Critical Care Guidelines
FOR CRITICAL CARE USE ONLY

Tracheostomy Suctioning/Cleaning Guideline

Suctioning

1. Firstly encourage patient to cough and clear secretions independently then assess for indications to suction i.e. **suctioning should not be done routinely**.
2. ***Pre oxygenate the patient before suctioning***
3. Always have a non-fenestrated inner tube in place before suctioning, to prevent trauma to the tracheal wall by catheter slipping through the fenestration.
4. If using a closed suction system, ensure it is a shorter length one.
5. Perform suction in the same manner as with an endotracheal tube, remembering that the catheter will need to be passed to a shorter distance.
6. Assess secretions cleared and consider if adequately humidified.

Cleaning – inner tube

1. Inner tube is changed 4 hourly or more frequently if required.
2. Spare inner tube must be kept at the bedside in a clean dry environment.
3. Inner tube is removed and spare inserted. Inner tube then cleaned with sterile water and soft foam sponges and left to air dry.
4. Dispose of inner tube if grossly contaminated.

Cleaning – stoma dressing

1. Initial dressing is left undisturbed for 24 hours
2. Dressing carried out by two nurses – one to hold the tube, the other to do the dressing.
3. Stoma cleaned daily using aseptic technique.
4. Clean area with normal saline if clean and chlorhexidine if infected.
5. Ensure tracheostomy dressing is placed with open end running from tracheostomy towards patient's chin, shiny side to skin.
6. Ensure tracheostomy holder is not too tight, by slipping two fingers between it and the skin comfortably.

Subglottic Drainage

- Aspiration of subglottic drainage tube should occur 1-2hrly.
- Document aspiration volume on 24hr chart.

Title: Tracheostomy suctioning and cleaning guideline	
	Authors: J Harvey K Hood
Status Draft/Final: FINAL	**Approved by:** QIT editorial group
	Written:
Reviewed on: June 2019	**Next review : June 2012**