



Acacium Group

Emergency Tracheostomy Tube Change (Adult)

Procedure Reference | SOP VENT 24

Version | V4.1

Procedure Name	Emergency Tracheostomy Tube Change (Adult)
Purpose of Document	To ensure that the correct preparation, procedure & outcome are achieved by implementing a consistent and systematic approach to Emergency Tracheostomy Changes
Target Audience	All Nurses & appropriately trained carers
Version	V4.1
Author	Karen Matthews-Shard
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Review Frequency	2 yearly or when clinical or operation guidelines change
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Next Review Date	June 2026
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	Mar 2017	Draft	KNF
V1.1	Apr 2019	Annual review with updates	KMS/SJ/PL
V1.2	Mar 2020	Update to new Community template	CCR/CC
V2	Jul 2020	Review and Update	Clinical Advisory Group
V2.1	Nov 2020	Rebrand	CC
V3	Jul 2022	Annual review with updates	Clinical Advisory Group
V4	Jan 2024	Rebrand	Clinical Advisory Group
V4.1	Jun 2024	Reviewed and no update needed. Review date extended	Clinical Advisory Group

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1. Introduction

A tracheostomy is the surgical creation of an opening into the trachea through the neck, once formed the tracheostomy opening is kept patent with a tube that is curved to accommodate the anatomy of the trachea. (Alexander et al. (2010)

The SOP links to Acacium Group policy Assisted Ventilation and associated SOP's and will be reviewed on a regular basis.

Some clients will require an emergency tracheostomy change.

All clients with a tracheostomy must have an emergency tracheostomy box which must be checked on a daily/ shift by shift basis. If anything is removed from the box then this is to be replaced as soon as safely possible to do so, and safety checklist checked again.

Please note that this SOP is for emergency tracheostomy changes only, for any routine changes please refer to SOP Vent 04.

2. General and important points

Always obtain consent for any procedure to be undertaken. Should there be an absolute emergency, it is possible for competent staff to make decisions in the best interest of the client, as long as these are clearly identified and documented and there are no advance decisions that dictate otherwise.

Emergency changes outside routine may be required if the tube becomes blocked, dislodged, or removed completely or if the Client's condition deteriorates.

If clinically indicated that the tube is blocked, there should be no delay in inserting a new tracheostomy tube. (ICS 208)

One person can carry out the emergency tube change if two people are not available.

If there is no improvement, follow resuscitation guidelines and call 999.

Clients should be observed closely throughout the procedure and their vital signs monitored. Respiratory assessment should include respiratory rate, depth and regularity, client pallor, use of accessory muscles, sweating and oxygen saturations taken (If available). Chest movement should be symmetrical and equal.

3. Aim

To ensure that emergency tracheostomy tube changes are effective and completed in a safe manner whilst minimising Client's discomfort.

4. Equipment

- Emergency tracheostomy box
- Ambu-bag
- Suction Equipment
- Oxygen
- Hand Sanitiser
- Appropriate PPE in line with current guidance

5. Procedure

The procedure used for changing any tracheostomy tube will depend on the client's circumstances, location and number of available staff/family members.

This SOP will cover, single person emergency change.

Although this is an emergency situation please ensure that you adopt infection control principles as much as practically possible.

The clients care plan will also detail the escalation process to follow and actions required

Emergency Tracheostomy Change

	Action	Rationale
1.	Explain and discuss procedure with the Client – if appropriate in the emergency situation	To ensure the Client understands the procedure and gives his or her valid consent.
2.	Locate emergency equipment.	To perform the emergency procedure
3.	Position Client in semi-recumbent position if possible (Clotworthy et al. 2006).	To facilitate procedure and maintain a patent airway. Extending the neck will make removal and insertion of the tube easier (Clotworthy et al. 2006).
4.	Apply hand sanitiser and don appropriate PPE	To minimise the risk of infection.
5.	Always ensure the new tracheostomy is checked prior to changing the tracheostomy. Remove the inner cannula if the tracheostomy has one and replace checking this can be done easily, remove the inner cannula again and place on the sterile field, insert the obturator/introducer, ready to insert into the stoma site. Check the flange on the tracheostomy is intact and not broken. Check the integrity of cuff of the tracheostomy by inflating and deflating again (If applicable) Complete final check of the size of the tracheostomy usually printed on the flange and ensure this matches with the client's airway escalation plan.	To ensure the tracheostomy is intact and final safety checks so there is not a problem upon changing the tracheostomy.
6.	If the old tube is cuffed, deflate cuff, with suction applied if required.	Pooled secretions above the cuff may enter the lungs when the cuff is deflated (Clotworthy et al. 2006).
7.	Remove the soiled tube from the Client's neck while asking the client to breathe out.	Conscious expiration relaxes the Client and reduces the coughing. Coughing can result in unwanted closure of the tracheostomy.
8.	Insert tube with introducer in place, using an 'up and over' action. (Inflate cuff if applicable).	Introduction is less traumatic if directed along the contour of the trachea.
9.	Remove introducer immediately and inflate the cuff checking the cuff pressure using a cuff manometer	Client cannot breathe while introducer is in place.
10.	Replace inner cannula where used.	To provide patency.
11.	Check for airflow through tube.	To ensure patency.

If reinsertion of tracheostomy tube unsuccessful		
12.	Insert smaller tracheostomy tube following steps 7-10	
13.	Tie the tape/ties securely at the side of the neck	To secure the tube. Place the tie in an accessible place, ensuring it will not cause discomfort to the Client.
14.	Check the Client is stable (and cuff pressure is as detailed within the clients care plan (If applicable	Ensure Client comfort and stability
15.	Dispose of all waste appropriately.	Minimise the risk of infection.
16.	Wash hands thoroughly using bactericidal soap and water or bactericidal alcohol hand rub and dry.	To minimise the risk of infection.
17.	Document procedure in the record of events and ensure safe handover of the event to the medical team	To maintain accurate records and provide a point of reference.
18.	If using a fenestrated tube, place spare Non-fenestrated inner cannula in emergency pack and clearly label.	To ensure availability in the case of an emergency.
19.	Re-stock the emergency tracheostomy box and escalate any issue with availability of consumables.	To ensure availability in the case of an emergency.
	If the tube change is successful and the ties are secure, follow the SOP for dressing changes and the clients individual care plan. As a lone worker ensure safety of client is paramount. In a lone worker situation do not loosen tracheostomy ties until you are ready to change the tube as one worker will always be vulnerable loosening ties on their own as the tracheostomy tube maybe dislodged.	To provide client comfort.
If re-insertion of the smaller tube is unsuccessful		
21.	Call 999 for medical assistance	For clinical support
22.	Cover stoma with dressing	To prevent air leaking out
23.	Commence BLS using the Ambu-bag if one available	To attempt to maintain the client's airway
24.	Once care handed over to paramedics or client stable document events	To maintain accurate client records.
25.	Escalate to Clinical Lead or out hour services	To ensure relevant follow up can be completed as needed.

6. Associated Policies / SOPs

Policies

CLIN 02 Assisted Ventilation Policy

CLIN 06 Consent Policy

CLIN 08 Safeguarding Children and Young Adults Policy

CLIN 09 Safeguarding Vulnerable Adults Policy

CLIN 12 Safe Use of Medical Devices Policy

CLIN 14 Health Records Management Policy

CLIN 19 Resuscitation Policy

CLIN 10 Allergy Prevention 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 20 Changing Tracheostomy Cotton Ties (Child)
- SOP VENT 21 Changing Tracheostomy Velcro Tapes (Child)
- SOP VENT 22 Phrenic Nerve Pacing
- SOP VENT 23 Laryngectomy Care General Guidelines
- SOP VENT 25 Emergency Tracheostomy Tube Change (Child)
- SOP VENT 26 Nasopharyngeal Airway Management (Adult & Child)
- SOP VENT 27 Nebuliser Therapy

7. References

- Alexander C White MD, Sucharita Kher MD, and Heidi H O'Connor MD. (2010). When to Change a Tracheostomy Tube. *RESPIRATORY CARE*. 55 (8), 1069-1075.
- Clotworthy, N. (2006) suctioning, in Guidelines for the Care of Patients with Tracheostomy Tubes. St George's healthcare NHS Trust, London.
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- National Tracheostomy Safety Project. (2022). Emergency tracheostomy management. Available: <https://www.tracheostomy.org.uk/storage/files/Patent%20Airway%20Algorithm.pdf> Last accessed 7th July 2022
- Nursing & Midwifery Council (2008). *The code: Standards of conduct, performance and ethics for nurses and midwives*. London: NMC
- <https://tracheostomy.org.uk/storage/files/Tube%20changes.pdf> 2013

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

Appendix B: Emergency Tracheostomy Management

