**TRACHEOSTOMY CARE**

*ENSURE EMERGENCY TRACHY TRAY AT BEDSIDE.*

Each tray contains: Shiley size 8DCT & 6DCT (Cuffed tubes) Size 4DCFS(Non cuffed)
- Tracheal dilator
- Scissors
- Velcro/ cotton ties(use cotton ties if patient confused)
- Suture cutter and pen torch
- 10ml syringe
- Surgilube x2 and sleek tape.

*Ensure tracheostomy sign placed over patients bed*

**SUCTION EQUIPMENT** must be working and at patients bedside.
- *Suction vacuum pressure <20kpa or 150mmHg*
- *Sterile catheter tip and technique.*
- *Only as required (prn) and record on trachy monitoring sheet.*
- *Ensure suction container changed when over ¾ full.*
- *Suction catheter to be inserted approx pens length into tracheostomy tube (no more than 1cm beyond tube length).*
- *No suction applied on catheter insertion only on outward journey.*
- *Recommended time from insertion to removal = 15seconds*
- *Suction catheter size= size of trachy tube x3 answer divided x2*
  - eg size 8 shiley tube x 3 divided by 2=12 so size 12 suction catheter used.

  or
  
  **SIZE OF TUBE ADD 4 (but only works for tubes sizes 6 and 8)**

**HUMIDIFICATION.**

Types: heated, bibs (bucannan/sofshield),/swedish nose/saline nebs.
- **Heated:** must use Kendall Aerodyne humidifier, if none available in your own area, St Johns ward have supply.
- *Please ensure machine turned on, indicated by green switch.*
- *Oxygen % is controlled by arrow and blue dial (Litres of O2 between 5-8)*
- *Ensure temp dial between 5-6, increase temp if water trap frequently full.*
- *Ensure water trap emptied when full.*
- *Ensure water for humidification renewed when empty.*
- *Blue trunk tubing to be renewed once weekly, tube length to be 1.2/1.8m in total.*

**CARE OF INNER CANNULA.**

*Check patency at beginning of every shift, then 4 hrly or more frequently if required.*
- *If clean and patent can reinsert.*
- *If soiled, dispose in infectious waste bag and insert new disposable inner cannula.*

**Inner cannula must be the same size as trachy tube.**

*Ensure box of disposable inner cannulas at patient’s bedside.(Shiley inner cannulas 10 per box, Portex 2 per box)*

**To order inner cannulas**

Mon-fri before 17.00 call 2660 ward stores, at weekends obtain from other wards.

**PASSY MUIR SPEAKING VALVE (PMV)**

*Ensure no contraindications before fitting PMV(refer to Tracheostomy Guidelines)*
- *Ensure tracheostomy cuff deflated before PMV applied.*
- *If cuff inflated remember to ask WHY? Patients on the ward should not need cuff inflated unless instructed by anaesthetics/team or if pt less than 24 hrs post insertion.*
- *Please ensure speaking valve removed when sleeping.*

**CUFFED TUBE PRESSURES.**

If tracheostomy cuff is inflated, cuff pressure should be monitored at least once daily.
- Cuff pressure limits must be within the range of 25-32 CmH2O.

**TUBE DISLODGEMENT**

*If tracheostomy tube becomes dislodged DON'T PANIC.*

Once tube insitu more than one week the tract is usually well formed and will not close over straight away.

*If tube insitu less than 10 days a stay suture should be taped to patients chest. By pulling on this suture the trachea is brought forward and airway usually opened to facilitate tube replacement.

1 Call for help. Inform ward staff to inform appropriate person:

**Anaesthetist on call #889 or #666.**
Mon-Fri 07.30-16.00 tracheostomy nurse #538
Staff St Johns ward for support/advice ext 2181.

2 While waiting for help to arrive.

Reassure the patient
Keep stoma open by gently inserting dilatator. Ensure correct position metal parts should be north and south.(see picture 1)

If patient desaturates administer O2 via stoma. If stoma appears to have closed over try via face mask.

North and south position

Catheter mount

Catheter mount + Ambu bag

3 Have trachy tube same size and a size smaller ready for the person to insert the new tube.(use cotton ties to secure tube if patient confused)

4 Have patient reviewed by medical person after event.

5 Complete risk occurrence form

**Resuscitation via tracheostomy**

Treat as any other patient PLUS,

*Expose patient’s neck, and check inner cannula patent.*

*If patient has a cuffed tube, inflate cuff with 5-7 mls air.*

*If patient has non cuffed tube have cuffed tube ready for anaesthetist to insert. Cuffed tubes size 6 & 8 available in trachy tray at patient’s bedside.*

*Catheter mount located in 3rd drawer of resus trolley to be applied to trachy and ventilate using ambu bag. Commence resuscitation 30 compressions to 2 breaths*

**TYPES OF TUBE**

**Disposable Shileys (4mm, 6mm, 8mm, 10mm):**

<table>
<thead>
<tr>
<th>Shiley tube</th>
<th>Shiley fenestrated</th>
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</thead>
<tbody>
<tr>
<td>Cuffed non fenestrated</td>
<td>~ DCT</td>
</tr>
<tr>
<td>Cuffless non fenestrated</td>
<td>~ DCFS</td>
</tr>
<tr>
<td>Cuffed fenestrated</td>
<td>~ DFEN</td>
</tr>
<tr>
<td>Cuffless fenestrated</td>
<td>~ DCFN</td>
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</tbody>
</table>

**Shileys Tracheosoft XLT Extended Length (6mm, 7mm, 8mm):**

Proximal ~ extra length required for increased skin to tracheal wall distance.
Distal ~ longer distal shaft for patients with tracheal stenosis.

**Portex (7mm, 8mm, 8.5mm, 9mm):**

<table>
<thead>
<tr>
<th>Portex tube</th>
<th>Portex adjustable flange (7mm,8mm,9mm)</th>
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</thead>
<tbody>
<tr>
<td>Blue Line Ultra ~ cuffed non fenestrated</td>
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