper chest per MD request• Position patient with sand bag or towel roll under shoulders• Open tray maintaining sterile technique, add tracheostomy tube• Assure that physician checks tracheostomy cuff before insertion• Assist physician as needed• Apply dressing	<p><i>Physician performing the procedure will place the initial dressing</i></p>
<p>Post Procedure:</p> <ul style="list-style-type: none">• Suction patient's tracheostomy as needed• Tape tracheostomy obturator (in plastic bag) to foot of the bed• Remove tray, rinse instruments of visible blood, return to Central Processing Cart in the Dirty Utility Room	<p><i>Observe Universal Precautions as per Hospital Infection Control Policies/Procedures</i></p>
<p>(principles to remember)</p> <ul style="list-style-type: none">• Observe site for swelling, bleeding, auscultate for air exchange, observe/palpate for bilateral chest excursion, observe for air movement through the	

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<p>tube</p> <ul style="list-style-type: none">• Obtain order for Chest X-ray to check placement (Physician checks X-Ray)• Change tracheostomy dressing 48 hours after procedure, followed by every 24 hours thereafter• Perform Tracheostomy (Trach) Care every (8) hours and PRN• Develop a communication system for patient as needed (i.e. small drawing board, dry erase board, etc).• Notify MD if there are any issues with the trach• MD will remove sutures 5 days post-procedure	<p><i>Be aware that sutures are in place for 5 days post-procedure and that the non-adhesive sponge dressing is replaced carefully to maintain the integrity of the sutures</i></p>
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DOCUMENTATION:

- Document procedure and patient’s tolerance in the EHR
- Document vital signs in the EHR
- Assess patient for pain as per Pain Management Policy/Protocol
- Document removal of sutures in the EHR.

References: Lynn-McHale, D.J., Carlson, K.K. (2017). <u>AACN: Procedure Manual for Critical Care. (7th Ed).</u> Philadelphia: W. B. Saunders Company	
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