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| <b>Policy / Procedure</b>         | <b>Facility:</b>  |
| <b>Subject: Tracheostomy Care</b> | <b>Effective:</b> |
| <b>Approved by:</b>               | <b>Date:</b>      |
| <b>Revision:</b>                  | <b>Date:</b>      |

1. There must be a physician's order for tracheostomy care stating the frequency.
2. Only a registered nurse is authorized to perform tracheostomy care.
3. Keep at the resident's bedside:
  - 10 cc syringes
  - Ambu bag
  - Cotton swabs
  - Gauze
  - Hemostat, sterile
  - Hydrogen peroxide
  - Lubricant, sterile
  - Normal saline, sterile
  - Scissors
  - Sterile trach kits
  - Suction machine with connection tubing, catheters, and suction kit
  - Trach one size smaller than resident's
  - Trach the same size as the resident's
  - Trach ties
4. Tape on the wall above the resident's bed, or at the head of the resident's bed, an Obturator the same size as the resident's current trach tube.
5. The resident's oxygen supply is interrupted during trach care, so have all of the equipment ready, and work carefully but quickly.
  - a. During the suctioning and trach cleaning procedure, observe the resident carefully, and reconnect the oxygen supply if needed.
  - b. Observe for labored breathing, rapid or irregular respirations, congestion, coughing, choking, excessive and thick secretions, chest pain, or cyanosis.
6. Prepare the equipment.
  - a. Place the bed in semi-Fowler's position.
  - b. Put on gloves.
  - c. Suction the tracheostomy.
  - d. Remove the trach dressing.

- e. Discard gloves, and wash hands.
- f. Open trach kit.
- g. Place the sterile drape on the resident's upper chest.
- h. Fill one of the trach kit wells with half hydrogen peroxide and half sterile normal saline.
- i. Fill the other trach kit well with sterile normal saline.
- j. Disconnect the oxygen tubing from the trach tube.
- k. Put on sterile gloves.

7. Clean the stoma and trach tube flanges.

- a. Dip a cotton swab in the hydrogen peroxide/normal saline mixture, and clean the upper half of the stoma in a clockwise motion, swabbing from left to right, using only one swipe. Discard each swab after one swipe.
- b. Repeat on the lower half of the stoma.
- c. Use cotton swabs to clean the surrounding skin and tube flanges.
- d. Clean the stoma again with just the sterile normal saline, to prevent skin irritation from the hydrogen peroxide.

8. Remove and clean the inner cannula.

- a. Hold the trach flange securely with one hand, and with the other hand grasp the outside of the inner cannula. Turn the inner cannula counter clockwise and remove.  
(For a resident who is ventilator dependent, quickly exchange the dirty cannula with a spare clean one, and reconnect the oxygen supply.)
- b. Drop the inner cannula into the hydrogen peroxide in the trach kit well.
- c. Clean the inner cannula by gently inserting the kit's sterile pipe cleaner. The part of the cannula that will be reinserted into the trachea must remain sterile.
- d. Rinse the cannula in sterile normal saline, and gently tap it against the inside wall of the trach kit to remove excess liquid.

9. Reinsert the inner cannula.

- a. Hold the trach flange securely with one hand, and with the other hand reinsert the inner cannula.
- b. Use a clockwise turning motion to lock the cannula.
- c. The colored dots on the cannulas align when the cannula is properly locked.

10. Reconnect the oxygen to the trach tube.

11. Place a seamed 4x4 gauze pad under the trach tube flanges.

12. Replace the trach ties if they are soiled. Insert a new tie on each side, and secure them together with a double knot at the side of the neck. Only remove the old ties after the new ties are secured.
13. Observe the skin around the stoma and under the trach ties for redness, swelling, or breakdown.
14. Raise the head of the resident's bed 30-45 degrees.
15. Document in the resident's chart:
  - a. That trach care was given
  - b. Dressing changed, amount and color of drainage
  - c. Amount, consistency, color of secretions suctioned
  - d. Lung sounds
  - e. Respiratory rate, depth, effort
  - f. Pulse oximeter results
  - g. Cough
  - h. Condition of skin under dressing and ties
  - i. How resident tolerated suctioning and trach care
  - j. Oxygen in place, flow and amount
  - k. Head of bed raised 30-45 degrees