

Critical Care Guidelines

## Tracheostomy Decannulation Guideline

PATIENT DETAILS

**Date/Time/Location:**

STEP ONE: CONSIDERATIONS	Please tick or comment
Tolerated period of cuff down and time on one-way valve (passy-muir) or capped off	
Obeys commands (if not neurologically compromised)	
Has an effective cough with no requirement to suction down tracheostomy	
No concerns about ongoing muscle weakness	
No new infiltrates on CXR / raised inflammatory markers related to chest	
Cardiovascularly stable	
ICU - Current oxygen requirement less than 40% *DCN L1 patient – Current requirement less than 28%	
MDT consensus that patient is ready: Medical / Nursing/ Physio and SALT consulted	

STEP TWO: PREPARATION	Please tick or comment
ECG, SATS, BP monitoring, nasal cannulae or face mask*	*if patient requires O2
Equipment – suction, fine bore and yankauer, dressing and pack, PPE, emergency tracheostomy box	
NGT- feed stopped and tube aspirated	
IV access – check it is working	
Microbiology swab available	If clinical concerns regarding infection
Confirm ACCP/medical team time of planned decannulation	
Suitable occlusive dressing for stoma site e.g. Klinell or allevyn	DCN may stock different brand of occlusive dressing
Re-review planned procedure AND ENSURE CONFIDENT OF PLAN IN EVENT OF AIRWAY EMERGENCY	

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STEP THREE: THE PROCEEDURE	Please tick or comment
Decannulation procedure explained to patient	
Position patient – semi-recumbent and place oxygen over face/nose	
Support tracheostomy tube while removing old dressing and ties	
Suction and remove tube on expiration	
Examine stoma site – microbiology swab if required, clean site	
Apply occlusive dressing over stoma site and check seal	
Document procedure on TRAK	

STEP FOUR: POST-PROCEEDURE CARE	Please tick or comment
Show patient how to press stoma site when coughing / talking	
Closely observe patient for signs of increased work of breathing or desaturation / stridor and ability to clear secretions	
Inform physiotherapy team if any specific concerns	
TRACHE EMERGENCY BOX should remain at bedside for a minimum of 24 hours post procedure	
Update bedside tracheostomy sign to include date of decannulation	

**In most circumstances, patients should not be transferred to another clinical area for at least 24 hours post decannulation**

**\*\*\*and should ideally remain in the clinical area where they were decannulated\*\*\***

\*Currently under review

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