



Acacium Group

Changing Tracheostomy Tapes (Child)

Procedure Reference | SOP VENT 20

Version | V4.1

Procedure Name	Changing Tracheostomy Tapes (Child)
Purpose of Document	To ensure that the correct preparation, procedure and outcomes are achieved when changing tracheostomy Velcro tapes on a child with a tracheostomy
Target Audience	All Nurses & appropriately trained carers
Version	V4.1
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Equality Impact Assessment (EIA) Form	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

Document History			
Version	Date	Changes made/comments	By whom
V1	Dec 2016	Implementation of document history page	KNF/VM
V1	Jul 2018	Review	KMS/VM
V1.1	Mar 2020	Updated to the new Template	CC
V2	May 2020	2 yearly review	Clinical Advisory Group
V2.1	Oct 2020	Updated re rebrand	CC
V3	Dec 2022	Reviewed and updated	Clinical Advisory Group
V4	Jan 2024	Rebrand	Clinical Advisory Group
V4.1	Apr 2024	Reviewed and updated	Clinical Advisory Group

Table of Contents

1. Introduction.....	5
2. General	5
3. Aim	5
4. Equipment	5
5. Procedure	5
6. Associated Policies / SOPs.....	7
7. References.....	8
Appendix A: About Acacium Group.....	9

1. Introduction

A tracheostomy is secured using tapes or cotton ties (see VENT 21 for cotton ties) The method of how a client's tracheostomy is secured is stated in their care plan. This varies throughout the UK. It is vitally important that a child's tracheostomy is secure at all times, and that all Acacium Group workers caring for clients with a tracheostomy are appropriately trained and competent in changing these tapes/ties. It is recommended for routine changes that this is done with two competent people, wherever possible.

2. General

Velcro tapes come in varying forms dependent on the size of the child. The main difference is that they either come in one piece, or they come in two pieces, which attach with the Velcro at the back. The types of Velcro tapes will be documented in the client's care plan.

3. Aim

To ensure the security and patency of the child's tracheostomy at all times.

4. Equipment

- emergency tracheostomy box with appropriate contents (this can change depending on client)
- new Velcro tapes
- oxygen
- suction machine with appropriately sized suction catheters
- sterile gauze (if stoma care is required)
- Cleaning solution such as sterile sodium chloride or cooled boiled water
- ambu-bag, if applicable
- appropriate PPE, in line with current guidance.

5. Procedure

	Action	Rationale
1.	Explain the procedure and gain consent from the client the parents/guardians as appropriate.	To obtain consent and cooperation.
2.	Ensure that you have all the equipment required within easy reach. Equipment should be laid out on a clean surface	If the tracheostomy becomes accidentally dislodged the equipment you require should be immediately available.
3.	Adhere to the infection control policy and ensure strict hand washing. Apply PPE per current guidelines	To prevent spread of infection.
4.	Ensure the child is in a comfortable position with head elevated (in babies you may need to put a roll under their shoulder blades to extend the neck) Details of the correct positioning will be in the client's care plan.	To reduce the likelihood of the client coughing and becoming respiratory compromised.

5.	Consider suctioning the child prior to commencing tape change, follow the child's care plan to check if they require pre-oxygenation.	To reduce the risk of the child requiring suction through the procedure, to ensure that they are adequately oxygenated.
6.	Ensure that the tracheostomy is held securely. This can be done by placing your fingers around the tracheostomy. Wherever possible, an assistant should hold the tracheostomy to keep secure until the end of the procedure.	To reduce the risk of the tracheostomy becoming dislodged.
		
7.	undo the existing tape on the side furthest from the tape changer and pull out of the flange. Put the new tape through the flange ensuring the 'rough' side of the Velcro is facing upwards. (If you have difficulty in threading the Velcro through the flange, fold it into a point and this will help to thread it through). Cleaning around the tracheostomy and neck and add barrier cream is prescribed.	Changing the tapes to prevent the child's neck becoming sore. To ensure skin integrity.
		
8.	Feed old and new tracheostomy tapes around the back of the client's neck ensuring that the tracheostomy tube is held securely.	Changing the tapes to prevent the child's neck becoming sore. Completing one side at a time ensures that you have some control at all times.
		
9.	Undo the existing old tape and pull through the flange. Thread the new tape through the flange and secure.	Changing the tapes to prevent the child's neck becoming sore.

		
10.	<p>Double check the tapes are secure, place one finger behind the neck to check for tightness and adjust as required.</p>  <p>If the child uses the Velcro tapes that attach at the back re-adjust using the section at the back.</p>	<p>To ensure the tapes are secure therefore reducing the risk of the tracheostomy becoming dislodged.</p>
11.	Replace the dressing as required as per child's care plan.	
12.	When happy that the tapes are secure, person one can release the tracheostomy.	To reduce the risk of the tracheostomy becoming accidentally dislodged.
13.	Re-check the tapes after 30 minutes for the correct tightness and adjust as required.	Tapes can become looser as the child moves around.
14.	Dispose of the equipment used as per the waste management policy.	To ensure waste is disposed of appropriately.
15.	Document procedure in the clients care records.	To ensure contemporaneous recording of procedures.

6. Associated Policies / SOPs

Policies

CLIN 06 Consent Policy

CLIN 02 Assisted Ventilation Policy

SOPs

SOP VENT 01 Tracheostomy Dressing Change (Adult & Child)

SOP VENT 02 Tracheostomy Care General Guidelines

SOP VENT 03 Humidification of a Client's Tracheostomy

SOP VENT 04 Tracheal Suctioning (Adult & Child)

SOP VENT 05 Tracheostomy Tube Care (Adult)

SOP VENT 06 Tracheostomy Tube Change (Adult)

SOP VENT 07 Tracheostomy Tube Change (Child)

SOP VENT 08 Administration of a Nebuliser through a Ventilator Circuit

SOP VENT 09 Assembling a Ventilator Circuit

SOP VENT 10 Cleaning the Ventilator Equipment

SOP VENT 11 Safe Management of a Ventilated Service User During Outings
SOP VENT 12 Safe Management of a Ventilated Service User During Power Cuts
SOP VENT 13 Safe Use of Battery Packs
SOP VENT 14 Assisted Airway Maintenance and Cough (Adult)
SOP VENT 15 BiPAP
SOP VENT 16 Oral and Nasal Suctioning
SOP VENT 18 CPAP
SOP VENT 19 Mechanical Cough Assist
SOP VENT 21 Changing Tracheostomy Velcro Tapes (Child)
SOP VENT 22 Phrenic Nerve Pacing
SOP VENT 23 Laryngectomy Care General Guidelines
SOP VENT 24 Emergency Tracheostomy Tube Change (Adult)
SOP VENT 25 Emergency Tracheostomy Tube Change (Child)
SOP VENT 26 Nasopharyngeal Airway Management (Adult & Child)
SOP VENT 27 Nebuliser Therapy

7. References

- Lister, S., Hofland, J. and Grafton, H. (2020) The Royal Marsden Manual of Clinical Nursing Procedures. 10th ed. Chichester: Wiley-Blackwell.
- National Tracheostomy Safety Project. (2024). Basic Care (Child). [Online]. Tracheostomy.org.uk. Available at: <https://tracheostomy.org.uk/healthcare-staff/paediatric> [Accessed 17 April 2024].

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group