

**OLIVE VIEW-UCLA MEDICAL CENTER
POLICY & PROCEDURE****NUMBER: 1031
VERSION: 2****SUBJECT/TITLE:** TRACHEOSTOMY CARE

06/18/2021

POLICY: Tracheostomy care is performed by Respiratory Therapist, Registered Nurse or Licensed Vocational Nurse.**PURPOSE:** To provide guidelines for tracheostomy care.**DEPARTMENTS:** Nursing, Respiratory**DEFINITIONS:** A tracheostomy is a surgical incision in the trachea to provide a temporary or permanent airway. Tracheostomy care is performed to keep the tube free of secretions, to insure patency of airway, to maintain mucous membrane and skin integrity, to prevent infection, and to provide psychological support for the patient/family.**EQUIPMENT LIST:** Disposable trach care kit
Disposable inner cannula
Collar with “Velcro” adjustable straps, appropriate for patient’s size, if available (or use trach ties in disposable trach care kit)
Disposable suction kit
Sterile gloves
Sterile normal saline
5-10 cc syringe
Equipment needed to oxygenate patient/Ambubag, etc.
Optional: skin barrier, sterile pipe cleaners, other personal protective equipment (gown, mask with face shield or mask and goggles) as indicated, extra inner cannula, foam tracheostomy dressing, diluted hydrogen peroxide solution**PROCEDURE:** **STEPS/KEY POINTS:**

- A. **New Tracheostomy** (Always use aseptic technique)
1. Explain procedure to patient.
 2. Place patient in semi-fowler’s position.
 3. Wash hands, don PPE as appropriate.
 4. Assemble equipment.
 - **Follow Standard Precautions as per hospital protocol.**
 5. Open trach care kit and establish a sterile field.
 6. Pour sterile saline into a sterile basin.
 7. Pre-oxygenate patient.
 - To compensate for oxygen removed during suctioning.

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8. Remove humidifier. (Trach mask)
9. Open suction kit and put on sterile gloves.
10. Suction tracheostomy tube using sterile technique (See suctioning Policy/Procedure).
 - Provide patient/family teaching as soon as possible if the patient is going home with a tracheostomy.

To cleanse a double-cannula tube:

- Keep obturator at bedside of new tracheostomy patient.
 - a. Unlock and remove inner cannula.
 - b. Place inner cannula in sterile saline basin.
 - c. Put on a pair of sterile gloves.
 - d. Cleanse the skin, stoma and trach tube flanges with gauze sponges soaked in sterile saline. Wipe with saline soaked gauze sponges.
 - e. Scrub inner cannula with sterile nylon brush or sterile pipe cleaner.
 - f. Rinse inner cannula with sterile normal saline solution, agitate for about 10 seconds to rinse thoroughly. Shake off excess solution.
 - g. Hold cannula up to the light and inspect for cleanliness. If encrustations are still present, repeat cleaning procedure.
 - h. Gently reinsert inner cannula into patient's tracheostomy tube. Lock it in place.
- Inner cannula should not be removed for more than 5 minutes to prevent crust formation in the outer cannula.
 - a. Apply a new sterile, lint-free dressing.
 - b. Remove and discard gloves.

Change tracheostomy ties (or "Velcro" collar) if soiled, too loose or too tight.

- Should be able to slide two fingers between tracheostomy ties and patient's neck. If too tight, could compress carotid artery causing bradycardia, and could also decrease venous drainage from the neck.
 - a. Obtain assistance because patient movement or coughing can dislodge the tube.
 - b. Wash hands.
 - c. Assistant put on disposable gloves and holds tracheostomy tube in place.
 - d. Untie and discard soiled ties.
 - e. Fasten clean ties to flanges and tie securely (tie on side is more comfortable for patient than tie in back).

B. Established Tracheostomy

Follow same procedure as for new tracheostomy.

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DOCUMENTATION:

1. Document date, time, type of procedure performed, amount, color, consistency and odor of any dressing discharge or suctioned secretions.
2. Document patient's respiratory status, change of tracheostomy tube by physician.
3. Document patient/family teaching.

References:	
Approved by: OVEC-2017 June	Date: 06/18/2018
Review Date: 8/87, 10/89, 3/93, 6/95, 3/99, 2/02, 12/04, 11/06, 02/10, 06/18/2018	Revision Date: 8/87, 10/89, 3/93, 6/95, 3/04, 4/11
Next Review Date: 06/18/2021	
Distribution: Provision of Care, Respiratory Care	
Original Date: 08/01/1987	