more acute angle than adult tubes, and they soften at body temperature, conforming to the contours of the trachea. Because these materials resist the formation of crusted respiratory secretions, they are made without an inner cannula. On occasion, tracheostomy tubes with inner cannulas are used (Portex).

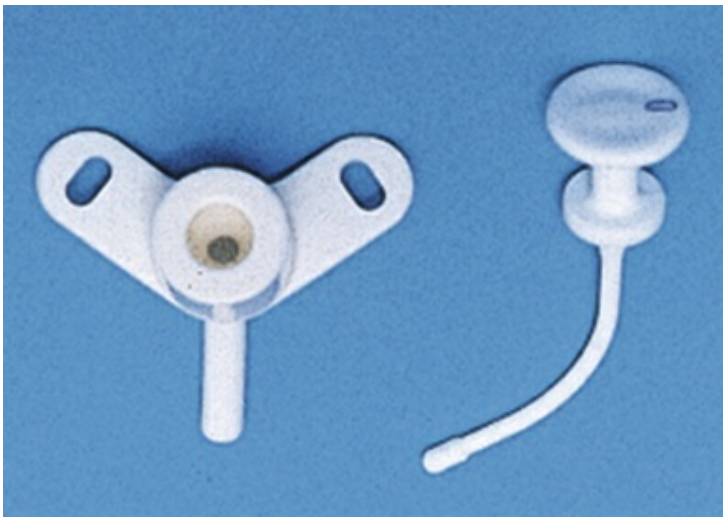

FIG 20-25 Silastic pediatric tracheostomy tube and obturator.

Children who have undergone a tracheostomy must be closely monitored for complications, such as hemorrhage, edema, aspiration, accidental decannulation, tube obstruction, and the entrance of free air into the pleural cavity. The focuses of nursing care are maintaining a patent airway, facilitating the removal of pulmonary secretions, providing humidified air or oxygen, cleansing the stoma, monitoring the child's ability to swallow, and teaching while simultaneously preventing complications.

Because the child may be unable to signal for help, direct observation and use of respiratory and cardiac monitors are essential in the early postoperative period. Respiratory assessments include breath sounds and work of breathing, vital signs, tightness of the tracheostomy ties, and the type and amount of secretions. Large amounts of bloody secretions are uncommon and should be considered a sign of hemorrhage. The practitioner should be notified immediately if this occurs.

The child is positioned with the head of the bed raised or in the position most comfortable to the child with the call light easily