



## PROCEDURE

### Tracheostomy management

<b>Scope (Staff):</b>	Community health
<b>Scope (Area):</b>	CAHS-CH

#### Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

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#### Aim

To provide guidance on tracheostomy tube suction and the emergency reinsertion of a tracheostomy tube to ensure optimal management when caring for a client with a tracheostomy in the school setting.

## Risk

Client care and safety may be compromised if correct tracheostomy procedures are not followed. Inappropriate tracheostomy management may result in complications such as airway impairment, hypoxia, atelectasis, bradycardia, trauma, and infection. Airway impairment can be life threatening.

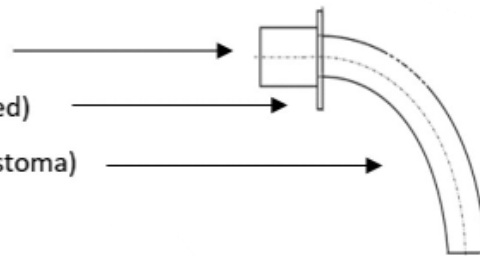
## Background

A tracheostomy is a surgical opening into the trachea below the larynx through which an indwelling tube is placed to relieve upper airway obstruction, facilitate mechanical ventilation and/or facilitate the removal of tracheobronchial secretions<sup>1, 2</sup>. Paediatric tracheostomy tubes are generally uncuffed, and do not have an inner tube to avoid further reducing the lumen of the smaller tracheal diameter<sup>2</sup>.

Lack of humidification can lead to thick secretions and / or damage to the epithelial lining. Humidification can be provided using mechanical humidification or heat moisture exchangers (HME), often referred to as 'Swedish Noses'<sup>1</sup>. If the HME becomes saturated with secretions it will be ineffective and should be changed<sup>1</sup>.

Tracheostomy tubes include<sup>2</sup>:

- 15mm extension (can be without this)
- Flange or neck plate (where the ties are inserted)
- Cannula (the part that is inserted through the stoma)



## Key points

- All nurses will refer to the [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.
- Nurses performing tracheostomy management must have completed appropriate CAHS-CH training and been deemed competent in the procedures.
- The Student health care plan and the *Airway Profile* guide each client's clinical care.
- Nurses need to provide a culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.
- Community health nurses must perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure and follow the organisation's overarching Infection Prevention and Control (IPC) Policies including [Aseptic technique](#) and [Standard and Transmission Based Precautions](#), particularly noting [Appendix 5: Community Nurse in Education Support Schools PPE Guide](#)).

## Airway Profile

All children in Western Australia with a tracheostomy will have an *Airway Profile*. Discuss with your Clinical Nurse Manager how to gain access to these if required.

The completed *Airway Profile* document is stored in the student's record, and a copy kept with the Mandatory Equipment. The Airway Profile outlines<sup>1</sup>:

- the client's tracheostomy tube brand and type (cuffed /uncuffed), size, and the appropriate smaller size tube
- suction depth
- client-specific airway information
- ventilator settings, if applicable
- If client has a speaking valve, whether it is drilled / undrilled, and if used throughout the day.

## Tracheostomy Mandatory Equipment

- Nurses should check the tracheostomy equipment, including expiry dates, when the client arrives to school each day. The emergency equipment checklist is signed daily for students who attend without an individual carer or private nurse.
- Parents/caregivers are to provide all the mandatory equipment in a dedicated bag.
- Tracheostomy mandatory equipment and *Airway Profile* **must** be kept with the client at all times.

## Tracheostomy Mandatory Equipment Checklist

Provided by parent/caregiver	Provided by school*/Community Health**
<ul style="list-style-type: none"> <li>• Current <i>Airway Profile</i></li> <li>• Tracheostomy tube – same size and one size smaller                             <ul style="list-style-type: none"> <li>◦ Reusable tubes to be checked for integrity and stored in a rigid container or clean plastic bag<sup>1</sup></li> </ul> </li> <li>• Self-inflating bag-valve and mask of appropriate size</li> <li>• Suction unit - Pressure should be checked to ensure it is between 80-120mmHg</li> <li>• Suction catheters of appropriate size</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriate Personal Protective Equipment** (PPE) is supplied by Community Health - non-sterile gloves, apron, mask, and goggles/face shield.</li> <li>• Fluid repellent gown and N95 mask, if indicated by IPC risk assessment**.</li> <li>• Trolley/clean work surface* for sterile field, as per <a href="#">Aseptic Technique</a></li> <li>• Dressing pack/sterile drape**</li> <li>• Rubbish bag*</li> </ul>

<ul style="list-style-type: none"> <li>• Humidification vent (Humidification moisture exchangers = HME)</li> <li>• Spare tracheostomy tapes or bead chains</li> <li>• Introducer for the tracheostomy tube that is currently in situ</li> <li>• Blunt-ended scissors or bead chain cutters</li> <li>• Single use sterile sachets of water-soluble lubricant</li> <li>• Shoulder roll</li> <li>• Saturation monitor, Oxygen, and/or other client-specific equipment, as per Student health care plan</li> </ul> <p><b>For a client with a patent upper airway:</b></p> <ul style="list-style-type: none"> <li>• Tegaderm® (or similar) airtight dressing</li> <li>• Suitable sized face mask for bag-valve-mask ventilation.</li> </ul>	
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## Airway impairment

Tracheostomy airway impairment may occur due to:

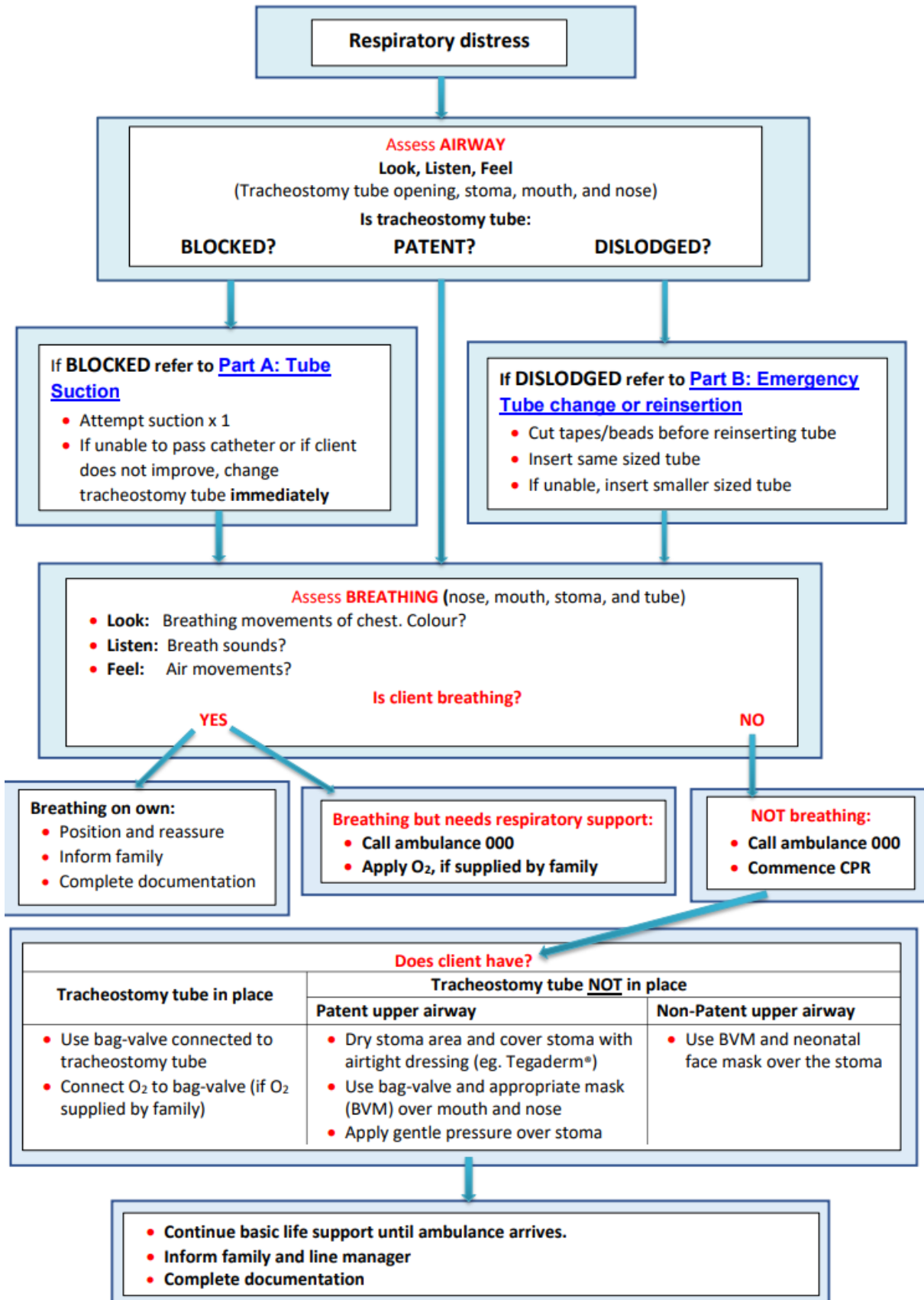
- **Partially blocked tube**
- **Completely blocked tube**
- **Accidental decannulation or dislodgement of the tube.**

Airway impairment may result in the following signs of respiratory deterioration<sup>1, 2</sup>:

- A sudden increase in the client's rate or work of breathing
- Colour change and/or reduction in oxygen saturations
- Unusual vocal, upper or lower airway sounds such as stridor, wheeze or louder than usual crying which indicate exhaled air is passing through the upper airway rather than the tracheostomy tube
- Nil or reduced air flow out of the tracheostomy tube
- Change in level of consciousness – anxiety, restlessness or agitation<sup>2</sup>

- **Emphasis is on early recognition of any change in the client's respiratory status and tube patency to avoid an emergency event<sup>1</sup>.**
- **Late signs of impending respiratory collapse include cyanosis, bradycardia, and apnoea - do not wait for these to develop before intervening<sup>2</sup>.**
- **Use the [Respiratory management distress flowchart](#) below if this situation occurs.**

# Respiratory distress management flowchart <sup>3</sup>



## Part A: Tracheostomy Suctioning

Suction is performed to maintain a patent airway. It should maximise removal of secretions while minimising tissue damage and hypoxia.

- Perform suctioning as per *Airway Profile*, Student health care plan, and when clinically indicated (see below).
- The routine suction depth required will be recorded on the client's *Airway Profile*.
- Deep suctioning **is not** to be performed by nurses, unless specifically requested in an individual Student health care plan *and* when staff member(s) have received specific training to conduct deep suctioning.
- Suction can raise intracranial pressure and should be used with caution in clients with a head or high spinal injury, or with conditions related to raised blood or intracranial pressure.
- If the client can cough up their own secretions, this should be encouraged.
- Observe client during procedure and discontinue suctioning if signs of respiratory and cardiovascular instability and/or discomfort are noted.

### Indications for suction

- Audible rattling sounds or visible secretions in the tube or HME
- Palpable vibrations of the chest with breathing.
- Increasing respiratory rate, effort, or distress
- Suspicion of blocked or partially blocked tracheostomy tube
- Client requests suction
- Prior to tracheostomy tube change, and considered before tape change, feeding, speaking valve use, or after vomiting.

- **Cyanosis, bradycardia and apnoea are late signs of oxygen deficiency.**
- **Suctioning should be attended promptly before these signs occur.**
- **Call 000 if these signs are present.**

See [Respiratory management distress flowchart](#) above for actions

### Suction catheters

- The external diameter of the suction catheter should be equal to one half of the internal diameter of the tracheostomy tube to prevent trauma and atelectasis<sup>4</sup>.
- Routine suction depth is only to 0.5cm beyond the tip of the tracheostomy tube. The suction depth on the *Airway Profile* already includes this 0.5cm<sup>1</sup>.

- Use graduated catheters in preference to non-graduated, if available, for measurement accuracy<sup>1</sup>.

**Table 1. Suction catheter size appropriate to tracheostomy tube size<sup>1</sup>.**

Tracheostomy tube size (mm)	3.0	3.5	4.0	4.5	5.0	6.0	7.0
Suction catheter size (Fr)	6.0	7.0	8.0	8.0	10.0	12.0	12.0

## Tracheostomy tube suction procedure

Steps	Additional Information
<p><b>1. Obtain equipment</b></p> <ul style="list-style-type: none"> <li>• Tracheostomy <a href="#">Mandatory Equipment</a></li> <li>• Trolley/clean work surface</li> <li>• Dressing pack/sterile drape</li> </ul>	<ul style="list-style-type: none"> <li>• Check Student health care plan and <i>Airway Profile</i> to guide clinical care.</li> <li>• Confirm the appropriate suction measurement as per <i>Airway Profile</i>.</li> <li>• A current, signed Student health care plan complies with consent requirements.</li> </ul>
<p><b>2. Prepare client</b></p> <ul style="list-style-type: none"> <li>• Check the identity of the client.</li> <li>• Explain the procedure to the client.</li> </ul>	<ul style="list-style-type: none"> <li>• Some clients may be prescribed the administration of oxygen or an increase in oxygen before and after suction. This should be documented in the Student health care plan. Oxygen to be supplied by parent/caregiver.</li> <li>• Consider need to remove any external device (HME, speaking valve) prior to suction.</li> </ul>
<p><b>3. Position the client to allow access to the tracheostomy tube</b></p> <ul style="list-style-type: none"> <li>• Client can remain in wheelchair in a reclined position with shoulder roll.</li> </ul>	<ul style="list-style-type: none"> <li>• A young client may be placed in a semi-recumbent position exposing the tracheostomy tube.</li> <li>• An older client may prefer to sit.</li> </ul>
<p><b>4. Perform hand hygiene and put on personal protective equipment (PPE)</b></p> <ul style="list-style-type: none"> <li>• Disposable gloves, mask, apron, and goggles or face shield are required for <u>all</u> tracheostomy suction and management.</li> </ul>	<ul style="list-style-type: none"> <li>• See Appendix 5 of <a href="#">Standard and Transmission Based Precautions</a> for Community Nurse in Education Support Schools PPE Guide</li> <li>• Assess risk of exposure to body fluids, and use appropriate PPE as per <a href="#">Exposures to Blood and Body Fluids</a> policy.</li> </ul>



Steps	Additional Information
<p><b>5. Set up suction</b></p> <ul style="list-style-type: none"> <li>• Turn on suction and cover the end of the suction tubing with one finger to check pressure. Adjust suction dial until required pressure is reached.</li> <li>• Attach the end of the suction catheter to the suction tubing.</li> <li>• Maintain the sterility of the catheter by leaving in its opened packaging until in use.</li> </ul>	<ul style="list-style-type: none"> <li>• The suction unit should have a pressure gauge. <b>Pressure should be between 80 - 120mmHg/10 -16kpa<sup>1</sup>.</b> <ul style="list-style-type: none"> <li>○ Higher pressure may cause alveolar collapse or mucosal damage.</li> <li>○ Inadequate suction pressure may not effectively remove secretions, resulting in need for an increased number of catheter passes.</li> </ul> </li> </ul>
<p><b>6. Insert suction catheter into tracheostomy tube</b></p> <ul style="list-style-type: none"> <li>• Insert suction catheter into the tracheostomy tube to the predetermined depth, as per Airway Profile<sup>1, 4</sup>.</li> <li>• Occlude catheter suction port with thumb to apply suction and withdraw catheter<sup>1, 4</sup>.</li> <li>• Each pass of the suction catheter should last no longer than 5-10 seconds<sup>1, 4</sup>.</li> <li>• Do not contaminate the catheter tip between passes.</li> </ul>	<ul style="list-style-type: none"> <li>• Protect the catheter tip from coming into contact with surfaces, hands and clothing – discard if contaminated and use a new catheter<sup>1, 4</sup>.</li> <li>• If the suction catheter is not contaminated between suction passes it can be reused for multiple passes and then discarded<sup>1</sup>.</li> <li>• Suction should only be applied on withdrawal of the catheter to minimise mucosal damage in the respiratory tract<sup>4</sup>.</li> <li>• It is not necessary to rotate the catheter as the multiple eyelet catheters will remove secretions effectively<sup>1</sup>.</li> <li>• If the catheter does not pass easily into the tracheostomy tube <b>do not force</b>. Suspect a blocked or partially obstructed tube and <b>consider a tube change<sup>1, 4</sup></b>. Refer to <a href="#">Respiratory distress management flowchart</a> above.</li> </ul>
<p><b>7. Assess the client<sup>1</sup>.</b></p> <ul style="list-style-type: none"> <li>• Observe client during and after the procedure for discomfort.</li> <li>• Assess respiratory status and colour.</li> <li>• Repeat the procedure if necessary.</li> </ul>	<ul style="list-style-type: none"> <li>• If client's condition deteriorates, consider replacement of tracheal tube and call for emergency services<sup>1</sup>.</li> <li>• Secretions should be clear or white and move easily through the tubing. Blood-stained, yellow or green</li> </ul>



Steps	Additional Information
<ul style="list-style-type: none"> <li>Assess the amount, colour and consistency of secretions removed.</li> </ul>	secretions may indicate infection or trauma <sup>2</sup> .
<b>8. Reattach any external devices which were removed prior to starting procedure.</b>	<ul style="list-style-type: none"> <li>Reconnect devices such as HME or speaking valve.</li> </ul>
<b>9. Dispose of suction catheter.</b> <ul style="list-style-type: none"> <li>Suction tap water through the suction tubing to clear it of secretions<sup>1</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that a new suction catheter is available in client's equipment before disposal of the used catheter.</li> </ul>
<b>10. Remove PPE and perform hand hygiene.</b>	
<b>11. Documentation</b> <ul style="list-style-type: none"> <li>Document the number of times you pass the suction catheter.</li> <li>Record colour, consistency, odour, and amount of secretions.</li> </ul>	
<b>12. Report abnormalities to the parent/caregiver and discuss medical follow-up or review.</b>	<ul style="list-style-type: none"> <li>Notify parents/caregiver if increased frequency of suctioning was required or if there was a change in amount or type of secretions.</li> </ul>

### Part B: Emergency Tracheostomy tube change or reinsertion

- Tracheostomy tube reinsertion and replacement requires two people, one of whom (Operator) must be a nurse trained in tracheostomy tube reinsertion and able to delegate to their assistant (Assistant) appropriately. However, if a client is discovered without their tube in situ and in respiratory distress, a competent nurse can replace the tube alone if help is not immediately available.
- Insert the new tube with its introducer in situ, unless this is unavailable in an emergency situation.

### Complications Associated with Tracheostomy Tube Changes

**Call an ambulance** if there is any respiratory distress or other concern after changing the tracheostomy tube. See [Respiratory distress management flowchart](#) for actions.

- Follow iSoBAR format for verbal handover if client is transported by ambulance. Complete CHS 663 *Clinical handover/Referral* form as required.
- Refer to CAHS-CH [Clinical Handover - Nursing](#) for clinical handover processes.

- Refer to CAHS [Recognising and Responding to Acute Deterioration](#) for further information on clinical communication in emergency situations.

Respiratory deterioration

- In the event of a blocked tracheostomy tube, little or no air will be felt coming out of the tube. Consider replacement of the tube.
- May be due to bronchospasm, bronchomalacia, or tube entering a false passage.

Difficulty inserting tube<sup>1, 5</sup>

If there are difficulties inserting a tracheostomy tube, please consider the following:

- Ensure child’s head is in midline position and neck is well extended using a roll behind shoulders
- Apply a small amount of water soluble lubricant to the tip of the tube if it does not insert easily.
- If still unable to insert usual sized tube, try to insert the size smaller.
- Place fingers on either side of the stoma and gently widen the opening. Try to insert the tube, but do not apply force.
- Some children can still breathe if their tracheostomy tube is displaced. This will be noted in their Student health care plan. Comfort and position client to support breathing through their stoma and call an ambulance.

Obstruction due to stomal granulation

- Use the tip of the tube to sweep any stomal granulations to the side.



Vomiting


- Continue to insert tube and secure.
- Position client onto side.
- Assess breathing.
- Suction tracheostomy tube.

**Emergency Tracheostomy Change or Reinsertion procedure**

Steps	Additional Information
<p><b>1. Before commencing procedure:</b></p> <ul style="list-style-type: none"> <li>• Check Student health care plan and <i>Airway Profile</i> to guide clinical care.</li> <li>• Ensure the presence of a second person as the Assistant, unless unavailable in an emergency situation.</li> </ul>	<ul style="list-style-type: none"> <li>• A current and signed Student health care plan complies with consent requirements.</li> <li>• Confirm tracheostomy size in <i>Airway profile</i>, Student health care plan, or by checking size of the tube in situ.</li> </ul>

Steps	Additional Information
<p><b>2. Prepare the equipment using aseptic principles and a non-touch technique<sup>2</sup>.</b></p> <ul style="list-style-type: none"> <li>• Perform hand hygiene and don gloves.</li> <li>• Clean work surface/trolley with detergent and allow to dry.</li> <li>• Open dressing pack/sterile drape using aseptic technique.</li> <li>• Open a replacement tube the same size as the one in situ.</li> <li>• Check that the introducer moves easily in and out of the tube. Leave the introducer in the tube in preparation for insertion.</li> <li>• Attach clean tapes to one side of flange of the replacement tube to assist rapid securing.</li> </ul>	<ul style="list-style-type: none"> <li>• Place the unopened smaller tube within easy reach.</li> <li>• The introducer gives structure to the tube and reduces the risk of tissue damage.</li> <li>• The introducer in a new tube can often be tight and hard to remove.</li> <li>• The same tracheostomy tube can be reinserted if a replacement is not readily available, using the introducer in the Mandatory equipment bag.</li> </ul>
<p><b>3. Lubricant</b></p> <ul style="list-style-type: none"> <li>• A small amount of water soluble lubricant can be used to aid tracheostomy tube insertion. This is only required if: <ul style="list-style-type: none"> <li>○ there is a history of difficult tube changes</li> <li>○ the tube did not insert easily on first attempt</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Coat the outside of the tube with a small amount of water soluble lubricant if required.</li> <li>• Only use sterile, single-use sachets of lubricant.</li> <li>• Ensure that the lumen of the tube does not become obstructed with lubricant.</li> </ul>
<p><b>4. Perform hand hygiene and don gloves and other personal protective equipment (PPE) if time allows.</b></p>	<ul style="list-style-type: none"> <li>• Addressing the emergency takes precedence over infection control procedures.</li> </ul>
<p><b>5. Position the client.</b></p> <ul style="list-style-type: none"> <li>• Position the client in the most developmentally appropriate position, taking into consideration their clinical status and usual position. <ul style="list-style-type: none"> <li>○ Client can remain in wheelchair in a reclined position with shoulder roll if</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• A young client may be placed in a semi-recumbent position exposing the tracheostomy tube.</li> <li>• A rolled up towel placed under the shoulders assists to extend the neck and expose the stoma and tube<sup>1</sup>.</li> </ul>

Steps	Additional Information
<p>the airway can be adequately maintained.</p> <ul style="list-style-type: none"> <li>Maintain client's head in midline position.</li> </ul>	<ul style="list-style-type: none"> <li>Open/remove the client's shirt to ensure good visibility of the chest and stoma.</li> <li>Ensure adequate lighting if possible<sup>1</sup>.</li> </ul>
<p><b>6. Remove excess secretions/vomit if present.</b></p> <ul style="list-style-type: none"> <li>Suction the tracheostomy tube and oropharynx if appropriate e.g. patient has a cuffed tube.</li> </ul> <p>See <a href="#">Part A: Tube Suction</a></p>	<ul style="list-style-type: none"> <li>Once the cuff is deflated, oropharyngeal secretions above the cuff can move to the trachea<sup>1</sup>.</li> <li>If the tube has been dislodged <b>do not insert</b> a suction catheter directly into the stoma. Wipe the stoma area.</li> </ul>
<p><b>7. Cut the tapes and/or chains.</b></p> <ul style="list-style-type: none"> <li><b>Assistant:</b> Hold tube gently in position with thumb and index finger.</li> <li><b>Operator:</b> Remove the tracheostomy tapes/chain.</li> </ul> <p><b>NB.</b> Always remove tracheostomy tapes/chain prior to reinserting a dislodged tracheostomy tube.</p>	 <ul style="list-style-type: none"> <li>For chains, identify the link (space between balls) to be cut and only use the bead chain cutters on that link.</li> <li><b>Do not press</b> the bead chain cutters onto a link you do not intend to cut as this may weaken the link.</li> </ul>
<p><b>8. Removal of tracheostomy tube</b></p> <p><b>Removal of Uncuffed tube</b></p> <ul style="list-style-type: none"> <li><b>Assistant:</b> When operator is ready, remove the tube gently with a smooth continuous upward and outward motion of the hand away from client's chest.</li> <li>Check the stoma for redness, granulation, bleeding, and abrasions.</li> <li>Remove excess secretions/vomit if present.</li> </ul> <p><b>Removal of Cuffed tube</b></p> <ul style="list-style-type: none"> <li><b>Assistant:</b> Deflate the cuff fully with a syringe just before removing the tracheostomy tube.</li> <li>Suction the tracheostomy tube to remove any secretions released from above the cuff<sup>1</sup>.</li> </ul>	 <ul style="list-style-type: none"> <li>It is normal for client to cough on removal and insertion of a tracheostomy tube<sup>1</sup>.</li> <li>Ensure the pilot balloon and cuff are completely deflated.</li> <li>If the cuff is still inflated and/or manual inflation occurs this can damage the trachea during removal.</li> </ul>

Steps	Additional Information
<ul style="list-style-type: none"> <li>• When operator is ready, assistant removes the tube gently with a smooth continuous upward and outward motion.</li> <li>• Check the stoma for redness, granulation, bleeding, and abrasions.</li> <li>• Wipe away excess secretions/vomit if present.</li> </ul>	
<p><b>9. Insert tracheostomy tube immediately</b></p> <ul style="list-style-type: none"> <li>• <b>Assistant:</b> Ensure client's head is in a midline position.</li> <li>• <b>Operator:</b> Insert the tube, using an introducer.</li> <li>• Hold new tube with its end pointing at the stoma and insert using an upward and inward curving motion.</li> <li>• Hold the new tube in place and immediately remove the introducer.</li> </ul> <p><b>Do not use force to insert the tube</b></p>	 <ul style="list-style-type: none"> <li>• A tube inserted with force is more likely to enter a false passage.</li> </ul>
<p><b>10. Following insertion of a cuffed tube:</b></p> <ul style="list-style-type: none"> <li>• <b>Assistant:</b> Inflate cuff as soon as the tube is in place.</li> <li>• Use air/water, as specified on the client's <i>Airway Profile</i>.</li> </ul>	<ul style="list-style-type: none"> <li>• Inflate cuff to the volume as stipulated on the <i>Airway Profile</i> or Student health care plan</li> <li>• Overinflation of the cuff can cause trauma to the tracheal wall.</li> <li>• The cuff should only be inflated with the smallest volume possible to reduce leakage around the tracheostomy tube. Pressure should always be less than 25cm H<sub>2</sub>O<sup>1</sup>.</li> </ul>
<p><b>11. Secure the tube</b></p> <ul style="list-style-type: none"> <li>• <b>Operator:</b> Hold tube in place while <b>Assistant</b> secures the tracheostomy flange with ties/chain.</li> <li>• Check that only one little finger can fit between the child's neck and the ties<sup>1</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>It should only be possible to slip your little finger</b> comfortably between the ties and the client's neck while they are in a sitting position<sup>1</sup>.</li> <li>• If tapes/beads are too tight, pressure areas will develop<sup>1</sup>.</li> </ul>

Steps	Additional Information
<ul style="list-style-type: none"> <li>• Hold tube in place while client is assisted to a sitting position<sup>1</sup>.</li> <li>• Reassess tape tension in sitting position.</li> <li>• Lay client back down to adjust ties and recheck tension until it is correct<sup>1</sup>.</li> <li>• Check the tapes after 15 minutes and readjust if necessary<sup>1</sup>.</li> <li>• When the tape tension is correct, firmly secure the ties and cut off excess tape to leave 1cm remaining.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Do not shorten</b> the length of the Velcro. Less Velcro means the airway is less secure<sup>1</sup>.</li> <li>• <b>Trim</b> only the end of the white Velcro tapes at an angle to form a point (as shown below).           <div data-bbox="911 524 1329 680" data-label="Image"> </div> </li> <li>• It may be necessary to secure foam and Velcro tapes with additional adhesive tapes as shown below.           <div data-bbox="839 808 1350 952" data-label="Image"> </div> </li> </ul>
<p><b>12. Assess the client.</b></p> <ul style="list-style-type: none"> <li>• Look, listen and feel for:           <ul style="list-style-type: none"> <li>○ Chest rise</li> <li>○ Breath sounds</li> <li>○ Airflow from the tube</li> <li>○ Colour</li> </ul> </li> <li>• Suction tracheostomy tube if required<sup>1</sup>.</li> <li>• If airflow is not present (client may be distressed +/- cyanosed) remove the tube and insert smaller size tube.</li> <li>• Reassess breathing.</li> </ul>	<ul style="list-style-type: none"> <li>• Hold an ungloved finger over the tracheostomy connector to assess airflow from the tube.</li> <li>• Very rarely the tracheostomy tube may be inserted into a false passage. Airflow will not be felt from the tracheostomy tube if this occurs.</li> </ul>
<p><b>15. Clean suction equipment</b></p> <ul style="list-style-type: none"> <li>• Suction tap water through the suction tubing to clear it of secretions<sup>1</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>• Clean the introducer and retain it in case the tube needs replacing again.</li> <li>• Clean the tracheostomy tube if reusable.</li> <li>• Empty suction container if full. (See <a href="#">CAHS Waste Management</a> policy)</li> </ul>
<p><b>16. Remove PPE and perform hand hygiene.</b></p>	

Steps	Additional Information
<p><b>17. Contact parent/caregiver to inform them of the tracheostomy tube change</b></p>	<ul style="list-style-type: none"> <li>Advise of any difficulties in tube reinsertion.</li> <li>Notify parent if the smaller size tube was used and advise to contact <b>ENT doctor within 24 hours.</b></li> <li>If stomal granulation was causing issues with the tube change, advise follow up with medical practitioner<sup>1</sup>.</li> </ul>
<p><b>18. Documentation</b></p> <ul style="list-style-type: none"> <li>Document the tube change in client's paper and/or electronic record, <i>Airway Profile</i>, and HCare.</li> </ul>	<ul style="list-style-type: none"> <li>Record tube type and size, any difficulties with insertion, client condition during and after procedure, cuff pressure/volume if applicable, suctioning and secretions, appearance of stoma, tape used, communication with parent, and any emergency management, referral and handover required<sup>1, 3</sup>.</li> </ul>

## Documentation

Nurses maintain accurate, comprehensive, and contemporaneous documentation of assessments, planning, decision making and evaluations according to CAHS-CH processes.

References
<ol style="list-style-type: none"> <li>Perth Children's Hospital. Tracheostomy Management. Perth: Child and Adolescent Health Services; 2023.</li> <li>Royal Children's Hospital. Tracheostomy Management. Melbourne, 2022.</li> <li>Perth Children's Hospital. Tracheostomy Resuscitation. Perth: Child and Adolescent Health Services; 2023.</li> <li>Credland N. How to suction via a tracheostomy. Nursing Standard. 2016;30(28):5.</li> <li>Child and Adolescent Health Service. Tracheostomy home care guide for parents and carers. In: Technology Dependent Children, editor. Perth: Perth Children's Hospital; 2021.</li> </ol>


Related internal policies, procedures, and guidelines
<p>The following documents can be accessed in the CH Clinical Nursing Manual: <a href="#">HealthPoint link</a> or <a href="#">Internet link</a></p>
<p><a href="#">Clinical Handover - Nursing</a></p>



<a href="#">Student health care plans</a>
<b>The following documents can be accessed in the <a href="#">CAHS-CH Operational Policy Manual</a></b>
<a href="#">Client Identification</a>
<a href="#">Home and Community Visits</a>
<b>The following documents can be accessed in the <a href="#">CAHS Policy Manual</a></b>
<a href="#">Abbreviations for Clinical Documentation</a>
<a href="#">Aseptic Technique</a>
<a href="#">Blood and Body Fluid Exposure Management</a>
<a href="#">Clinical Documentation</a>
<a href="#">Exposures to Blood and Body Fluids</a>
<a href="#">Hand Hygiene</a>
<a href="#">Infection Control Manual</a>
<a href="#">Latex Minimisation</a>
<a href="#">Recognising and Responding to Acute Deterioration</a>
<a href="#">Standard and Transmission Based Precautions</a>
<a href="#">Tracheostomy Management</a> (PCH)
<a href="#">Tracheostomy Resuscitation</a> (PCH)
<a href="#">Waste Management</a>
<b>Related external legislation, policies, and guidelines</b>
Clinical Handover Policy ( <a href="#">MP0095</a> )
Clinical Incident Management Policy ( <a href="#">MP 0122/19</a> )
Recognising and Responding to Acute Deterioration Policy ( <a href="#">MP 0171/22</a> )
<b>Related internal resources (including related forms)</b>
Accessed via <a href="#">CAHS-Community Health Forms and Resources</a> on HealthPoint

Clinical Handover/Referral Form (CHS663, CHS663E) and envelope (CHS663-1)
Community Health Progress Notes (CHS800C)
<a href="#">CAHS-Community Health Practice Framework for Community Health Nurses</a>
<a href="#">Memorandum of Understanding 2022-2024</a>
<a href="#">PPE use by CAHS staff at ESS</a>
<a href="#">Tracheostomy home care – A guide for parents and carers</a>
<b>Related external resources (including related forms)</b>
<a href="#">DOE Student Health Care</a>

This document can be made available in alternative formats on request.

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