

**VENTURA COUNTY MEDICAL CENTER
SANTA PAULA HOSPITAL
CLINICAL PRACTICE GUIDELINES / PROTOCOLS**

TRACHEOSTOMY MANAGEMENT

The contents of this clinical practice guideline are to be used as a guide. Healthcare professionals should use sound clinical judgment and individualize patient care. This CPG is not meant to be a replacement for training, experience, CME or studying the latest literature and drug information

Post-op Care:

- 1) After a tracheostomy, the patient will be managed in the ICU or DOU for at least the first 24 hours.
- 2) Obturator at bedside at all times.
- 3) Extra same type & size trach tube at bedside at all times along with clean Velcro trach ties.
- 4) Keep cuff inflated while on a ventilator. Check cuff daily for appropriate pressure (~20cm water pressure to prevent tracheal necrosis).
- 5) Suction trach as needed. Initially will require more frequent suctioning along with pulmonary toilet.
- 6) Change and clean inner cannula daily. If lots of secretions and debris, inner cannula may need to be changed or cleaned more frequently.
- 7) Bleeding around trach site is common and usual during initial post-op period. However, contact operating service if brisk bright red blood bleeding or oozing resulting in saturated dressing within minutes.
- 8) During this period, the tracheostomy is not to be changed or removed except by service performing the procedure or qualified physician who will perform first trach change.
- 9) The cuff should be deflated after 24 hours in non-ventilated patients.
- 10) Humidified air once off ventilator.
- 11) Tracheostomy care should be taught to patient by nursing staff and RT when patient is off ventilator. This includes self-suctioning.
- 12) Arrangements should be initiated on POD 1 for home suction machine, trach supplies, and home health visit if patient is anticipated to be discharged home with trach.
- 13) Patient may be transferred from DOU or ICU when able to demonstrate self-suctioning and does not require frequent suctioning by staff.

First Tracheostomy Change:

- 1) The first tracheostomy change is usually done between day 4 and 7. A thin patient who has a secure Bjork flap may get an earlier tracheostomy change than an obese patient. Stay sutures may be removed at this time. The timing of trach change to be determined by operating service.
- 2) Recommended that first trach change will be performed by operating service or by qualified physician after discussing with operating service.
- 3) If a well formed tract is noted at time of first trach change, RT/RN may perform all future trach changes unless otherwise instructed by operating service.
- 4) Trach Care instruction for patient and family including:
 - a) How to remove and replace entire trach tube (outer and inner cannulas).
 - b) Cleaning of trach stoma.
 - c) Daily cleaning of inner cannula.
 - d) At least weekly cleaning of outer cannula.
- 5) A Passy-Muir valve trial can be initiated.

Decannulation Protocol:

- 1) Process of safely removing tracheostomy tube.
 - a) Initial indication for tracheostomy placement must be resolved.
 - b) Downsized to a size 4 shiley.
 - c) Monitor overnight after downsizing. Notify physician if difficulty with breathing.
 - d) If patient tolerates downsizing, attempt finger occlusion. If tolerates finger occlusion then capping trial.
 - e) Physician will write order in chart for capping trial.
- 2) **Capping trial protocol:** Patient must be monitored on pulse ox for at least 10 minutes with nurse in the room who will cap the trach.
 - a) After 10 minutes, nurse or RT will need to demonstrate to patient how to uncap trach. Patient must be able to demonstrate how to uncap trach.
 - b) If patient unable to uncap trach, then consider transferring to monitor bed, or DOU depending on a case by case basis.
 - c) Trach should not be uncapped for routine suctioning or trach care during capping protocol **unless patient is complaining of shortness of breath or in distress.**
 - d) Physician to be notified if trach is uncapped.
- 3) If patient tolerates capping overnight, the trach tube can be removed.
 - a) Occlusive dressing will be placed over the stoma. Encourage the patient to cover the stomal dressing when coughing and talking to facilitate site closure. Stoma dressing should be changed as often as necessary to maintain a clean, dry dressing.
 - b) Following decannulation, a tracheostomy tube of the appropriate size should be readily available for reinsertion if the patient develops respiratory distress.
 - c) Patient to be monitored overnight.

Discharge:

If discharging with trach:

- 1) Arrange for home suction machine, trach supplies, and may require home health follow-up.
- 2) Patient and family must be taught routine trach care and hygiene which needs to be continually taught during the hospitalization.
- 3) Teach how to manage mucus plug.
- 4) Arrange follow up with operating service.
- 5) Trach sutures must be removed prior to discharge.

If decannulated:

- 1) Arrange follow up with operating service.
- 2) Dressing supplies.
- 3) Return precaution for respiratory distress.