Tracheostomy: Criteria for Transfer of Patients with Newly Created Tracheostomy from Critical Care/High Acuity to Acute Care

Site Applicability

PHC Acute Care: SPH and MSJ

Practice Level

- Respiratory Therapy (RT)
- Registered Nurse (RN) in Critical Care or High Acuity

Protocol

Note: this protocol does **not** apply to patients with a pre-existing tracheostomy such as those being admitted from the community**.**

Transfer Criteria: Patients with a newly created percutaneous or surgical tracheostomy will remain in a critical care or high acuity unit until the conditions for transfer listed below are met.

Condition for Transfer to Acute Care		Rationale	Additional Comment
Low Risk for Decannulation	Patient is deemed, by RT and RN, to be low risk for inadvertent decannulation, if the patient can: • Follow directions and is cooperative with care. • Use a call bell appropriately.	Patients with acute delirium are at an increased risk for inadvertent decannulation.	Patients at high risk of inadvertent decannulation should remain in a critical care or high acuity unit for a minimum of 7 days post tracheostomy to allow the tracheal stoma time to mature prior to transferring to an inpatient unit. If there is concern about patient's ability to use a call bell or cooperate with care once transferred, consider close and constant care (i.e. 1:1 nursing care).

Presence of Airway Leak	Airway leak must be present as assessed by a RT using finger occlusion during spontaneous breathing with no positive pressure.	Verifies the presence of an alternative route for ventilation if inner/outer cannula becomes plugged or obstructed.	If no airway leak, patient does not meet transfer criteria and must remain in critical care/high acuity
No Active Bleeding	No active bleeding noted around stoma or per tracheostomy tube	Active bleeding may indicate the patient is unstable and therefore not safe outside of a critical care area.	
Emergency Equipment	Tracheostomy Emergency Equipment Bag for patients with a tracheostomy tube in-situ is present at the bedside and accompanies the patient on transfer. (refer to B-00-07-10034 Tracheostomy Care)	Emergency tracheostomy equipment must be readily available in case of inadvertent decannulation.	The standardized Tracheostomy Emergency Equipment Bag includes: • 5.0 XLT PROXIMAL (extra-long) cuffed trach tube • Trach dilators • Scissors • 10 (or 12) mL syringe • Resuscitation bag-valve -mask / AMBU bag
Smallest Size Double Lumen Tube	The smallest size double-lumen tracheostomy tube that is appropriate for the patient is in situ as determined by the RT (refer to B-00-13-12016: Tracheostomy Weaning Clinical Practice Guideline).	• Double lumen tubes are safer as they allow for the inner cannula to be removed if plugged or obstructed so that the patient can continue to breathe through the outer cannula without having to remove/replace the tracheostomy tube. • The smaller size allows for airflow around the tube in the event of complete tube occlusion	• Tracoe Twist/Twist+ double-lumen tracheostomy tubes (with reusable or disposable inner cannula) are the most common tubes used at PHC. • Non-Tracoe tracheostomy tubes may be used so long as it is a double lumen tube and spare inner cannulas are available (i.e. Shiley XLT (extra length) tubes).

Secretions	The patient is able to clear bronchial secretions on their own or requires infrequent tracheal suctioning (i.e. suction less than every 2 to 4 hours)	Staff to patient ratio insufficient outside of critical care to accommodate frequent need for tracheal suctioning	NOTE: Inline suction catheters should only be used within a mechanical ventilation circuit as they present an increased infection risk when not used in a closed system.

Documentation

Document all assessments and interventions using:

- Respiratory Services Critical Care Flowsheet
- Nurses Notes

Patient and Family Education

- Patient has met predefined transfer criteria and is safe to transfer to acute care
- During transfer: Immediately alert staff if any breathing issues occur or any other concerns arise
- Additional Patient and Family health education materials can be found here.

Related Documents

1. B-00-07-10034: Tracheostomy Care
2. B-00-13-12016: Tracheostomy Weaning Clinical Practice Guideline

References

1. Christopher. K.L. (2005). Tracheostomy Decannulation, *Respiratory Care*; 50(4): 538-549.
2. Durbin, C.G. (2005). Early Complications of Tracheostomy, *Respiratory Care*; 50(4): 511-515.
3. Lewarski, L. (2005). Long-term care of the Patient with a Tracheostomy, *Respiratory Care*; 50(4): 534-537.
4. Russell, C. (2005). Providing the Nurse with a Guide to Tracheostomy Care and Management, *British Journal of Nursing*; 14(8): 534-537.
5. White, A.C., Purcell, E., Urquhart, M.B., Joseph, B., & O'Connor, H.H. (2012). Accidental Decannulation Following Placement of a Tracheostomy Tube. *Respiratory Care*; 57(12): 2019-2025.

Persons/Groups Consulted:

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Nurse Educator ICU SPH

Clinical Nurse Specialist Critical Care SPH/MSJ

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