### PROCEDURE FOR CHANGING A TRACHEOSTOMY TUBE

#### PROCEDURE

1. Wash hands.

2. Assemble equipment:
   - Prescribed type and size of tracheostomy tube for student
   - Tracheostomy ties
   - Obturator, if applicable
   - Blunt scissors
   - BVM
   - Oxygen, if ordered
   - Suction machine and catheters/supplies
   - Syringe to deflate cuff for cuffed tube
   - Sterile water-soluble lubricant or sterile saline
   - One size smaller tracheostomy tube
   - Blanket roll, if needed
   - Gloves

3. Explain procedure to the student at his/her level of understanding.

4. Position student as ordered.

5. Open tracheostomy tube package.

6. Put on gloves.

7. Put obturator into clean tracheostomy tube if applicable.

8. Attach tracheostomy ties to tube if time permits.

9. Lubricate end of tracheostomy tube with water-soluble lubricant or sterile saline.

10. Suction tracheostomy, nose and mouth, if needed.

#### POINTS TO REMEMBER

- Anticipating the tasks to be done, the risks involved, and the personal protective equipment needed will enhance protection of both the caregiver and the student.

- Usually two people are needed to change a tracheostomy, but in an emergency situation, a tracheostomy tube change may be done by one person.

- An obturator is used as a guide for insertion.

- Cuffed tracheostomy tubes must be deflated before removal.

- Never use Vaseline or oil-based lubricants.

- May be used to position neck.

- Keep tube clean. Do not touch curved part of tube.

- Some students may have a Velcro holder or other means of securing tracheostomy tube around the neck. In an emergency, do not attempt to put ties on the trach tube before insertion.
**PROCEDURE**

11. Give two to four breaths with BVM if indicated.

12. Have an assistant hold old tube in place while cutting ties. Deflate cuff with syringe if tube is cuffed.

13. When the new tube is ready (in hand), have assistant remove old tube.

14. If the tube does not have an obturator, insert the clean (new) tube straight down into the stoma. Hold in place until secured.

15. If an obturator is used, immediately remove it after the tube is inserted. Insert an inner cannula, if applicable, at this time. Inflate cuff of tube if tracheostomy tube is cuffed. Hold in place until secured.

16. Listen and feel for air movement through tracheostomy tube.

17. Listen with stethoscope to assess breath sounds. Watch chest rise with breath.

18. Secure tube with ties.

19. Give two to four breaths with BVM and suction if needed.

20. Discard used equipment according to universal precautions.

21. Remove gloves and wash hands.

22. Document procedure in Healthmaster and EasyTrac, if applicable.

**POINTS TO REMEMBER**

This makes airway as clear as possible. If oxygen is used, make sure tubing is attached and oxygen is flowing.

If tube is being changed by one person, do not cut ties until clean tracheostomy tube is in hand.

Cuffed tubes must always be deflated before removal. Hold the tracheostomy tube in place at all times.

A person is unable to breathe when the obturator is in place in the tracheostomy tube.

Observe the student for signs of distress such as cyanosis, agitation, and/or shortness of breath.

The ties should be loose enough to slip one finger between the ties and the neck.

Notify parent/guardian and school nurse of any changes in the student’s usual pattern.
TRACHEOSTOMIES

POSSIBLE PROBLEMS THAT REQUIRE IMMEDIATE ATTENTION

<table>
<thead>
<tr>
<th>OBSERVATION</th>
<th>REASON/ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DO NOT LEAVE STUDENT ALONE</strong></td>
<td></td>
</tr>
<tr>
<td>The student shows any of the following signs of respiratory distress:</td>
<td>This may be due to a plugged tracheostomy tube from mucus, aspiration of foreign matter, accidental dislodgement or removal of the tracheostomy tube.</td>
</tr>
<tr>
<td>• coughing</td>
<td>Reassure student. Check air movement from tracheostomy. Check placement of tracheostomy tube. If tracheostomy tube is in place, suction.</td>
</tr>
<tr>
<td>• color changes</td>
<td></td>
</tr>
<tr>
<td>• wheezing or noisy breathing</td>
<td></td>
</tr>
<tr>
<td>• agitation</td>
<td></td>
</tr>
<tr>
<td>• retraction</td>
<td></td>
</tr>
<tr>
<td>Suction catheter will not pass or there is no air movement from tracheostomy tube.</td>
<td>Reposition student's head/neck. Check for air movement. Attempt to pass suction catheter again. Give oxygen if ordered.</td>
</tr>
<tr>
<td>Tracheostomy tube comes out and unable to reinsert.</td>
<td>Activate emergency plan. Call 911. Begin pulmonary resuscitation with mouth-to-stoma or mouth-to-mouth breaths, following universal precautions. Cover tracheostomy stoma with your thumb if giving mouth-to-mouth breaths. Only licensed nurses will use a manual resuscitation device. Qualified unlicensed personnel will be trained in mouth-to-stoma and mouth-to-mouth.</td>
</tr>
<tr>
<td></td>
<td>Notify school nurse and parent/guardian. Replace tracheostomy tube as trained.</td>
</tr>
<tr>
<td></td>
<td>Monitor student. Activate emergency plan. Call 911. Give oxygen if ordered. If indicated, begin pulmonary resuscitation with mouth-to-stoma breaths OR mouth-to-mouth breaths, following universal precautions. Cover tracheostomy stoma with your thumb if giving mouth-to-mouth breaths. Only licensed nurses will use a manual resuscitation device. Qualified unlicensed personnel will be trained in mouth-to-stoma and mouth-to-mouth.</td>
</tr>
<tr>
<td></td>
<td>Notify school nurse and parent/guardian.</td>
</tr>
<tr>
<td>OBSERVATION</td>
<td>REASON/ACTION</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Aspiration of foreign material, like food or sand.                        | **Suction first.**  
Check for air movement.  
Add saline and give breaths with resuscitation bag after initial suctioning, if ordered.  
Repeat above steps until aspirated secretions are clear or gone.  
If tracheostomy tube remains blocked by foreign material, **call 911** and remove tracheostomy tube.  
Check for air movement. **Activate emergency plan.**  
Change tracheostomy tube. Check air movement.  
Administer oxygen if prescribed.  
Respiratory distress or arrest can occur with any aspiration.  
Begin CPR, if needed. Notify school nurse and parent/guardian. |
| Bronchospasm occurs while suctioning.  
Bleeding occurs during suctioning.                                       | **Stop suctioning.**  
Check vacuum pressure setting. Adjust to lower setting, if appropriate.  
Continue suctioning as necessary to clear the airway.  
Use the manual resuscitation bag (BVM) and oxygen, if indicated and prescribed. Notify the school nurse and parent/guardian. |
| The secretions become blood-tinged and the student is not in respiratory distress. | **Activate the emergency plan.  Call 911.**  
Begin pulmonary resuscitation if necessary  
May be due to excessive suctioning; allow student to calm him/herself. If unable to remove catheter, disconnect from suction tubing and hold oxygen, if available, near end of catheter. When the bronchospasm relaxes, remove catheter. If bronchospasm persists, student may require medication. Notify school nurse and parent/guardian. |
| Student becomes hypoxic.                                                  |                                                                                |
| A large amount of blood is suctioned from the tracheostomy or the student develops respiratory distress while being suctioned. |                                                                                |
TRACHEOSTOMIES

POSSIBLE PROBLEMS THAT DO NOT REQUIRE IMMEDIATE ATTENTION

OBSERVATION

Increased secretions or thicker than usual mucus.

May require more frequent suctioning. These changes, or yellow or green mucus, may indicate infection. Thicker mucus also may be a sign of insufficient humidity. These observations are documented in Healthmaster and EasyTrac, if applicable. Inform the school nurse and parent/guardian.

Fever.

May be a sign of respiratory infection; notify school nurse and parent/guardian.

Redness or crusting at the stoma.

May be due to a tracheal infection; the site should be thoroughly cleaned, and the observation and procedure documented in Healthmaster and EasyTrac, if applicable. Notify school nurse and parent/guardian.

Bleeding or pain at stoma site.

May be due to infection or trauma; notify school nurse and parent/guardian.

Bloody secretions from tracheostomy.

May be due to infection or trauma from vigorous suctioning; notify school nurse and parent/guardian.