

<p>Status: Guideline: offers direction and guidance on good practice, need not necessarily be strictly adhered to.</p>	<p>Policy No: TRG 02 Version No: 0 Date Approved: 01/03/11 Review Date: 01/03/13</p>
<p>Title: Tracheostomy Care: Guidelines for Care of Inner Tube, Tracheostomy Site and Tracheostomy</p>	
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<p>Approved by: National Risk Management Committee Joe Wolfe and Associates</p>	
<p>Cross Reference: ICG01; ICG02; ICG05, BPH 02</p>	

1.0 Purpose

The purpose of this guideline is to ensure all Cheshire Ireland service users with tracheostomy tubes in situ will have them cared for appropriately.

2.0 Scope

This guideline refers to all Cheshire service users with tracheostomy tubes in situ and may be adapted for individual service users with the approval of Cheshire Ireland.

3.0 Responsibility

- It is the responsibility of all care/support and nursing staff involved in tracheostomy care with Cheshire service users to have the necessary training, up to date competencies and practical skills to carry out the care procedures safely.
- It is the responsibility of service managers to ensure care/support staff who are involved in tracheostomy care have successfully completed Cheshire Ireland approved tracheostomy care training, and have clinical supervision and support provided by a registered nurse.
- It is the responsibility of service managers to ensure staff are familiar with the guideline.
- It is the responsibility of the nurse to verify competencies with Tracheostomy Nurse Specialist/Community Physiotherapist, to supervise the care/support staff and to monitor compliance.
- In line with the Best Possible Health care plan each individual has an up to date tracheostomy assessment care plan, if required. This will be under the supervision of the Tracheostomy Nurse Specialist/Community Physiotherapist and reviewed as required.

4.0 Definitions

Tracheostomy: A tracheostomy is the creation of an opening into the trachea through the neck. A tracheostomy tube is then inserted to help facilitate breathing and the removal of secretions (O'Toole, 1992).

Tracheostomy Tube: A tracheostomy tube is curved to accommodate the anatomy of the trachea. Tracheostomy tubes are available in different designs. Some have both an outer and an inner tube. The outer tube maintains the patency of the airway while the inner cannula, which fits snugly inside the outer tube, can be removed for cleaning, without disturbing the stoma site (Dougherty & Lister, 2004). Tubes are now manufactured from plastic and some have an inflatable cuff that holds the tube in place. This prevents the flow of air around the outside of the tube, allowing for more effective ventilation, and prevents the aspiration of fluids into the trachea (O'Toole, 1992).

5.0 Guidelines

Equipment:

- Gloves – sterile/non-sterile (should be a clean procedure).
- Apron (Ref: Guidelines for the use of Personal Protective Clothing for Staff (ICG 01)).
- Eye protection (may be necessary if the person has at the time a known or suspected pathogen, Ref: Guidelines for the use of Personal Protective Clothing for Staff (ICG01), Guidelines for the Control, Prevention and Management of MRSA (ICG05)).
- Dressing trolley or other suitable surface.
- Dressing pack.
- Lyofoam dressing/keyhole dressing.
- Normal saline solution.
- Scissors to cut tapes.
- Two tracheal tapes.
- Keyhole dressing.
- Clinical waste bag.

Frequency of cleaning:

- **Inner tube:** check every shift and clean PRN.
- **Tracheostomy site:** PRN (as per individual person's agreed plan) to keep clean and dry.
- **Ties:** PRN (as per individual person's agreed plan) to keep clean and dry.

Guidelines to check and clean inner tube:

- Wash and dry hands thoroughly (Ref: Guidelines for Hand Hygiene, ICG 02).
- Wearing a non-sterile glove, remove inner tube.
- Handle only the outer portion of the tube.
- If clean, reinsert and lock into place.
- If soiled, clean the inner tube.
- With tracheostomy brushes and normal saline solution.
- Dry the inner tube thoroughly and reinsert.

Guidelines for Care of Stoma Site and Tracheostomy Ties:

In relation to tracheostomy care, staff will respect the rights of Cheshire service users to be treated with sensitivity and respect as individuals, and to have wishes and opinions in relation to suctioning considered fairly (Cheshire Ireland National Consumer Committee, 2004).

- Assemble all the necessary equipment.
- Ensure that the oxygen connectors, humidified and standard, are easily located, especially when one supply of oxygen is available.
- Explain the procedure to the service user and secure privacy.
- Wash and dry hands thoroughly (Ref: Guidelines for Hand Hygiene, ICG02).
- Put on clean gloves.
- Clean the tracheostomy site using gauze and normal saline. Gently pat dry the site using the gauze swabs.
- Apply the lyofoam or keyhole dressing – this may need to be cut to size with sterile scissors.
- If tracheostomy ties are soiled and need changing, there must be a second person to assist in changing ties. This person must also be wearing sterile gloves.
- To change the ties, have the second person hold the tracheostomy tube securely in place, cut the ties and remove the ties.
- Fold one new tie so that there is a long end (about two thirds of the length of the tie) and a short end (about one third the length of the tie). Thread the folded part through the hole in the flange on the tracheostomy tube, create a loop and thread the rest of the tie through it to secure it. Repeat for the other tie.
- Pass the long end of each tie behind the service user's neck and tie each securely to the short end on the other side. A secure knot, not a bow, must be used to prevent it becoming loose. It should be possible to slip a finger between the tie and the service user's neck.

- The long end of the ties may be threaded through a foam protector before tying to prevent them cutting into the service user's neck.
 - Replace any humidification/oxygen apparatus.
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- Ensure the service user is comfortable and there is no respiratory distress.
 - Discard all clinical waste appropriately.
 - Remove gloves and wash and dry hands thoroughly.
 - Document the dressing change in the Best Possible Health Tracheostomy Care plan/diary.
 - Report any abnormalities to a senior member of staff.

6.0 Appendices

7.0 References

Dougherty, L. & Lister, S. (Eds.) (2004) *The Royal Marsden Hospital Manual of Clinical Nursing Procedures, 6th Ed.* Blackwell Pub, Oxford

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Nicol, M., Bavin, C., Bedford-Turner, S., Cronin, P. & Rawlings-Anderson, K. (2004). *Essential Nursing Skills.* Mosby, United Kingdom.

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