



Acacium Group

Tracheostomy Dressing Change (Adult & Child)

Procedure Reference | SOP VENT 01

Version | V4.1

Procedure Name	Tracheostomy Dressing Change (Adult & Child)
Purpose of Document	To ensure that the correct preparation, procedure & outcome are achieved by implementing a consistent and systematic approach to Tracheostomy Dressing Changes
Target Audience	All Nurses & appropriately trained carers
Version	V4.1
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Date of Approval	June 2010
Published Date	July 2010
Lead Director	Karen Matthew-Shard
Review Frequency	2 yearly or when clinical or operation guidelines change
Last Reviewed	April 2024
Next Review Date	April 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	Dec 2016	Implementation of document history page	KNF/VM
V1	July 2018	Review	KMS/VM
V1.1	Feb 2020	Updated to new Template	CC
V2	May 2020	2 yearly review	Clinical Advisory Group
V2.1	Oct 2020	Updated re rebrand	CC
V3	May 2022	Reviewed and updated	Clinical Advisory Group
V4	Jan 2024	Rebrand	Clinical Advisory Group
V4.1	Apr 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 the tube is not displaced during the dressing change procedure.

The SOP links to the 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.

2. General

The client with a tracheostomy is at risk of infection within the pulmonary tree and at the surgical site. Soiled moist tracheostomy dressings contribute to infection at the tracheal stoma by providing a moist environment for bacterial growth.

Tracheostomy care keeps the area clean and dry, reducing the risk of skin irritation and infection. Secretions collected above the tracheostomy tube cuff ooze out of the surgical incision. The resultant wetness can promote irritation of the skin and can lead to skin maceration. This increased moisture acts as a medium for bacterial growth.

The keyhole dressing to the stoma site should be changed daily or as often as necessary to minimise the risk of infection. Signs of secretions oozing around the tracheostomy tube and stoma will indicate a more frequent change of dressing. Holders should be changed daily, and if soiled or wet more frequently.

3. Aim

To ensure dressings are changed in a safe, hygienic and timely manner in order to promote healing and avoid irritation which could lead to skin maceration and excoriation and infection. A clean peristoma area reduces the risk of infection as well as maintaining the comfort and dignity of the client.

4. Equipment

- wound pack or clean working space/tray
- Tracheostomy dressing or a keyhole dressing (these are prescribed items)
- Cleaning solution e.g. 0.9% sodium chloride or sterile water (some clients used cooled boiled water)
- Sterile Gauze or cleaning sponge
- Tracheostomy tape
- Appropriate PPE in line with current guidance
- Bactericidal alcohol hand rub
- Oxygen, if prescribed available in case of need
- Waste receptacle.
- Scissors if using cotton tracheostomy ties
- Suction equipment if prescribed.
- Appropriate Emergency equipment including tracheostomy box in case of need

5. Procedure

***This is a two-person procedure - However there may be occasions where this is not possible so must be risk assessed and detailed within the care plan**

Action		Rationale
1.	Identify need to change the tracheostomy dressing	Routine change or to prevent skin breakdown and infection
2.	Explain the procedure to the client and obtain client consent.	To gain consent and reduce anxiety.
3.	Agree who is acting as support and who is completing the change	To ensure that the process is completed without any issues
4.	Wash hands thoroughly using bactericidal soap and water or bactericidal alcohol hand rub and dry. (Within client's own home, they may have only normal soap).	To minimise the risk of infection.
5.	Clean work surface with bactericidal soap and water or bactericidal hand rub and dry.	To minimise the risk of infection/ cross contamination
6.	Gather equipment including, gauze, normal saline or cooled boiled water.	To minimise the risk of infection/ cross contamination
7.	Wash hands, Don PPE as per current Infection Control guidelines	
8.	Extend the client's neck, do not lay the client flat.	To gain access to the tracheostomy dressing. Promote patient comfort.
9.	Ensure that person one has secured the tracheostomy wearing gloves, this can be done by placing your fingers around the tracheostomy. Keep secure until the end of the procedure.	To ensure that the process is completed without any issues
10.	Velcro Tape Loosened one side of the tracheostomy tape, if not changing the tape this can still be secured but loosened.	To gain access to dressing, to maintain placement of the tracheostomy tube.
11.	Cotton Ties Cut ties carefully	To gain access to dressing, to maintain placement of the tracheostomy tube.
12.	Observe the skin around the stoma and look for any signs of infection, redness, indentation or pressure ulcers.	To be aware of any concerning skin conditions so these can be documented and reported to Acacium Group Clinical lead or Clinical Case Manager. To ensure thorough cleaning and remove secretions and any crusts.
13.	Using a gauze moistened with the normal saline or cooled boiled water as per care plan, clean the stoma starting at the 12 o'clock position, wiping towards the 3 o'clock position. Begin again with new gauze square at the same starting position and clean toward 9 o'clock. When cleaning the lower half, start at the 3 o'clock position and	To minimise risk of cross-infection.

	clean toward 6 o'clock. Wipe again from 9 o'clock to 6 o'clock, using clean gauze for every wipe.	
14.	Dry using the same method as above.	
15.	Apply a dressing and observe the stoma for any signs of infection, skin breakdown or leaking	To ensure the client's comfort. To avoid pressure from the tube. Early recognition and treatment for skin breakdown
16.	Refasten the side of the tape that was slackened off (or changed per care plan) or replace the cotton ties. Once they have confirmed this is secured you can let go of the tracheostomy. A check must be made at the back of the neck to ensure the tapes are secured properly and measure there is enough room by inserting 2 fingers at the back of the tape if this is too tight loosen and reassess	To secure the tube. To ensure that the tapes are not too tight or too loose, thus decreasing the chance of necrosis caused by excessive pressure from the tapes. Keeps tube in a central position.
17.	Dispose of dressings and equipment etc safely.	To maintain a safe environment and minimise risk of infection.
18.	Wash hands thoroughly using bactericidal soap and water or bactericidal alcohol hand rub and dry.	To minimise the risk of infection/ cross contamination
19.	Record the administration on appropriate care records such as Daily records being sure to document the health of skin and any signs of infection. Inform GP or relatives (if appropriate) if there is a need to review in case of infection.	To maintain accurate records and provide a point of reference. Act promptly on any signs of infection if these are present.

6. 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
 CLIN 12 Safe Use of Medical Devices Policy

SOPs

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 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

- <https://www.stgeorges.nhs.uk/gps-and-clinicians/clinical-resources/tracheostomy-guidelines/care-of-the-stoma/>
- <https://tracheostomy.org.uk/search/infection>

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