

# Tracheostomy Guideline

## Statement of Best Practice

*All patients with a tracheostomy in situ will have their care delivered safely, optimising their comfort and minimising adverse effects.*

## Introduction:

A tracheostomy is an opening into the trachea. The patency of this opening is usually maintained by inserting a specifically designed plastic tube (tracheostomy tube). Tracheostomies are generally temporary procedures. Indications for a tracheostomy include:

- To maintain an airway where the ability to do this is via normal mechanisms is temporarily or permanently compromised
- To facilitate longer-term respiratory support such as mechanical ventilation, or weaning from this
- To provide access for clearance of respiratory secretions/bronchial toilet.

## This guideline is divided into four sections:

- Insertion
- Management
- Changing Tubes/Decannulation
- Education and Training

## Insertion

- Effective communication between the patient and the multi-disciplinary team by giving a full explanation of the procedure, associated risks, and providing reassurance, maintaining privacy and dignity at all times.
- Prepare the patient for the procedure E.g. NBM, taking bloods, appropriate monitoring.
- Refer to local tracheostomy insertion guidelines (percutaneous and surgical).

## Management

- Patency of the airway:
  - The inner tube should be checked every shift or a minimum of 8 hourly
  - The cuff pressure should be checked every shift or a minimum of 8 hourly.
- The Stoma site should be assessed and cleaned at least once every 24 hours.
- Appropriate humidification is used and equipment is changed as per product manufacture recommendations.
- Aspiration/suctioning of the tracheostomy tube +/- sub glottis port (if applicable) a minimum of 8 hourly. See **Table 1** 'Signs & indications for suctioning'.
- A clear record of all interventions should be documented according to local trust policy.
- Appropriate assessment of cuff deflation for swallowing assessment in agreement with the multi-disciplinary team.
- Seek advice from the Speech and Language Team (SALT) as appropriate.

<b>Table 1: Signs and indication for suctioning</b>
Audible secretions during inspiration
Reduced breath sounds or chest movements
Coarse crackles heard on chest auscultation
Decrease in oxygen saturation (SaO <sub>2</sub> )
Deterioration in arterial blood gas values i.e. an increase in PaCO <sub>2</sub> or a reduction in the PaO <sub>2</sub>
Peripheral or central cyanosis
A saw tooth pattern on the flow-volume loop on the monitor screen of the ventilator (if available), suggesting impedance to the inspired breath, due to the presence of pulmonary secretions.

## Changing Tubes/Decannulation

- Changing of tubes with the first 72 hours should be avoided unless absolutely essential.
- Tracheostomy tubes without an inner cannula should be changed every 7-14 days.
- European Economic Community Device (1993) states that tracheostomy tubes with an inner cannula can remain in place for a maximum of 30 days.
- Subsequent changes should be made by experienced personnel who have undertaken appropriate training and can demonstrate competent skills in performing this procedure.
- Review by the multi-disciplinary team is imperative for decannulation
- Ensure patient and equipment is ready if decannulation is planned.
  - Suction equipment at the bedside
  - Oxygen therapy (mask and tubing) is set up at the bedside
  - Intubation trolley is at the bedside
  - Once the tube is removed, the stoma site should be covered with a semi-permeable dressing
  - The patient should apply gentle pressure to the site when coughing.
- If an unplanned extubation occurs an incident form (IR1 or Datix) should be completed.

## Education and Training

- All staff performing in tracheostomy care should have received the appropriate training and be able to demonstrate competence in accordance with local trust policies.
- National Competency Framework for Adult Critical Care Nurses is available from [www.cc3n.org.uk](http://www.cc3n.org.uk)

## References

Critical Care National Network Nurse Lead (CC3N)

National Competency Framework for Adult Critical Care Nurses [www.cc3n.org.uk](http://www.cc3n.org.uk) (2013)

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