

**13****Tracheostomy Care**

**Patient name:** \_\_\_\_\_ **Admission:** \_\_\_\_\_

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- I. The client/caregiver can define a tracheostomy.
  - A. It is insertion of a tube into the trachea by making a surgical incision.
  - B. The opening is called a "stoma."
  - C. It can be permanent or temporary.
- II. The client/caregiver can list indications for the use of a tracheostomy tube.
  - A. Tumor occluding the airway
  - B. Upper airway obstruction from a foreign body, edema, or mucus
  - C. Radial neck resection surgery or laryngectomy
  - D. Inability to maintain patent airway
  - E. To provide a method of mechanical ventilation
- III. The client/caregiver can describe a tracheostomy tube.
  - A. The tracheostomy tube can be semiflexible plastic, rigid plastic, or metal.
  - B. The tracheostomy tube consists of
    - 1. Outer cannula
    - 2. Inner cannula
    - 3. Obturator (used for initial placement and then removed)
  - C. The tube may be cuffed or uncuffed.
  - D. The tube is held in place by Velcro strips fastened around the neck. Usually sterile gauze pads (drain or precut by manufacturer) are placed between skin and edges of tracheostomy cuff. Avoid cutting a gauze pad because fragments of gauze may enter the stoma.
- IV. The client/caregiver can demonstrate cleaning the inner cannula.
  - A. Wash hands. Put on clean gloves and remove soiled gauze dressing. Discard dressing inside of removed gloves.
  - B. Wash hands and open tracheostomy cleaning kit without contamination.
  - C. Put on sterile gloves.
- V. The client/caregiver can demonstrate changing tracheostomy ties.
  - A. Always have two people for this procedure so that one person can hold the tube firmly in place while the other person changes the ties.
  - B. Use the Velcro strips provided in tracheostomy care kit.
  - C. Allow enough space for little finger to fit between strip and the client's skin.
- VI. The client/caregiver is aware of need for skin care.
  - A. Assess for signs and symptoms of infection (i.e., fever, redness, and irritation).

(Continued)

## Part IV Procedures and Surgeries

## Procedures

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- B. Cleanse skin frequently, and place a dry gauze around stoma.

**VII. The client/caregiver can state procedure to follow if trach tube accidentally falls out.**

- A. Remove the inner cannula from the dislodged tube.
- B. Insert the obturator into the outer cannula, and reinsert the tube.
- C. Remove the obturator and insert the inner cannula.

**VIII. The client/caregiver can list general precautions.**

- A. Do not allow smoking in the same room.
- B. Avoid aerosol sprays and dust that may enter trach.
- C. Provide adequate humidification.
- D. Keep a suction machine at the bedside at all times.
- E. Perform suctioning as needed, but avoid oversuctioning because it may increase secretions.
- F. Tape obturator to head of bed, and keep an extra tracheostomy set and hemostat at the bedside.
- G. Prevent infection with good oral hygiene; avoid persons with respiratory infections. Use good hand-washing procedures.
- H. Avoid getting any water into the stoma.
- I. Use other communication techniques if speaking is impaired (call bell, sign language, pictures, etc.).

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- J. Cover the stoma loosely if going out into very cold weather.
- K. Drink at least 3000 ml of water per day unless contraindicated.
- L. Avoid smoking.
- M. Wear Medic Alert bracelet.
- N. Keep follow-up appointments with physician.

## RESOURCES

American Head and Neck Society

[www.headandneckcancer.org/patienteducation/docs/tracheostomy.php](http://www.headandneckcancer.org/patienteducation/docs/tracheostomy.php)

Speech therapist

Support groups

Medical supply company

## REFERENCES

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