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## TRACHEOSTOMY

### Tracheostomy

A **tracheostomy** is an opening (made by an incision) through the neck into the trachea (windpipe)

### Care Plan

A care plan is developed regarding all aspects of the Tracheostomy with the input from the Customer/Client; the plan is overseen by a health practitioner and is to be reviewed regularly. The plan is to include actions on any incident that is outside the scope of practice or any situation and or emergency. A Doctor or Clinical Nurse is to be contacted immediately for guidance and assistance. All incidents are to be documented.

### Training and Assessment

All staff involved with caring for a Customer/Client with a Tracheostomy must have completed theoretical training followed by practical assessment and endorsement as being skilled in this procedure by the Clinical Nurse Consultant/Registered Nurse. This competency is assessed on an annual basis.

### Tracheostomy Suctioning Procedure for Care Workers

- Assess need of suctioning.
- Explain to Customer/Client that you are going to suction the tracheostomy tube.
- Wash your hands thoroughly.
- Use personal protective equipment including sterile gloves and safety glasses.
- Suction using a clean, non-touch technique.
- **Each suction should not be any longer than 5-10 seconds.**
- Assess the Customer/Client's/Clients respiratory rate, skin colour and to ensure the Customer/Client has not been compromised during the procedure. Repeat the suction as indicated by the Customer/Client's individual condition
- Look at the secretions in the suction tubing - they should be clear or white and move easily through the tubing.
- Notify Doctor or senior manager if the secretions are abnormal

**Call 000 if breathing is not normal and Start CPR if needed**

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### Tracheostomy Stoma care:

- Clearly explain the procedure to the Customer/Client and their family/carer
- Perform hand hygiene – ABHR or Wash hands.
- Use a clean non-touch technique and personal protective equipment e.g. safety glasses and gloves.
- Lay the Customer/Client on their back with a small rolled towel under the shoulders. Sometimes Customer/Client may prefer to sit up in a bed or chair.
- Remove fenestrated dressing from around stoma.
- Inspect the stoma area around the tracheostomy tube.
- Clean stoma with cotton buds moistened with 0.9% sodium chloride. Use each cotton bud **once only** taking it from one side of the stoma opening to the other and then discard.
- Continue cleaning with new cotton buds until the skin area is free of secretions, crusting and discharge.
- Allow skin to air dry or use a dry cotton bud to dry.
- Insert the fenestrated gauze under the flanges (wings) of the tracheostomy tube to prevent chafing of the skin.

**Avoid** using any powders or creams on the skin around the stoma unless prescribed by a Doctor or Stomal Therapist as powders or creams could cause further irritation.

### Observe signs of Infection:

- If signs of redness or excessive exudate consider using a non-adhesive hydro cellular foam dressing e.g. Allevyn®. Discuss with Doctor/ medical team and consider obtaining a specimen for culture and sensitivity.
- If there are any signs of granulation tissue liaise with the respiratory nurse consultants and/or Stomal Therapists for appropriate management.

### Care Workers must:

- Follow the plan as provided by the service provider
- Report to their supervisor of any changes or variations for advice
- Not change the plan
- Complete competency training and assessment in the task by the service provider.