St. James's Hospital
Tracheostomy Care Working Group.

Tracheostomy: Inner Cannula, Stoma and Tie Care Standard Operating Procedure
SJH:N069.3 version 5.

This Standard Operating Procedure (SOP) is effective from September 2020 onwards and is due for renewal in September 2023. It will be reviewed during this time as necessary to reflect any changes in best practice, law, and substantial organisational, professional or academic change. This SOP is supplementary to the Tracheostomy Care and Management Guideline (SJH:N069) and describes standards on inner cannula, stoma and tie care for patients with Tracheostomy.

1.0 Inner Cannula, Stoma and Tracheostomy Tie Care standards

1.1 The objective in undertaking frequent inner cannula care is as follows:

- To help maintain a patent airway.
- To prevent infection.

1.2 Frequency of Cleaning inner cannula:

1.2.1 Inner cannula must be checked at least every 4 hours or more frequently if the secretions are thick.

1.2.2 Stoma site must be checked at least daily to keep clean and dry.

1.2.3 Ties: Are replaced at least once weekly or more frequently if soiled or wet.

1.3 Checking Inner Cannula Procedure: The Health Care Professional (HCP) undertaking the cannula inspection must:

1.3.1 Perform hand hygiene.
1.3.2 Wear non-sterile gloves.
1.3.3 Remove inner cannula.
1.3.4 If clean, reinsert the inner cannula and secure into place.
1.3.5 If soiled, discard the inner cannula, reinsert a new one and document on EPR via 'Lines and Devices - Airway Management'. Refer to Recording Tracheostomy observations on EPR.

1.4 Stoma Care

1.4.1 The nurse must undertake care of the stoma site at least once a day or more frequently as required to reduce the risk of skin irritation and peri-stomal infection.

1.4.2 Tracheostomy tubes sutured in place require daily cleaning with gauze and normal saline. Duoderm / granuflex/PolyMem/can be applied beneath the tracheostomy flange if a high pressure sore risk is identified.

1.4.3 Tracheostomy sutures should be removed 7 days post insertion, or on first tube change from day 5.

1.4.4 Where the patient has had a free flap, **NECK TIES SHOULD BE AVOIDED**, because they can strangle the vascular pedicle. Sometimes these patients have tracheostomy anchoring neck clips that can be used to secure the tube, however if tracheostomy anchoring clips are not available or are in an ill-fitting position, (not close enough to tracheostomy flange) the nurse must consult the reconstructive surgery team (maxillofacial or plastics) and or ENT to confirm if the tube is for re-suturing or if the reconstructive team are happy for soft Velcro ties if more than 10 days post op.

1.5 Equipment required:

- Dressing trolley & pack.
- Pair of sterile gloves.
- Non-sterile gloves.
- Normal saline solution.
- Scissors.
- If sutures have been removed. Suitable dressings include;
    - Aquacel Foam non adhesive 10cmx10cm
    - PolyMem shapes tube 9cmx9cm
    - Lyafoam T (only suitable if site clean and dry with no secretions/ooze/exudate)
- New tracheostomy ties.
- Infectious waste bag.

1.6 Stoma Cleaning Procedure: The nurse undertaking stoma care must:

1.6.1 Perform hand hygiene.

1.6.2 Wear sterile gloves.

1.6.3 Remove and dispose of any soiled dressings.

1.6.4 Using aseptic technique, clean the stoma site using gauze and normal saline.

1.6.5 Pat dry and apply keyhole dressing, or cut to T-shape if necessary.
Aquacel foam non-adhesive 10x10cm cut to T-shape is the dressing of choice if secretions are noted around tracheostomy site or PolyMem shapes tube 9/9cm if available (O'Toole.T.R et al. 2017).

1.6.6 In the event that the patient's skin below the tracheostomy tube is excoriated, the nurse should apply a skin barrier cream, i.e. cavilon cream / wand (Troke, C. 2002). Cavilon spray must never be used at the tracheostomy site.

1.7 Changing tracheostomy ties

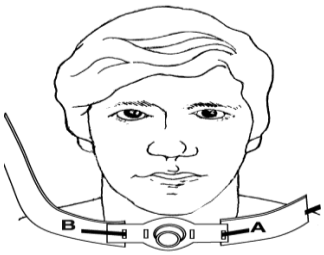
1.7.1 In the event that the tracheostomy ties require changing, i.e. wet, soiled or routine, the nurse must have a second person to hold the tracheostomy tube securely in place, while removing and replacing tracheostomy ties, leaving 1 finger space between ties and the patient's neck.

1.7.2 It is advised to use both velcro and cotton ties for all ventilated patients in the ICU setting. Ensuring that the soft Velcro ties are placed first and cotton ties placed over the Velcro to help prevent skin maceration (Dennis-Rouse & Davidison 2008).

1.7.3 Cotton ties must also be used for any patient who is at risk of tube dislodgement, i.e. confused and agitated patients or any patient with an anatomically difficult neck and whose airway would be severely compromised if the tube dislodged. Please ensure no contraindications for neck ties before use please refer to section 1.4.4.

1.8 Securing Tracheostomy Ties

1.8.1 Velcro Ties: The nurse must:

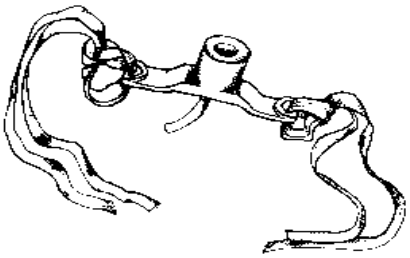


1.8.1.1 Thread the Velcro tabs of both sections of the ties through the eyelets in the tracheostomy tube and then back onto the ties.

1.8.1.2 Bring the longer piece (B) around the neck and underneath section (A).

1.8.1.3 Leave 1 finger space between the ties and the patient's neck.

1.8.2 Cotton Ties: The nurse must:



1.8.2.1 Bring one long end around the neck and tie to the short end in a single knot.

1.8.2.2 Repeat on the other side ensuring that 1 finger space is remaining between the ties and the patient's neck.

1.8.2.3 Where the use of cotton ties is indicated, it is advised that they are used in conjunction with velcro ties. The cotton ties should be placed over the velcro to protect the skin form neck maceration.

Links to related PPPGs:

- Tracheostomy Care and Management Guideline (SJH:N069)
- Tracheostomy Care and Management Guideline: Associated Documents