Acacium Group

Tracheostomy Tube Change (Child)

Procedure Reference | SOP VENT 07

Version | V4.1

Procedure Name	Tracheostomy Tube Change (Child)
Purpose of Document	To ensure that the correct preparation, procedure & outcome are achieved by implementing a consistent and systematic approach to Tracheostomy Tube Changes
Target Audience	All Nurses & appropriately trained carers
Version	V4.1
Author	Karen Matthews-Shard
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Lead Director	Karen Matthews-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	Annual review	KMS/SJ
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	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

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. Changing the tracheostomy is a routine procedure for any client that has a tracheostomy. The frequency of a routine tracheostomy change can be different for each client – please check the client's care plan. There are situations where an emergency tracheostomy change is required.

This 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.

2. General and important points

Check the consent of the client or the parent/guardian has been obtained and is recorded in the nursing notes check the client or the parent/guardian is happy for you to proceed and understand what you are about to do.

NB: Obtaining consent in children and young people – See the Acacium Group Consent Policy.
Young people aged 16 and 17 are presumed to have the competence to give consent for themselves. (Care quality commission. (2019).)

Younger children who have sufficient understanding and intelligence to enable them to understand fully what is involved in a proposed intervention and have the capacity to consent to that intervention fall under Gillick Competence (although their parents will ideally be involved).

The frequency for tube change should be outlined in the patient/client's care plan. The size of the tube should be exactly the same as the one removed. Unless in an emergency tube change when it may be appropriate to use a size smaller than normal.

It is usual for a routine tube change to be performed at the same time as that day's stoma care to minimise interventions for the child. In this circumstance ensure the cleaning is performed before the tube change to prevent the introduction of bacteria to the airway.

If possible two people should perform a routine tube change, one to perform the task and the second to hold the child. Parents and carers must be given full support and asked to support the procedure as much as possible.

Parents and carers may be taught to provide full care for the child with a tracheostomy and as a child matures, they should be taught to have greater involvement as appropriate in order to promote self-care.

Be aware of the discharging hospital's guidelines to ensure continuity of care for the child and their carers.

If at, any time, an emergency tube change is indicated, it should be performed immediately.

If unable to insert a tube (the same size or a size smaller) within 1 minute, initiate a 999 call.

Tube changes will irritate the child's stoma site and airway, this can lead to vomiting. It is therefore advisable to perform the tube change before a meal/feed or at least one hour after eating/drinking.

Children should be observed closely throughout the procedure and their vital signs monitored. Respiratory assessment should include respiratory rate, depth and regularity. Chest movement should be symmetrical and equal. If the child's colour changes during or after the procedure check their oxygen saturation.

It is paramount that you support the tube at all times with one hand whilst performing the tube change.

In children who are at risk of aspiration it is recommended that any enteral feed be stopped 3-4 hours prior to the procedure and the child to remain in an elevated position. Please check the care plan and follow instructions for specific clients needs.

Scotland
A person under the age of 16 shall have legal capacity to consent on their behalf where in the opinion of a qualified medical practitioner attending believe they are capable of understanding the nature and possible consequences of the procedure or treatment (Section 2 (4) of the Age of Legal Capacity Scotland Act 1991. Age of Legal Capacity (Scotland) Act 1991 (legislation.gov.uk)

Northern Ireland
Under section 4 of the Age of Majority Act (Northern Ireland) 1969 service users aged 16-17 can provi8de consent to their own medical care. Children under 16 can consent to medical treatment if they understand what is proposed. It is up to the doctor to decide whether the chid has the maturity and intelligence to fully understand the nature of the treatment. Age of Majority Act (Northern Ireland) 1969 (legislation.gov.uk)

Wales
When children are under the age of 16, their 'competence' to give or refuse consent to medical treatments is assessed by the Gillick standard (see this NHS guidance). The mental capacity of 16 and 17-year-olds to give or refuse consent to treatment will be assessed by the MCA test of mental capacity outlined above. Consent to treatment - Children and young people - NHS (www.nhs.uk)

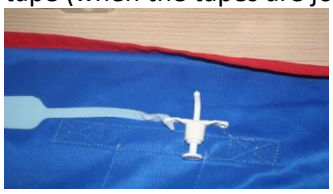
3. Aim

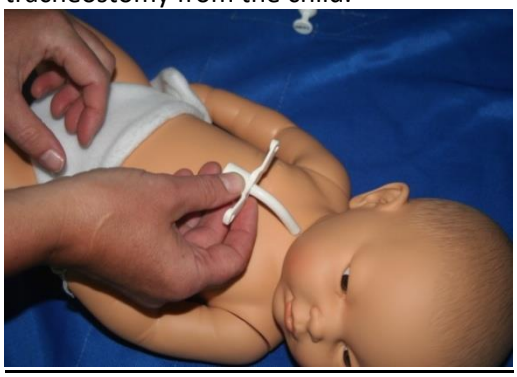
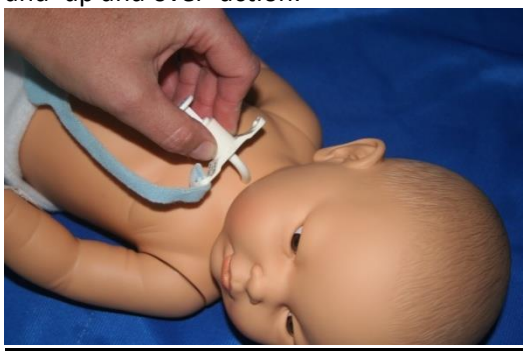
To ensure that tubes are changed effectively and safely whilst minimising the child's discomfort and distress.

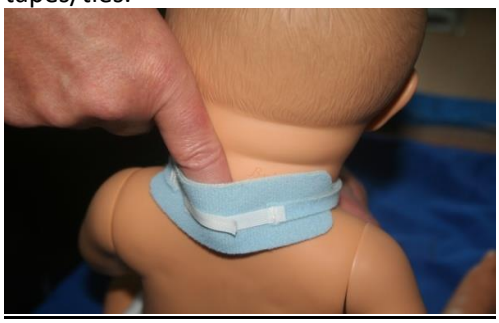
4. Equipment

- Emergency tracheostomy box
- Round-edged scissors (if the child uses tracheostomy cotton ties)
- Appropriately sized tracheostomy tube and one a size smaller
- Sterile normal saline (for stoma care)
- Sterile gauze (for stoma care)
- A tracheostomy dressing as indicated in the client's care plan
- Barrier cream if prescribed
- Oxygen therapy
- Ambu-bag with appropriate connector and mask (if required)
- Functioning suction unit and appropriately sized suction catheters
- Appropriate PPE in line with current guidance
- Bactericidal soap or hand rub
- Changing tracheostomy chart
- Client's care plan
- MAR sheet, if applicable
- Waste receptacle

5. Procedure

	Action	Rationale
1.	Explain the procedure to the child and parents/carers. Advise parents and carers how they can assist through the procedure (NB: Some parents and carers will take the lead as they are more experienced in changing their child's tracheostomy).	To ensure the child, parents and carers have a good understanding and valid consent is achieved.
2.	Clean work surface Wash hands thoroughly using anti-bactericidal soap and water (alcohol hand rub can be used in emergency tracheostomy changes).	To maintain a safe environment and minimise the risk of infection.
3.	Apply gloves (and aprons and other PPE as per guidance.	To minimise the risk of infection during the procedure.
4.	Check emergency equipment is fully functioning. Check suction pressure and connect catheter. Ensure that oxygen is working and is readily available.	For readiness in event of emergency.
5.	Open the new tracheostomy tube and thread through one side of the tape (when the tapes are in one section) thread through both sides of the tape (when the tapes are joined at the back). 	Prepare for insertion.
6.	Ensure the tracheostomy tube has the introducer in ready for insertion.	Tracheostomy tube is ready for insertion.
7.	Take smaller tracheostomy out of the emergency tracheostomy box; do not break the seal as you may not need to use it.	In case of difficulties inserting the tube and a smaller one needed.
8.	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) The parent/carer may be required to hold the child in position. Please refer to Clients care plan for their specific requirements in relation to positioning.	To secure the child and promote speed of insertion.
9.	If the child is oxygen dependent increase the oxygen as per the child's care plan.	To assist with respiration

10.	Assess the child's need for suction. Provide suction if required.	To ensure that the secretions are removed prior to change. Reduces the risk of requiring suction during the procedure.
11.	Secure the tracheostomy that is to be removed with the first and middle finger around the tracheostomy. Do not press on the wings of the tracheostomy as this may cause the child to cough and vomit.	To hold the tracheostomy securely.
12.	Undo the tracheostomy tapes If the child has cotton ties safely cut the ties.	To remove the old tapes/ties prior the change of tracheostomy
13.	Conduct stoma care with sterile water/cooled boiled water if the skin is in tact. If the skin is broken please use sterile 0.9% sodium chloride and gauze as instructed in the child's care plan. Observe for signs of infection and soreness and document after the procedure is complete.	To ensure infection control is minimised.
14.	Remove the Swedish nose or ventilator tubing.	Preparation to remove tracheostomy.
15.	Hold the new tracheostomy in your dominant hand, when all parties are ready remove the tracheostomy from the child. 	To safely change the tracheostomy tube, maintaining the child's comfort as much as possible.
16.	Immediately insert the new tracheostomy using and 'up and over' action. 	To safely change the tracheostomy tube, maintaining the child's comfort as much as possible.
17	IMMEDIATELY REMOVE THE INTRODUCER.	The child will not be able to breathe with the introducer in place.

		
18.	Hold the new tracheostomy tube in place, while it is secured (either with cotton ties or Velcro tapes) If the child is ventilated re-connect to the ventilator immediately and prior to securing the tracheostomy with tapes/ties.	To secure the tube and maintain a safe airway.
19.	Check the tapes/cotton ties are the correct tightness by placing your finger behind the tapes/ties. 	The tracheostomy has a safe and secure fit.
20.	Check the child's condition (colour, respiratory rate) and ensure they are comfortable and settled.	To ensure a clear airway has been established.
21.	Apply the stoma dressing as per normal, replace the Swedish nose.	To minimise risk of infection and commence humidification.
22.	Comfort child in age appropriate manner	To comfort and reassure the child.
23.	Dispose of the rubbish in appropriate waste receptacle as per Acacium Group waste policy.	To maintain a safe environment.
24.	Wash hands thoroughly using anti-bactericidal soap and water and dry.	To minimise risk of infection.
25.	Document procedure in the child's care plan/record of respiratory management.	To maintain accurate records and provide a point of reference.

6. Associated Policies / SOPs

Policies
CLIN 02 Assisted Ventilation Policy

CLIN 06 Consent Policy
CLIN 07 Infection Prevention and Control Policy
CLIN 08 Safeguarding Children 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 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 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

- Care quality commission. (2019). Brief guide: capacity and competence to consent in under 18s. [Online]. https://www.cqc.org.uk/sites/default/files/Brief_guide_Capacity_and_consent_in_under_18s%20v3.pdf. Last Updated: July 2019. Available at: https://www.cqc.org.uk/sites/default/files/Brief_guide_Capacity_and_consent_in_under_18s%20v3.pdf [Accessed 17 April 2024]
- 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].
- Age of Legal Capacity (Scotland) Act 1991 (legislation.gov.uk)
- Age of Majority Act (Northern Ireland) 1969 (legislation.gov.uk)
- Consent to treatment - Children and young people - NHS (www.nhs.uk)

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