



Tracheostomy Management

Policies & Procedures

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TRACHEOSTOMY

MANAGEMENT

Scope

When

- Applies when clients are supported with a tracheostomy

Who

- Applies to all employees, supervisors and key management personnel supporting clients with a tracheostomy

Purpose

A tracheostomy is a surgically made opening into the trachea (windpipe) which is held open by a tracheostomy tube. A commonly used tracheostomy tube consists of three parts: outer cannula with flange (neck plate), inner cannula, and an obturator. The outer cannula is the outer tube that holds the tracheostomy open. A neck plate extends from the sides of the outer tube and has holes to attach cloth ties or Velcro strap around the neck. The inner cannula fits inside the outer cannula and has a lock to keep it from being coughed out, and it is removed for cleaning. The obturator fits inside the tracheostomy tube to provide a guide for the tracheostomy tube when it is being inserted.

Having a tracheostomy helps a person to breathe more easily as air now goes in and out through the tracheostomy tube bypassing their nose and mouth. A tracheostomy can be temporary, long term or permanent depending on the clients medical condition.

There are many different reasons when a tracheostomy may be needed. One of the most common reasons is for prolonged mechanical ventilation. The main reasons are when a person:

- Has breathing problems (respiratory failure) such as:
 - Being unconscious or in a coma as a result of a severe head injury or stroke
 - When a condition damages the lungs
 - When a condition damages the nervous system
 - Paralysis as a result of spinal cord injury
- Has blockages:
 - When an injury, infection, burn or severe allergic reaction (anaphylaxis) has swollen or narrowed the throat
 - Caused by a cancerous tumour in the throat or thyroid
 - As a result of birth defects

- Has fluid in their lungs:
 - During a serious lung infection
 - When chronic pain, muscle weakness or paralysis impedes coughing – the body's way to get rid of foreign particles, irritant, microbes, and mucus from the airways

The correct care of someone with a tracheostomy is important as there is a greater risk of death or harm if inappropriate or inadequate care is provided. Key management personnel must ensure employees follow this policy and that clients have person centred tracheostomy management plans.

Assessment

As part of the service entry process, a detailed assessment is required for a client with tracheostomy. Family presence is recommended for the assessment meeting for additional information and support. This is especially true when verbal communication is impossible for clients with an inflate tracheostomy cuff (unless a specialised cuff is used i.e., one way speaking valves). It is important to determine the level of care required for care and maintenance of the tracheostomy. Close liaison should also be maintained with the multidisciplinary team including specialised nurses, physiotherapists, speech therapists and doctors. A coordinated team approach is best practice for this specialised area of care.

A documents plan for assessment, management and review is required for each individual client with tracheostomy. The type of detail to evaluate at initial assessment includes, but not limited to:

- Client history – the level of self-care management the client is able to perform:
 - Can they change their own tube?
 - How well are they able to clear their own secretions by coughing?
 - Can they swallow?
- When was tracheostomy surgery performed? Do they have a larynx? Do they have connection between oral airway and lungs?
- Record baseline weight and oxygen saturation
- Communicate strategy e.g., verbal, non-verbal, pen and paper, communication board or voice synthesiser
- Oxygen dependence
- Type and size of tracheostomy tube – cuffed or non-cuffed tubes, cuff pressure requirements
- When is routine change of tube required - every 4-6 weeks is normal
- How often is suction required? this will depend on whether they are mechanically ventilated or non-ventilated
- Routine observations

Risks

The risks and complications for a person with tracheostomy include:

- Respiratory distress (cyanotic, tachypnoea, stridor, gurgling breath sounds, oxygen desaturation)
- Dislodged tracheostomy tube
- Obstruction
- Cuff leak
- Faulty oxygen delivery or ventilation device
- Ineffective humidification
- Bleeding and damage to the throat

- Blockage of the tube with secretions, which can be breathed into the lungs causing aspiration pneumonia
- Infection
- Tube displacement
- Scar formation
- Dehydration
- Cardiac or respiratory arrest (stop breathing)

The risks associated with tracheostomies are greater with:

- Children
- The elderly
- Smokers
- Alcoholics
- Diabetics
- Persons with impaired immune systems
- Persons with chronic diseases or respiratory infections
- Persons taking steroids or cortisone

Monitoring

People with tracheostomies who rely on ventilators for breathing are often monitored. Devices for monitoring include pulse oximeter (measures oxygen level and heart rate) or apnoea monitor (measure heart rate and breathing rate). The persons medical practitioner will determine the need for monitoring.

Definitions

Term	Definition
Cannula	A small tube for insertion into a body cavity or into a duct or vessel to drain fluid or administer a substance such as a medication
Cyanotic	A bluish or purplish discolouration of the skin or mucous membranes due to the tissues near the skin surface having low oxygen saturation
Decannulation	Planned or accidental removal of a tracheostomy tube
Hypoxia	A deficiency of oxygen reaching the tissues of the body
Nebulisation	The conversion of a liquid to a fine spray
Nebuliser	A small machine with a compressor and dispenser with which to dispense medicines that can help breathing
Obturator	The obturator provides a smooth surface that guides the tracheostomy tube inserted
Stasis	A stoppage or slowdown in the flow of blood or other body fluid, such as lymph

Stridor	An abnormal, high-pitched sound produced by turbulent airflow through a partially obstructed airway
Stoma	A surgically constructed opening such as a tracheostomy
Tachypnoea	Abnormally rapid breathing
Ventilator	A mechanical ventilator is an artificial breathing machine which pumps oxygen into the lungs through the tracheostomy tube. Many people with tracheostomies also need the help of a ventilator to breathe when sleeping, some of the time or all the time

Tracheostomy care guidelines

- All employees supporting clients with a tracheostomy must adhere to best evidence based practice in monitoring safety of those clients
- The need for additional support services is assessed on an ongoing basis e.g., allied health service such as speech therapy
- The decision to permanently remove or change a tracheostomy tube should be made by a qualified health professional

Ventilator guidelines

- Ventilator settings are set by a medical practitioner, they should not be changed by anyone else

Key management responsibilities when supervising employees supporting clients with a tracheostomy

- Ensure employees have current knowledge and a training plan to learn the standards of care for clients with tracheostomies
- Provide employees education to provide excellent confident care
- Ensure employees are following the Manage Tracheostomy process
- Ensure employees know when and how to activate emergency support
- Ensure emergency airway equipment is available at all times including resuscitation bag and airway equipment
- Ensure supervisors have accreditation in Basic Life Support
- Regularly audit safe tracheostomy management practices
- Ensure support workers comply with Manage Tracheostomy process
- Document all tracheostomy interventions, assessments and care provided in an observation chart including any abnormal findings

Employee responsibilities when supporting clients with a tracheostomy

Clients that rely on tracheostomies are at greater risk of pneumonia (chest infection).

Providers are responsible to care for and ensure clients are safe. This includes employees to:

- Work within their scope of practice and qualifications
- Possess competent problem-solving skills and suctioning skills

- Support workers need to be able to assess signs and symptoms of upper and lower airway obstruction and the immediate need for suction – this might include:
 - Increased respiratory rate
 - Persistent coughing
 - Nasal secretions
 - Anxiety or agitation
 - Decreased ability to concentrate
 - Fatigue
 - Dizziness
 - Irritability
 - Increased blood pressure
 - Pallor
 - Hypoxia
 - Irregular heartbeat
- Clients with tracheostomy airways no longer have normal humidification of the tracheal mucosa – ensuring humidity is supplied to the airway through nebulisation or with an oxygen delivery system is vital (4 hourly saline nebulisation or as needed)
- Adhere to hand hygiene and infection control policies
- Physically examine the tracheostomy flange and the skin condition around stoma site
- Risk of respiratory impairment is greater for those with illness or injury that restricts mobility – frequent changes of position reduce the risks of stasis of pulmonary secretions and decreased chest wall expansion
- If ever in doubt about an intervention, seek assistance from service coordinators or key management personnel
- Report incidents via the incident reporting system

Further Advice or Assistance

Further advice and information can be obtained from the:

» Complaints Handling Officer:

- by phoning: 07 4361 6848;
- by emailing: admin@123supports.com

Effectiveness and Review

The Director will review this Policy and Procedures document each 12 months on the anniversary of its approval.