Critical Care Guidelines
FOR CRITICAL CARE USE ONLY
Tracheostomy Guidance

Suctioning

- € Firstly encourage patient to cough and clear secretions independently then assess for indications to suction i.e. suctioning should not be done routinely.
- € Apply full PPE
- € Always have a non-fenestrated inner tube in place before suctioning, to prevent trauma to tracheal wall by catheter slipping through the fenestration.
- € Consider pre oxygenating the patient before suctioning.
- € If using a closed suction system, ensure it is a shorter length one.
- € If using open suction, catheters are single use and should only be passed once.
- € Perform suction in the same manner as with an endotracheal tube, remembering that the catheter will need to be passed to a shorter distance.
- € Only apply suction when withdrawing the catheter, not on insertion.
- € Period of suction should not exceed 10 seconds.
- € Suction pressure should not exceed 120mmHg.
- € Assess secretions cleared and consider if adequately humidified.

Humidification

- € Humidification must be used as physiological humidification is bypassed when breathing via tracheostomy.
- € This can be achieved by various means including- Swedish nose or heated humidification circuit.

Cleaning- inner tube

- € An inner tube must always be in situ.
- € Inner tube is cleaned and changed 4 hourly or more frequently if required.
- € A spare inner tube must be kept at the bedside in a clean dry environment.
- € Inner tube is removed and spare inserted. Inner tube then cleaned with sterile water and tracheostomy tube cleaning swabs and left to air dry.
- € Wire brushes should not be used as they may damage the inner lumen.
- € Once dry the inner tube must be stored in a clean, covered, patient identifiable container.
- € Dispose of inner tube if grossly contaminated or if there are signs of damage as bacteria will colonise if there are small cracks in the tube.

Cleaning- stoma care

- € Initial dressing left undisturbed for 24 hours.
- € Stoma care is carried out by two nurses – one to hold the tube, the other to do the dressing.
- € Stoma care should be performed using aseptic non touch technique, at least once every 24 hours to assess/clean the stoma site and change dressing (or more frequently if necessary).
- € Assess stoma skin margin for signs of infection, excoriation.
- € Clean area with sterile swabs and normal saline if area is clean and Chlorhexidine if infected.
- € Ensure tracheostomy dressing is placed with open end running from bottom of tracheostomy towards patients chin, shiny side to skin.
- € Ensure tracheostomy holder is not too tight, by slipping two fingers between it and the skin comfortably.

Subglottic drainage

- € Aspiration via the subglottic drainage tube should be done 1-2 hourly.
- € Volume of aspirated secretions should be documented on the 24 hour chart.