LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

NOTES ON TAYLOR'S VIDEO: TRACHEOSTOMY CARE

Chapters are:
1. Suctioning a Tracheostomy
2. Cleaning a Nondisposable Inner Cannula and Providing Site Care
3. Unexpected Situations (view video)

1. Suctioning a Tracheostomy

- Pt has pneumonia and trach for several years. Pt weak, can't cough up secretions so requires suctioning.
- Check order for frequency and type of suctioning, and provide pain mgmt. if needed.
- Get equipment.
- Introduce yourself, let pt know what you will be doing and ask permission to do suction. Check ID band while doing this.
- Place in proper position, raise HOB.
- Put a pad (or towel) across chest.
- Get suction tubing (not catheter) and check that it is at the right amount of pressure.
- Have ambubag close by.
- Mask, goggles and gown not needed unless isolation or you feel the need to protect yourself in this manner.
- Clear bedside table (clean it also if dirty.)
- Open up the suction kit, open up the bottle of saline.
- Put on the sterile gloves.
- Set up the cup then using your nondominant hand, pour NS into the cup (you can lip the bottle by pouring out a small amount into sink).
- You can give your patient a few extra breaths with the ambu bag (connected to 02) only if needed. Do with your nondominant hand. Keep ambubag close bag for later use.
- Dominant hand will hold the suction catheter and that hand must remain sterile during the procedure.
- Nondominant hand is considered clean rather than sterile.
- Pick up suction catheter with your gloved dominant hand and pick up the tubing with your nondominant gloved hand.
- Connect the tubing to the suction catheter.
- Moisten the catheter by dipping it into the sterile saline solution and occlude the Y port with your thumb to give it the proper suction. The saline should move up the catheter and tubing into the collection canister on suctioning. This checks if suction power is working.
- Now remove the 02 delivery system with your nondominant unsterile hand.
- By using your sterile hand insert the catheter quickly but gently advancing the catheter about 4-5 inches till the patient coughs or until you feel resistance.
- Then retract catheter 1 cm and apply intermittent suction. Rotate the catheter gently while withdrawing it from the trachea.
- Limit suctioning time to a max of 10 seconds.
- Then hyperventilate the patient using your unsterile hand.

- Then put cath tip into sterile saline and suction to clear the catheter. Then repeat procedure as needed to remove additional secretions according to the patient's tolerance.
- Allow pt to rest for at least a minute between suctioning again.
- If necessary replace the 02 setup during the resting period. Ideally the suction event should be limited to 3 per session if possible (this is per the Taylor DVD, but in reality we usually do it 1 o2 times, a 3rd time would only be if there are copious amounts of secretions).
- Once done suctioning, turn off the suction, wrap the catheter around your fingers and disconnect the suction tubing from catheter. Then clean up and remove any PPE you may have on.
- Make sure you put the bed down (if you raised it) and place the patient in a comfortable position.
- Document what you did, your assessment and the patient's reaction.
- Be sure to keep patient's call light nearby.

2. Cleaning a Nondisposable Inner Cannula and Providing Site Care

- Gather supplies.
- Introduce yourself and ask for permission to clean tracheostomy site.
- It's important to clean the tracheostomy and the skin around it to prevent any infection and to help patient breathe more easily.
- Open up the Tracheostomy Kit. Pour ½ inch of sterile NS into one basin of the kit (you may lip the bottle by pouring a little bit out first into sink or trash).
- In the other basin of the kit you will pour ½ inch of H202 (Hydrogen Peroxide). At the SON we have students to pour NS into a 3rd basin of the kit (the DVD does not state to do this).
- Put gloves on and remove the old dressing and discard it. You will have to remove 02 trach mask before doing this.
- Now assess the tracheostomy sight.
    - Look for signs of inflammation or maceration or any infection. If there are any sutures, you want to be sure that they are intact.
- Now stabilize the outer cannula and the base plate (flange) of the tracheostomy with one hand, rotate the lock of the inner cannula and with a counter clockwise motion with your other hand to release it from the outer cannula.
    - Continue to hold the base plate and gently remove the inner cannula and stick it in the H202 basin. Remove gloves.
- Now put on sterile gloves and use the sterile pad/towel from the kit and put across the patient's chest. If the kit has a 2nd sterile pad/towel, then use it on the bedside table to then put your supplies in.
- Now pick up the inner cannula soaking in the H202, moisten the brush in the NS to insert it into the inner cannula.
    - Use a back and forth motion to loosen and remove any secretions that have accumulated in the inner cannula.
    - Then agitate the inner cannula in the NS to rinse off the peroxide.
    - Then remove the inner cannula from NS, tap it against the inner surface of the basin to shake off the moisture.
    - Be sure to stabilize the outer cannula and the base plate of the tracheostomy with one hand and replace the inner cannula into the outer cannula and turn it clockwise so you can lock it into place. Make sure the inner cannula is secure.

    - Then reattach the 02 to the tracheostomy.
- To clean around the tracheostomy site, pour NS into the 3rd basin if you have not already done so.
    - Start off with a cotton tip applicator, moisten it in NS, clean around the stoma and then repeat underneath the base plate.
    - Each applicator should be used only once, work in a circular motion, clean from the stoma site outward.
    - Take off the 02 mask to clean.
    - Now pat dry gently with gauze.
    - Then replace the tracheostomy dressing from the one in the kit and slide it underneath the base plate.
    - If the kit does not have a prepared dressing you could fold the gauze around the stoma, but do not cut the gauze to fit the tracheostomy because it has loose fibers which can get lodged into the stoma and can cause infections and irritation and can get inhaled into the trachea and cause respiratory distress (or you can get a drain sponge which is a 4x4 that is already cut).
    - Leave the soiled tape in place until you can apply new ones.
        - The trach tape should be twice the circumference of the neck plus 4 inches.
        - The ends are trimmed at a diagonal which makes them easier to insert them into the opening of the base plate.
        - Insert the trach tape through the opening of the base plate alongside the old tape, pull it all the way through until both ends are even, then slide both tapes under the patient's neck and insert one through the remaining opening on the other side of the base plate.
        - Pull the tape snuggly and tie the ends using a double square knot.
        - Tape should be loose enough so you can fit one finger between the neck and the ties.
        - Once the new ties are secure you carefully remove the old ones. First cut any excess length of the new ties then cut the old trach tape.
        - Put trach mask of 02 back on.
        - Document the procedure.

"View the rest of the Video for Unexpected Situations which discuss, disposable inner cannula (which eliminates cleaning the inner cannula), and using trach tape that does not fit in the base plate opening, and using Velcro straps instead of trach tape." Thanks.....Ms. Escudero