



# Tracheostomy Care Parent Education Handbook



Beth Israel Deaconess  
Medical Center

Newborn Intensive Care Unit





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*Information for Parents*

## **Tracheostomy Packet Contents**

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## *Learning Topics for Tracheostomy Care*

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### **Tracheostomy types and sizes**

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## *Home Care Considerations*

### **Planning for home**

1. Meet with Case Management to determine who will provide supplies
2. Meet with the home health care suppliers in their home to discuss set up of equipment
3. Determine who to notify in their immediate area to alert them to their infant's medical needs
4. Figure out how to best transport you infant and the necessary equipment

### **Home Set-Up**

1. Determine if the addition of a room humidifier would be useful, particularly during the months when heat is used. Discuss the appropriate type of humidifier to use with a health care provider.
2. Work with the home equipment staff to determine the best way to set up your home before your baby is discharged. You might need to change your home 'lay-out' to best accommodate the equipment and supplies.

Anticipate the need:

- For equipment placement such as portable suction, monitors, oxygen and humidity
- For electrical outlets for the equipment
- For storage for supplies
- To set up several areas with airway supplies

### **Clothing**

1. Be sure clothing allows easy access to the tracheostomy
2. Use clothing without high necklines so there is less change of clothing obstructing the tracheostomy tube or HME

### **Positioning**

1. Position your infant so there is little chance of the infant's head occluding the opening of the tracheostomy tube
2. Use Back to Sleep positioning for naps and bedtime

### **Achieving Developmental Milestones**

1. Talk with your pediatric care provider and your pulmonologist about the right time to start developmentally appropriate activities such as Tummy Time.
  - a. Tummy Time must always be done when your baby is awake, alert and observed by an adult.
2. Check websites such as [tracheostomy.com](http://tracheostomy.com) for practical hints about parenting an infant with a tracheostomy.

*Information for Parents*

***Tracheostomy Tube types and Sizes***

Brand	Size	Shaft Length (mm)	Insertion depth (cm)	Suction catheter size
<b>Bivona</b>	2.5	30	5.5	6 F
	3	32	5.7	6 F
	3.5	34	6	6-8 F
	4	36	6.2	8 F
<b>Shiley</b>	3	30		6 F
	3.5	32		6-8 F
	4	34		8 F
	4.5	36		8 F

**\*Note:**

Flex Shaft for Bivona sizes 2.5 - 4.0 = 20 mm or 2 cm.  
10 millimeter (mm) = 1 centimeter (cm)

**Formula for safe suctioning measurement:**

- Shaft length** (convert to cm)
- + 3** (adapter length of 2.5 cm + 0.5 cm)
- + flex shaft** (if there is one) in cm
- = insertion length** of suction catheter in cm.

Notes:

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## *Information for Parents*

### ***Cleaning the Tracheostomy Tube at Home***

Tracheostomy tubes can be cleaned at home and reused. Refer to the manufacturer's information pamphlet for information on how many times the tube can be cleaned and reused.

There are two times when the tracheostomy tube should be cleaned;

- After you have changed the tracheostomy tube, the one you just removed should be cleaned and stored.
- When the tracheostomy tube comes out accidentally, don't put the soiled tube back in unless it is an emergency or your health care provider tells you to do so.
- When you are doing a routine tracheostomy change, clean the tracheostomy tube prior to using it because it may become soiled during storage. Allow a few hours for the stored tracheostomy tube to dry after cleaning and prior to using it.

#### **After removing the tracheostomy tube**

1. Gather supplies
  - Used tracheostomy tube
  - Obturator
  - Soft brush
  - Pipe cleaners (sold at craft stores)
  - Mild soap (such as Joy or a Seventh Generation soap)
  - Paper towels
  - Distilled water
  - Clean plastic bag
2. Wash and dry your hands.
3. Inspect the tube for any damage or excessive wear. Do not use a tube that is damaged.
4. Gently clean tracheostomy tube and obturator with mild soap and water, removing debris with a soft brush and pipe cleaners.
5. Rinse tube and obturator and set aside on a paper towel to dry.
6. When the tube and obturator are completely dry, store in a clean plastic bag until the next use.

#### **Before reinserting the tracheostomy tube**

1. Right before the next use, bring a pan of distilled water to a boil. Remove the pan from the heat.
2. Remove tracheostomy tube and obturator from the plastic bag and place them in the pan of hot water.
3. Let the water cool.
4. Wash and dry your hands.
5. Remove the tube and obturator from the water, holding the tube by the neck flange and the obturator by its handle.
6. Allow the tube and obturator to dry on a clean paper towel.
7. The tube is now ready for to be inserted.

*Information for Parents*

***Humidification for Infants with Tracheostomy Tubes***

Humidity, or the amount of moisture in the air, protects the lining of the lungs and keeps secretions from drying out. When a baby has a tracheostomy tube, air bypasses the nose (the body's own humidification system) and goes directly into the lungs, so this air needs to be humidified.

There are two ways of providing humidification.

1. Mist Collar (tracheostomy mask) - It is worn over the tracheostomy tube. It is attached to aerosol tubing with the other end of the tubing attached to a nebulizer bottle and air compressor. Sterile water goes into the nebulizer bottle. Oxygen can also be delivered through the mist collar if needed.
2. Heat Moisture Exchange (HME) -This device fits onto the end of the tracheostomy tube. The HME holds your baby's own moisture and warmth in the airway. HMEs must be changed daily and when it becomes wet or soiled with secretions.

Humidity should be delivered through the mist collar:

- When your baby is asleep during naps and at night.
- When secretions are thicker than normal or blood-tinged.

Humidity can be delivered through a HME:

- When your baby is off the mist collar.

\*Note: Room humidifiers add extra moisture to the air in the room. You should consider using one seasonally in the colder months.

*Information for Parents*

***Tracheostomy Tube Suctioning***

1. Wash your hands with soap and water or use hand sanitizer before suctioning, except in emergencies
2. Assemble all of your supplies prior to beginning. You will need the following:
  - Emergency bedside supply bag
  - Suction kit or catheter
  - Suction machine and tubing
  - Saline
3. Turn on suction machine and check that it is set for no more than 80mmHg (millimeters of mercury)
4. If your baby is receiving oxygen by tracheostomy mask, supply blow-by oxygen during suctioning
  - Blow-by oxygen is oxygen that is free flowing in the area of the opening of the tracheostomy tube, but not blowing directly into the tracheostomy tube
  - Blow-by oxygen can be set to flow at about 5 LPM (liters per minute)
5. Determine the correct size suction catheter. Please see the Safe Suctioning Chart handout for the correct size suction catheter to use for the tracheostomy tube.
6. Determine the correct insertion length of the suction catheter
  - This measurement is equal to the length of the inner portion of the tube (found on the box) plus flex shaft (if one is there) plus adapter length (2.5 cm) plus 0.5 cm.
  - Refer to the Safe Suctioning Chart and have the exact number figured out before you suction
7. Either put on gloves that come with kit or any non-sterile gloves
8. Attach suction catheter to suction tubing using clean technique.
9. Instill a small amount of saline only if the secretions are very thick
10. Insert the suction catheter to the proper length
11. Remove the catheter quickly (2-3 seconds) while applying constant suction



## *Tracheostomy Tube Suctioning*

12. Look at the secretions/mucus
  - Normal: Clear or white with no odor
  - Infection: Yellow, green with foul-smelling odor
  - Blood: Pink tinged or a few streaks of blood are OK
    - If there are bloody streaks in the mucus, check suctioning depth.
    - More time on the humidity mask may help decrease blood in mucus
    - **If you see bright red blood , you should call your doctor right away**
13. If more suctioning is needed, allow your baby to take a few breaths and recover. Then, repeat steps 10 through 12. Sometimes you will need to provide blow by oxygen and allow your child time to recover before you repeat steps 10 through 12.
14. Turn suction machine off

*Information for Parents*

***Tracheostomy Stoma Site Care***

**Part 1: Cleaning the site and changing the tracheostomy sponge**

\*Note: This is a 2 person procedure.

1. Gather the supplies before beginning
  - Emergency bedside supply bag
  - Cotton-tipped applicators
  - ¼ Strength hydrogen peroxide (1 part hydrogen peroxide 3 parts water)
  - Water
  - Basin
  - 2x2 gauze squares
  - Blanket for a shoulder roll
  - One tracheostomy sponge
  - Velcro tracheostomy strap
2. Clean hands with soap and water or use hand sanitizer
3. Enlist a helper to assist in holding and comforting your baby during the whole procedure
4. Remove clothing from around your baby's upper body to allow for a clear view of the neck, front and back
5. Swaddle your baby and provide a pacifier if necessary for comfort.
6. Use a shoulder roll to allow easier access to the front of the neck
7. Gently remove old tracheostomy sponge, keeping tracheostomy ties in place
8. Inspect the skin around the tracheostomy stoma
9. Cleanse site using cotton-tipped applicators moistened with ¼ strength hydrogen peroxide solution
10. Rinse the site with sterile water using another cotton-tipped applicator
11. Dry with cotton-tipped applicators or gauze pads
12. Place a clean tracheostomy sponge under tracheostomy tube by aligning "V" with the tracheostomy tube, carefully sliding one side of the sponge under the flange. Repeat with the other side. Advance the sponge until it is in close proximity to the tube
13. Inspect the skin under the infant's chin for irritation or breakdown. A skin barrier such as extra-thin Duoderm may be applied under the chin as a protective barrier

## *Tracheostomy Stoma Site Care*

### **Part 2: Replacing the tracheostomy tube ties**

\*Note: This is a 2 person procedure

1. Replace the ties when the ties become soiled or when replacing the tracheostomy tube
2. The two- piece tie may be velcro'd together before being placed on your baby
  - The two-piece tie may need to be shortened, and any labels cut off to make it more comfortable for your baby
  - A tie template may be made to pre-cut ties for later use
3. Turn the baby's face away from the side you're working on to provide more visible access
4. Carefully remove one Velcro strap while your assistant holds the tracheostomy tube in place. Attach the new Velcro strap to that side
5. Inspect the skin beneath the tracheostomy tie for signs of breakdown and infection. Clean and dry the neck.
6. Remove the Velcro strap from the opposite flange and gently slide the old strap from the infant's neck. Continue to hold the tracheostomy tube in place and centered
7. Slide the new strap in the back of the infant's neck
8. Attach the second Velcro strap to the remaining flange and fasten it securely, making certain that the tube remains centered
  - Do not pull too tightly as this may cause the tracheostomy tube to shift to the side, which may then dislodge the tube
  - Tighten enough so that only the tip of your little finger can fit between the strap and your baby's neck
  - Tracheostomy ties that are too loose can result in tube dislodgement

*Information for Parents*

***Tracheostomy Tube Change***

\*Note: This is a two person procedure

1. Gather supplies (\*same as the Go Bag supplies)
  - Suction catheters ( \_\_\_ french)
  - A clean replacement tracheostomy tube with obturator in place and tracheostomy tube ties in flange holes
  - Replacement tracheostomy tube one size smaller
  - Water soluble lubricant
  - Self-inflating resuscitation bag
  - Syringe (needed for infants with an inflated cuff on the tube)
  - Non-sterile gloves
  - Saline
  - Replacement tracheostomy Heat Moisture Exchange (HME)
  - Tracheostomy sponge
  - Scissors
2. Wash your hands with soap and water or use hand sanitizer. Make sure your hands are dry before you continue
3. Prepare a tracheostomy tube of the same size
  - Remove the new tracheostomy tube from its packaging and examine it for any damage or flaws. If it is a cuffed tube, check cuff inflation (with water).
  - Keep the obturator in the tube for easier insertion.
  - Attach one Velcro tracheostomy tie to one flange.
  - Place tracheostomy tube on a clean work surface.
  - Moisten the tip of the tracheostomy tube with a small amount of water soluble lubricant.
4. Enlist a helper to assist in holding the baby's head midline and comforting your baby
5. Suction prior to the procedure if necessary to make your baby more comfortable.
6. Remove clothing from around your baby's upper body that may interfere with clear access
7. Swaddle your baby and place a roll under the shoulders to allow easier access to the front of the neck
8. Have your assistant hold the tracheostomy tube in the stoma while you:
  - Deflate the cuff (if inflated)
  - Remove the old tracheostomy ties and sponge
  - Clean the area around the tracheostomy as needed

*Information for Parents*

***Tracheostomy Tube Change***

9. Place the new tracheostomy in your hand
10. When ready, your assistant will pull the old tube out with an upward and outward motion
11. You will quickly insert the new tube gently with an inward and downward motion
12. Remove the obturator while holding the tracheostomy tube securely
13. Listen and feel for air movement. Your baby should be breathing comfortably
14. Secure the tracheostomy tube tie by sliding the strap around the back of your child's neck, and attaching the strap to the other flange
15. Insert a new tracheostomy sponge
16. Check to assure that the tracheostomy tie is secure. No more than the tip of your small finger should fit in between the tie and the infant's neck

Tube insertion problems:

The tube does not slide in easily:

- Do not force it
- Remove the tube and try again
- Apply more water soluble lubricant
- Use the smaller size tube

Your baby becomes agitated or appears to have problems breathing:

- Be sure the obturator is removed
- Remove the tube and attempt to reinsert
- Reapply water soluble lubricant to the tip
- Remove tube and attempt reinsertion with a smaller tube



## *Information for Parents*

### *Traveling with Your Baby*

Traveling with an infant who has a tracheostomy can seem scary. In addition to the usual baby care items, you'll need to bring along other supplies and equipment. Additional supplies you'll need should be in your Go Bag. Your Go Bag should be ready for you to use when leaving outside the home. Always leave your house prepared to take care for airway emergencies and basic infant care needs. Create a check list so nothing will be forgotten.

#### **In the car:**

Your infant should be in a car seat or a car bed (depending on travel needs) in the back seat of the car. The base of the car seat should be installed by a certified child passenger safety seat technician. Refer to the Car Seat Sense brochure for more information. Any monitors, oxygen equipment or suction equipment must be secured on the floor, below the infant to prevent them from moving in the event of an accident. When possible, have another person available to assist you while traveling.

#### **In the stroller:**

Practice arranging the supplies in the stroller before you need to go out. Take pictures of your perfect set up so you, and anyone else, can easily pack the stroller.

#### **In public:**

Don't allow people to touch your infant without your consent. Ask them to wash their hands with soap and water or use hand sanitizer before touching your baby. Be prepared for people to look and to ask questions. You might want to prepare something to say when you don't want to provide information.

#### **In the doctor's office:**

When calling to make an appointment, you should tell the staff that your infant has a tracheostomy and ask if there are designated appointment times available. Although it is uncommon, some doctors' offices are able to provide a private waiting area. Be sure to ask if private waiting area is available when arranging your appointments and again when you arrive to your appointment.

## *Information for Parents*

### ***Go Bag Supplies***

Having a baby with a tracheostomy does not mean that you need to stay home, you just need to be prepared. A Go Bag is a bag with supplies that allows you to travel outside of the home with your child. A Go Bag should be stocked with supplies that will be needed quickly to care for a breathing emergency.

#### In the bag:

- Suction catheters (8 french)
  - Plan for one suction catheter for each hour you'll be gone
- Replacement tracheostomy tube with obturator in place and tracheostomy tube ties in flange holes
- Replacement tracheostomy tube ½ size smaller (this might not be a usual part of your bag)
- Water soluble lubricant
- Self-inflating resuscitation bag
- Syringe (needed for infants with an inflated cuff on the tube)
- Non-sterile gloves
- Saline
- Replacement tracheostomy Heat Moisture Exchange (HME)
- Tracheostomy sponge
- Scissors

#### Also needed:

- Portable suction
- Apnea monitor (if used)
- Oximeter (if used)
- Oxygen (if used)
- Oxygen mist set-up (if HME not in use)

#### Always carry:

- Hand sanitizer
- Emergency phone number list



## *Information for Parents*

### *How to Manage an Emergency*

#### **Mucus Plugging**

Mucus can collect in the tracheostomy tube or airway causing a blockage or a “plug”.

##### **Signs of mucus plugging:**

- Difficulty breathing
- Flaring nostrils
- Restlessness
- Whistling noises when breathing
- Color change to pale, gray or blue
- Low saturations on the pulse oximeter

##### **Ways to prevent mucus plugging:**

- Use the mist collar when your baby is sleeping or when secretions are thicker than normal
- Use a Heat Moisture Exchange (HME) when off the mist collar
- Make sure your baby is adequately hydrated
- Suction as needed to clear secretions from the tracheostomy tube
- Perform routine tracheostomy tube changes (as directed, usually monthly)

##### **How to remove a mucus plug:**

- First try suctioning the tracheostomy tube
- If unsuccessful, place one or two saline drops into the tracheostomy tube to loosen secretions, then suction again
- If your baby is still showing signs of respiratory distress, change the tracheostomy tube

#### **Bleeding from the Tracheostomy Tube**

Bright red bleeding from the tracheostomy tube may be a sign of serious damage to the airway. Your baby should be seen by a doctor right away.

**\*Note:** It is not unusual to occasionally have blood-tinged or pink colored secretions

##### **Causes of bleeding from the tracheostomy tube may include:**

- Not enough humidity to the airway
- Frequent deep suctioning
- Infection
- Irritation from the tracheostomy tube
- Irritation from a foreign object in the airway



**How to prevent bleeding:**

- Use humidification
- Use “safe suctioning” technique (see “safe suctioning” handout)
- Keep regular appointments with the doctor to make sure the tracheostomy tube is fitting properly
- Use water based lubricant when changing tracheostomy tube to prevent trauma

**If the tracheostomy tube accidentally comes out (decannulation)**

If the tracheostomy tube is not secured properly it can easily be pulled, fall, or coughed out. If the tracheostomy tube comes out partially or completely, your baby may have difficulty breathing.

**Ways to prevent an accidental decannulation:**

- Make sure the tracheostomy ties are secure, dry and intact
- Replace the ties regularly and when they show signs of wear
- Always use two people for all routine tracheostomy tie changes

**How to replace the tracheostomy tube if it comes out accidentally:**

- Stay calm, but act quickly
- Keeping the airway open is always the first priority
- Reinsert the tube immediately. If the spare tracheostomy is not handy, replace the one that came out. Later, when the situation is under control, you can replace it with a clean tracheostomy tube.
  - If the regular size tube does not fit, try the ½ size smaller tube
  - If you are unable to reinsert the tube, call 911 and start CPR if needed

\*Always call your doctor if you have had difficulty reinserting the tracheostomy tube or needed to insert a smaller size.

\*\*Two spare tracheostomy tubes should be with your child at all times. One should be the same size as the one that is in your baby and the other should be a ½ size smaller for emergency replacement. Keep two tracheostomy tubes taped to the head of your baby’s bed. Also keep two tracheostomy tubes in your Go Bag (see Go Bag supplies handout). Therefore, including the one that your baby is currently using, you will need a total of five tracheostomy tubes.

## **Infection**

Children with tracheostomies are at a higher risk for respiratory infections because the tracheostomy tube bypasses the normal filtering process of the nose and the upper airway.

### **Symptoms of infection:**

- Yellow or green secretions
- Foul odor of the secretions or around the tracheotomy site
- Increased or thickened secretions
- Fever
- Change in breathing pattern, fast breathing, increased respiratory distress
- Congested lung sounds
- Lethargy

### **Treatment for infection:**

- Call your doctor with any signs or symptoms of infection
- If your baby is in need of emergency treatment, call 911

### **Prevention:**

- Wash your hands with soap and water frequently and especially before and after contact with your baby's tracheostomy tube
- Use antibacterial hand sanitizer when soap and water washing isn't convenient
- Avoid exposure to persons who are sick or have a cough
- Provide humidity
- Be sure all of your baby's immunizations are up to date. Influenza (flu) immunization is recommended annually in the fall for all adults, children, and infants more than 6 months of age. In addition to infants greater than 6 months, immunization should be strongly considered for all household contacts and out-of-home caregivers of children under 2 years of age
- Be sure immunizations (especially influenza and pertussis) are up to date for all people caring for your baby
- Keep your baby away from second hand smoke
- Regularly disinfect toys, doorknobs, remote controls, especially during cold and flu season

## **Emergency Phone Numbers**

- 911
- Pediatrician
- Pulmonologist
- Local Emergency Room
- Local Pharmacy
- Local 24 hour Pharmacy

## **Calling 911**

1. Information the 911 operator will need

- Who is having the problem
- What is the situation
- Where are you located

2. Stay on the phone until the Emergency Response Dispatcher tells you to hang up



## *Resources*

The following resources are meant to support information and education provided by the health care team.

Tracheostomy Care [www.trachcare.org](http://www.trachcare.org)

Organization to provide support and information for families, caregivers and healthcare providers

Adam's Tracheostomy Page [www.tracheostomy.com](http://www.tracheostomy.com)

Covers all aspects of tracheostomy care by families, includes message boards and educational material

Information from the American Thoracic Society about care of children with tracheostomies

<http://www.thoracic.org/statements/resources/pldd/childtrach1-12.pdf>

Federation for Children with Special Needs (FCSN) <http://fcsn.org>

The Federation for Children with Special Needs provides information, support, and assistance to parents of children with disabilities, their professional partners, and their communities.

Family TIES of Massachusetts [www.massfamilyties.org](http://www.massfamilyties.org)

A Network for Families & Professionals Supporting Children & Youth With Special Needs  
1-800-905-TIES (8437)

*Information for Parents*

<b>Beth Israel Deaconess Medical Center</b>		
<i>NICU Parent Skills Competency</i>		
<i>Tracheostomy Stoma Site Care</i>		<i>Infant's</i>
<i>Name: _____</i>		
<i>Steps for Cleaning the Site and Changing the Tracheostomy Sponge</i>	<b>Mother understands</b>	<b>Partner understands</b>
<ul style="list-style-type: none"> <li>• <b>NOTE: This is a two person procedure</b></li> </ul>		
Assemble the supplies: <ul style="list-style-type: none"> <li>➤ Emergency Bedside Supply bag</li> <li>➤ Cotton-tipped applicators</li> <li>➤ ¼ Strength hydrogen peroxide (1 part hydrogen peroxide 3 parts water)</li> <li>➤ Water</li> <li>➤ Basin</li> <li>➤ 2X2 gauze squares</li> <li>➤ Blanket roll for shoulders</li> <li>➤ One tracheostomy sponge</li> <li>➤ One Velcro tracheostomy strap</li> </ul>		
Clean hands with soap and water or a hand sanitizer.		
Enlist a helper to assist in holding and comforting your baby during the whole procedure.		
Remove clothing from your baby's upper body to allow for a clear view of the neck, front of chest and back.		
Swaddle your baby and provide a pacifier for non-nutritive sucking if necessary.		
Use a shoulder roll to provide easy access to the front of the neck.		
Gently remove old tracheostomy sponge, keeping tracheostomy ties in place.		
Inspect the skin around the tracheostomy stoma.		
Cleanse the site using cotton-tipped applicators moistened with ¼ strength hydrogen peroxide solution.		
Rinse the site with sterile water using another cotton-tipped applicator.		
Dry with a cotton-tipped applicator or gauze pad.		
Place a clean tracheostomy sponge under tracheostomy tube by aligning the 'V' of the sponge with the tracheostomy tube, carefully sliding one side of the sponge under one flange. Repeat with the other side. Advance the sponge until it is in close proximity to the tube.		
Inspect the skin under your baby's chin for irritation or breakdown. A skin barrier such as extra thin Duoderm may be applied under the chin as a protective barrier.		

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<b>Beth Israel Deaconess Medical Center</b>		
<i>NICU Parent Skills Competency</i>		
<i>Tracheostomy Stoma Site Care</i>		<i>Infant's</i>
<i>Name: _____</i>		
<i>Steps for Replacing the Tracheostomy Tube Ties</i>		<b>Mother understands</b>
<ul style="list-style-type: none"> <li><i>NOTE: This is a two person procedure</i></li> </ul>		<b>Partner understands</b>
<i>Replace the ties when they become soiled or when replacing the tracheostomy tube</i>		
	The two-piece tie may be velcro'd together before being placed on your baby.	
	Turn your baby's face away from the side you're working on to allow more visible access.	
	Carefully remove one velcro strap while your assistant holds the tracheostomy tube in place.	
	Attach the new velcro strap to that side.	
	Inspect the skin beneath that side for signs of breakdown and infection.	
	Remove the velcro strap from the opposite flange and gently slide the old strap from your baby's neck.	
	Hold the tracheostomy tube in place and centered.	
	Slide the new strap around the back of your baby's neck.	
	Attach the velcro strap to the second flange and fasten it securely, making certain the tube remains centered.	
<b>NOTES:</b>		
<ul style="list-style-type: none"> <li>Do not pull too tightly as this may cause the tracheostomy tube to shift to the side, which may then dislodge tube.</li> <li>Tighten enough so that only the tip of the little finger can fit between the strap and your baby's neck.</li> <li>Tracheostomy ties that are too loose can result in tube dislodgement.</li> </ul>		

*Information for Parents*

<b>Beth Israel Deaconess Medical Center</b>	
<i>NICU Parent Skills Competency</i>	
<i>Tracheostomy Stoma Site Care</i>	<i>Infant's</i>
<i>Name: _____</i>	
Taught by:	Date:
Taught by:	Date:
I feel comfortable cleaning the tracheostomy site and changing the tracheostomy sponge and ties.	
Mother's signature:	Date:
Partner's signature:	Date:

**Points of interest:**

1. The tracheostomy tie might need to be shortened and any labels cut off to make it more comfortable for your baby.
2. A tracheostomy tie template should be made and used to pre-cut ties for later use.

*Information for Parents*

<b>Beth Israel Deaconess Medical Center</b> <b>NICU Parent Skills Competency</b>			
<b>Tracheostomy Tube Change</b> <b>Name: _____</b>		<b>Infant's</b>	
<ul style="list-style-type: none"> <li>• <i>This is a two person procedure</i></li> </ul>		<b>Mother understands</b>	<b>Partner understands</b>
	Assemble and prepare the supplies: <ul style="list-style-type: none"> <li>➤ Replacement tracheostomy tube and tie                             <ul style="list-style-type: none"> <li>○ Tie may either be attached at one flange or unattached to tube</li> </ul> </li> <li>➤ Water soluble lubricant</li> <li>➤ Emergency Bedside Supply bag / Go Bag at home</li> <li>➤ Suction kit</li> <li>➤ Suction machine and tubing</li> <li>➤ Saline</li> <li>➤ Empty 3 mL syringe</li> <li>➤ 3 mL Syringe prefilled with water for cuffed tube with inflated cuff</li> </ul>		
	Clean hands with soap and water or a hand sanitizer.		
	Prepare tube with tie, lubricant and syringe (if needed)		
	Suction infant according to suction procedure.		
	Remove clothing near neck.		
	Swaddle infant or use second person to keep infant calm.		
	Place small cloth roll beneath infant's shoulders.		
	Remove tracheostomy sponge and clean area according to site care procedure.		
	Deflate cuff (if inflated).		
	Release the velcro strap from one tube flange while assistant holds tube in place.		
	Pull tie from around infant's neck.		
	(With replacement tube ready), assistant removes tube with a smooth outward and upward motion.		
	Insert replacement tube with a smooth inward and downward motion. (see Alternate Replacement Method for replacement without ties attached.)		
	Remove obturator.		
	Hold new tube in place using tripod (one finger holding either		



*Information for Parents*

Beth Israel Deaconess Medical Center NICU Parent Skills Competency			
<i>Tracheostomy Tube Change</i>		<i>Infant's</i>	
Name: _____			
	flange, one finger on chest).		
	Attach other velcro tie strap through second flange.		
	Assess that tracheostomy is midline.		
	Assess that infant is comfortably breathing.		
	Assess that tie is secured.		
	Replace tracheostomy sponge.		
Alternate replacement method without attached ties	<ul style="list-style-type: none"> <li>• Insert replacement tube with a smooth inward and downward motion.</li> </ul>		
	<ul style="list-style-type: none"> <li>• Remove obturator</li> </ul>		
	<ul style="list-style-type: none"> <li>• Hold new tube in place using tripod (one finger holding either flange, one finger on chest).</li> </ul>		
	<ul style="list-style-type: none"> <li>• Attach one tie's velcro strap through one flange hole while holding tracheostomy tube in place.</li> </ul>		
	<ul style="list-style-type: none"> <li>• Attach other velcro tie strap through second flange.</li> </ul>		
	Assess that tracheostomy is midline.		
	Assess that infant is comfortably breathing.		
	Assess that tie is secured.		
	Replace tracheostomy sponge.		
<b>NOTES:</b>			
<ul style="list-style-type: none"> <li>• <i>Tracheostomy tube replacement is a clean, not sterile, procedure.</i></li> </ul>			
Taught by:		Date:	
Taught by:		Date:	
I feel comfortable changing the tracheostomy tube			
Mother's signature:		Date:	
Partner's signature:		Date:	

*Information for Parents*

<b>Beth Israel Deaconess Medical Center</b>			
<i>NICU Parent Skills Competency</i>			
<i>Tracheostomy Tube Suctioning</i>		<i>Infant's</i>	
<i>Name: _____</i>		<b>Mother understands</b>	<b>Partner understand</b>
	Assemble the supplies: ➤ Emergency Bedside Supply bag ➤ Suction kit ➤ Suction machine and tubing ➤ Saline		
	Clean hands with soap and water or a hand sanitizer.		
	Turn on suction machine and check that it is set for no more than 80 mm Hg.		
	Supply blow-by oxygen if infant is receiving oxygen by tracheostomy mask.		
	Determine the correct size suction catheter to use by referring to the Safe Suctioning Chart.		
	Determine the correct insertion length for the suction catheter by using the Safe Suction Chart.		
	Put on gloves that came with the kit, or non-sterile gloves.		
	Attach suction catheter to the suction tubing using clean / sterile technique.		
	Instill a small amount if saline only if the secretions are very thick.		
	Insert the catheter to the proper length.		
	Remove the catheter quickly (2-3 seconds) while applying constant suction.		
	Inspect the secretions / mucus for color and consistency.		
	When more suctioning is needed, allow the baby to take some breaths and recover, and then repeat.		
	Turn off suction machine.		
<b>NOTES:</b>			
<ul style="list-style-type: none"> <li>• <i>Home suctioning is a clean, not sterile, procedure.</i></li> </ul>			



Beth Israel Deaconess  
Medical Center  
Newborn Intensive Care Unit



*Information for Parents*

Beth Israel Deaconess Medical Center NICU Parent Skills Competency	
<i>Tracheostomy Tube Suctioning</i>	<i>Infant's</i>
<i>Name: _____</i>	
Taught by:	Date:
Taught by:	Date:
I feel comfortable suctioning the tracheostomy tube	
Mother's signature:	Date:
Partner's signature:	Date: