Acacium Group

Tracheostomy Care - General Guidelines

Procedure Reference | SOP VENT 02

Version | V4.0

Procedure Name	Tracheostomy Care - General Guidelines
Purpose of Document	To ensure that the correct preparation, procedure & outcome are achieved by implementing a consistent and systematic approach to Tracheostomy Care
Target Audience	All Nurses & appropriately trained carers
Version	V4.1
Author	Karen Matthews-Shard
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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	Annual review	KMS/SJ
V1.1	Feb 2020	Update to new Template	CC
V2	May 2020	2 yearly review	Clinical Advisory Group
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V3	Sep 2022	2 Yearly review	Clinical Advisory Group
V4	Jan 2024	Rebrand	Clinical Advisory Group
V4.1	Jul 2024	Reviewed and updated	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. Patency of the tube is paramount and therefore extreme care should be taken to ensure patency through suctioning and other care, preventing the tube from becoming dislodged.

The SOP links to Acacium Group policy on assisted ventilation and should be followed by all Acacium Group staff.

Competence against the policy and SOP will be assessed and reviewed on a regular basis.

A client with a tracheostomy, by-passes the normal functions of the nose and mouth and therefore is at an increased risk of infection, choking and aspiration.

2. Aim

To outline general guidelines in order to manage the client's tracheostomy care safely and effectively in order to maintain adequate oxygenation and protection of the airway.

3. General

Tracheostomy tubes may be inserted for a number of reasons:

- Facilitate weaning from positive pressure ventilation in acute respiratory failure or prolonged ventilation
- Secure and clear an airway in the upper respiratory tract where obstruction is a risk
- Facilitate the removal of respiratory secretions
- Protect/minimise risk of aspiration in the client with poor or absent cough reflex
- Obtain an airway in clients with injuries or surgery to the head and neck area.

In certain circumstances the tracheostomy may facilitate:

- Oral movement for communication, nutrition and hydration
- Vocalisation (with manipulation)
- Improved client comfort.

Potential complications carers should be aware of:

- Tube blockage with secretions (may be sudden or gradual)
- Infection of the stoma site
- Infection of the bronchial tree
- Tracheal ulceration
- Tracheal necrosis
- Tube migration to pre-tracheal space
- Risk of occlusion of the tracheostomy tube in obese or fatigued clients who have difficulty extending their neck
- Tracheo-oesophageal fistula formation
- Accidental decannulation
- Granuloma formation.
- Drying of secretions making suction difficult

It is imperative that a client with a tracheostomy is frequently assessed; with the aim of identifying and rectifying actual or potential problems to assist in preventing further deterioration. Observations should include:

- Respiratory distress including shortness of breath, stridor (noise on inspiration) wheeze (noise on expiration)
- Increased or decreased respiratory rate
- Deterioration/Reduction in oxygen saturation
- Tachycardia (please note in paediatrics a child will be tachycardic until they become tired and then they will be bradycardic. (Bradycardia in a child is a pre-terminal sign requiring immediate medical assessment)
- Hypotension/hypertension
- Change in the level of consciousness
- Difficulty removing secretions either by suctioning or expectoration/change in appearance/type of secretions
- Ongoing concern or unresolved issues relating to the airway
- Hydration: If the client is dehydrated this can have a significant impact on the thickness of their secretions, the more dehydrated the client is the increased thickness of secretions

4. Problem Solving

If a problem arises please refer the to clients care plan for escalation process and what actions are required, the table below details possible resolutions to the problem.

Problem	Cause	Possible resolutions
Profuse tracheal secretions	Local reaction to tracheostomy tube	Suction frequently as detailed within the clients specific care plan e.g. every 1-2 hours.
Lumen of tracheostomy occluded	Tenacious mucus in tube Dried blood and/or mucus in the tube.	Change the inner tube (if there is an inner tube). Use 0.9% sodium chloride nebulisers, heat and moisture exchangers and suction regularly.
Tracheostomy tube dislodged accidentally	Tapes not secured adequately Client dislodges the tube.	Locate the Emergency Tracheostomy box (the contents should be checked at the beginning of every shift). Re-insert the appropriate size tracheostomy, if detailed in the client's care plan, otherwise follow the care plan protocol.
Unable to insert clean tracheostomy tube	Unpredicted shape or angle of stoma, spasm or granulation.	Remain calm as an outward appearance of distress may cause the client to panic and lose confidence. Attempt to insert the smaller tracheostomy tube. If unsuccessful, follow the emergency protocol in the care plan.

Tracheal stenosis	Tracheal stenosis due to Client coughing, Client being very anxious or because the tube has been left out too long.	Insert a smaller size tracheostomy tube as per the client's care plan, this is now a medical emergency and you must call for help as per the care plan. Then report to clinical lead when clinically safe to do so.
Tracheal bleeding following or during change of the tube	Trauma due to suction or the tube being changed. Presence of tumour. Granulation tissue forming in fenestration tube.	Change the tube as planned if bleeding is minimal. Perform tracheal suction. Check observations and arrange to call for assistance, respiratory team or call 999 if health appears to be deteriorating.
Infected sputum	Condition of client often predisposes client to infection. The use of a tube and regular suction may lead to infection.	Ensure that PPE is worn as per current guidance and legislation. Encourage the client to cough up secretions and/or suction regularly. Change the tube as prescribed or more frequently if required, consider the use of a nebuliser, if prescribed. Clean the stoma area as prescribed or more frequently if required, e.g. 4-6 hours, with sterile water/saline and gauze and document. Report concerns to client's GP or community nursing team.

5. Consent

Please read Acacium Group Policy on consent thoroughly and ensure valid consent has been gained.

Please now ensure you understand the Consent Policy and Mental Capacity Act in full.

Should there be an absolute emergency, it is possible for carers 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. If caring for a child, seek consent from the child's parent/guardian, if parent/guardian are unavailable ensure that every decision made is in the best interest of the child.

6. Tracheostomy suctioning

Every client with a tracheostomy requires suctioning to assist them in the removal of secretions.

7. Equipment

- Emergency tracheostomy pack
- Suction machine
- Selection of appropriately sized suction catheters

- Spare tracheostomy tubes – 1 tube same type and size as client's current one, one smaller 1 cuffed tube same size as client has in situ (not required if client has cuffed tube or if it is a child with a non-cuffed tube)
- Appropriate PPE in line with current guidance
- Oxygen (if available in the care setting) if prescribed
- Lubricating jelly
- Waste bag
- Spare Velcro tapes/Cotton ties
- Syringe to deflate the cuff (if required).
- Sterile water/cool boiled water as detailed within care plan
- Sterile gauze/swabs as detailed within care plan

8. Procedure

	Action	Rationale
1.	An emergency pack is to be with the client at all times. The contents should be checked at the beginning of each shift.	To be able to deal with the emergency situation efficiently. To ensure that all the equipment required in an emergency situation is present and correct.
2.	Call 999 if there is respiratory distress and in line with any DNAR/ReSPECT Directives or care plan acceptable parameters & escalation process • There is a partial or total accidental decannulation • Tracheal occlusion is suspected • Client experiences respiratory distress /tachypnoea • Increased work of breathing/stridor is noted • Tracheal tug is present	To ensure appropriate timely assistance is available to deal with emergency in line with any DNAR/ReSPECT Directives.
3.	• Ensure equipment is working at all times e.g. suction machine, suction catheters, ventilator, spare tracheostomy tubes. • Ensure spare supplies and equipment is available as required e.g. catheters, dressings, cream, oxygen etc	To ensure the right equipment and consumables are available at all times.
4.	A tracheostomy tube is a foreign body which can cause granulation and be predisposed to infection. Details of tracheostomy (routine and emergency) changes will be documented in the client's care plan.	Frequency of tube change minimises the risk of infection and decreases the likelihood of tissue adherence. To maintain a patent and infection free airway.
5.	Tracheostomy stoma care/dressings and tape/ties changes are to be undertaken as often as required/prescribed and detailed within the client care plan to keep the stoma site clean and	To prevent infection and maintain client comfort.

	dry but as a minimum, this should occur daily or more frequently, if indicated.	
6.	Some clients will have an inner cannula. The frequency of changes to the inner cannula should always be detailed within the client specific care plan. Information on how to clean the inner tube will be documented in the client's care plan.	To prevent infection and patent airway.
7.	Oxygen saturation levels should be checked and documented daily unless otherwise advised by a Respiratory Practitioner. If the client does not routinely have their oxygen saturation levels monitored, the clients colour and breathing should be monitored as detailed within the care plan and any signs of distress escalated as required.	To support effective respiration.
8.	If the client is ventilated via their tracheostomy, the ventilator should be checked every shift and filters changed frequently as detailed in the client's care plan Refer to CLIN 02 Assisted Ventilation Policy.	To ensure the appropriate care can be maintained and prevent cross infection.
9.	Suctioning of the tracheostomy tube is to be conducted using a clean non-touch or sterile technique if warranted. This intervention is to be implemented as often as required to remove secretions. Please refer to Suctioning SOPVENT 04 for full details In ADULTS: Effective suctioning is ensured when the suction tube protrudes through the end of the tracheostomy tube. In PAEDIATRICS: Only suction to the pre-measured length as documented in the client's care plan.	To prevent cross infection and ensure patent airway.
10.	A collection of fluid (mucus, blood or exudates) above the cuff may cause aspiration when the cuff is deflated. This is best managed by either: • Synchronised suctioning and cuff deflation	To maintain client comfort and patent airway.
11.	The amount of air within the cuff required to create an effective seal will be achieved by using the manometer. If the client's needs are different to this, it must be prescribed by a consultant/the respiratory team and detailed in the care plan.	To prevent aspiration and maintain patency.
12.	Assessment of the cuff for volume of air in situ and the presence of a leak is to be undertaken at	To prevent aspiration and maintain patency.

	each shift change or more frequently if required. The assessment should be documented in the record of event sheets.	
13.	PPE should be worn as per current guidance for any tracheostomy care.	To prevent cross infection.
14.	Ensure Communication needs of the client are met, this is detailed in the clients care plan.	To ensure adequate communication.
15.	All care must be documented in the Care records, including the giving of consent.	If it's not written, it's not done and aids continuity of care.

9. Associated Policies / SOPs

Policies
CLIN 02 Assisted Ventilation Policy
CLIN 06 Consent Policy
CLIN 12 Safe Use of Medical Devices Policy
CLIN 14 Health Records Management Policy

SOPs
SOP VENT 01 Tracheostomy Dressing Change (Adult & Child)
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 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

10. References

- The Royal Marsden Hospital Manual of Clinical Nursing Procedures, Tenth edition, Dougherty L & Lister S, 2009, Wiley-Blackwell
- https://www.tracheostomy.org.uk/healthcare-staff/paediatric/basic-care-cleaning-the-stoma

- Nursing Times - Tracheostomy 1: caring for patients with a tracheostomy 09/05/2016

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:

pulse Part of Acacium Group	Thornbury Nursing Services Part of Acacium Group
Thornbury Community Services Part of Acacium Group	Scottish Nursing Guild Part of Acacium Group