Mosby's Nursing Video Skills

Procedure Guideline for Providing Tracheostomy Care

1. Perform hand hygiene, and provide for the patient’s privacy.
2. Gather the necessary equipment and supplies.
3. Introduce yourself to the patient and family, if present.
4. Identify the patient using two identifiers, such as name and birth date or name and medical record number, according to your agency’s policy. Compare the identifiers in the patient’s MAR/medical record with the information on the patient’s identification bracelet.
5. Apply a pulse oximeter to the patient’s index finger.
6. If oxygen delivery is needed, be sure that the oxygen and humidification delivery sources are in place and that they have been set to the correct levels.
7. Prepare the equipment on the bedside table.
   A. If you are using a tracheostomy tube holder, open the package according to the manufacturer’s instructions.
   B. If the patient has a disposable inner cannula, open that package next.
   C. Open the sterile tracheostomy care kit, containing 4 × 4-inch gauze, cotton-tipped applicators, dressing, cleansing brush, drape, and a suction catheter.
   D. Pour about 0.5 to 2 cm (½ to 1 inch) of normal saline into the sterile basin. Do not recap the normal saline.
   E. If the patient is on an oxygen device, hyperoxygenate the patient by adjusting the ventilator settings or by increasing the oxygen rate.
8. Apply sterile gloves for suctioning. Keep your dominant hand sterile throughout the procedure. Apply a mask or face shield if splashing is likely.
9. To look for excessive peristomal secretions, apply clean gloves and a face shield if needed. Examine the tracheostomy site for soiled or damp dressings. Suction the tracheostomy carefully to remove mucus. Before taking off your gloves, remove the soiled tracheostomy dressing and coil the suction catheter in your palm. Discard the dressing and catheter inside the glove.
10. Apply sterile gloves. Keep your dominant hand sterile throughout the procedure. Apply a mask or face shield if splashing is likely.
11. Care of tracheostomy with a disposable inner cannula:
   A. Remove the new cannula from the manufacturer’s packaging.
   B. While touching only the outside of the tube, withdraw the inner cannula and inspect it for secretions. Dispose of the contaminated cannula in the appropriate receptacle.
   C. Place the new inner cannula and lock it into position. If necessary, reconnect the patient to the ventilator or other oxygen source.
12. Care of a tracheostomy with a nondisposable inner cannula:
   A. Use your non-dominant hand to unlock and remove the inner cannula. Using strict aseptic technique, touch only the outside of the cannula. Drop the inner cannula into the basin of normal saline.
   B. If necessary, replace the tracheostomy collar, T tube, or ventilator oxygen source over the outer cannula.
C. To prevent oxygen desaturation in affected patients, quickly pick up the inner cannula and use the sterile brush to remove secretions from inside and outside the inner cannula.
D. Hold the inner cannula over the basin, and rinse it with normal saline, using your nondominant (clean) hand to pour the normal saline.
E. Replace the inner cannula, and secure the locking mechanism. If necessary, reapply oxygen if needed and hyperoxygenate the patient.

13. To clean around the tracheostomy, with either type of cannula:
   A. Remove the drainage sponge. Use cotton-tipped swabs and 4 × 4–inch gauze saturated with normal saline to clean the exposed surfaces of the outer cannula and the stoma under the faceplate extending 5 to 10 cm (2 to 4 inches) in all directions from the stoma. Clean in a circular pattern around the tracheostomy, from the stoma site outward.

14. Using dry 4 × 4–inch gauze, pat the skin lightly, as well as the exposed surfaces of the outer cannula.
15. Apply a new drainage sponge.

16. To secure the tracheostomy using the tracheostomy tube-holder method:
   A. While wearing gloves, maintain a secure hold on the tracheostomy tube. This can be done with the help of NAP. When NAP is not available, leave the old tracheostomy tube holder in place until the new device is secure.
   B. Align the strap under the patient’s neck. Be sure that the Velcro attachments are on either side of the tracheostomy tube.
   C. Place the narrow end of the ties under and through the eyelets on the faceplate. Pull the ends even, and secure them with the Velcro closures.
   D. Verify that there is enough slack for you to slip the width of two fingers under the neck strap.

17. Position the patient comfortably, and assess his or her respiratory status.
18. Remove your gloves and face shield, and discard them in the appropriate receptacles.
19. Replace the cap on the bottle of normal saline. Date the container, and store this and other reusable liquids in an appropriate area.
20. Help the patient into a comfortable position; place toiletries and personal items within reach.
21. Place the call button within easy reach; make sure the patient knows how to use it to summon assistance.
22. Dispose of used supplies and equipment. Leave the patient’s room tidy.
23. Remove and dispose of gloves, and perform hand hygiene.
24. Document and report the patient’s response and expected or unexpected outcomes.