

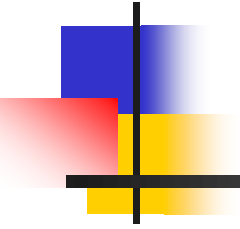
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Good Afternoon!

Created by
Lorriel

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Demonstration On Tracheostomy Care





Definition

- Tracheostomy care includes changing a tracheostomy inner tube, cleaning the tracheostomy site and changing dressing around the site



Purposes

- To maintain airway patency
- To prevent infection at the tracheostomy site
- To facilitate healing and prevent skin extortion around the tracheostomy site
- To promote comfort
- To assess the condition of tracheostomy



Equipment Used

I. Tracheostomy care kit containing:

- Gallipots - 3
- Sterile towel
- Sterile nylon brush / tube brush
- Sterile gauze squares
- Cotton twill ties or tracheostomy tie tapes
- Sterile bowl for solution



II. A Clean Tray Containing

- Sterile suction catheter
- Hydrogen peroxide
- Normal saline
- Sterile gloves – 2 pairs
- Clean scissors
- Face mask and eye shield [optional]
- Kidney tray/ basin
- Water proof pad

III. Suction apparatus



Procedure

s. n	Nursing action	Rationale
1.	Assess the condition of the stoma [redness, swelling, character of secretions, presence of purulence or bleeding]	Presence of these indicates infection and culture examination may be warranted
2.	Examine neck for subcutaneous emphysema evidenced by creptius around the ostomy site	Indicates air leak into subcutaneous tissue

3	Explain the procedure to the patient and teach the means of communication such as eye blinking or raising a finger to indicate pain or distress	Obtains co-operation from the patient
4	Assist the patient to a fowler's position and place waterproof pad on the chest	Promotes lung expansion prevents soiling of linen
5	Wash hand thoroughly	Prevents cross infection

Assemble Equipments

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a) Open a sterile tracheostomy kit pour hydrogen peroxide and sterile normal saline in separate gallipots

➤ Hydrogen peroxide and saline removes mucus and crust which promote bacterial growth

b) Open other sterile supplies as needed including sterile applicators suction kit and tracheostomy care kit / dressing kit.

➤ Enhance performance phase of procedure

c) Put on face mask and eye shield

➤ Protect the nurse

7	Don / wear sterile gloves. Place sterile towel on patients chest	Maintain ascetic technique
8	Suction the full length of tracheostomy tube and pharynx thoroughly	Removes secretions
9	Rinse the suction catheter and discard it	
10	Unlock inner cannula [if present] & remove it by gently pulling it out towards you in line with its curvature. Place the inner cannula in the bowel with hydrogen peroxide solution.	Hydrogen peroxide moistens and loosens dried secretions

11	Remove the soiled tracheostomy dressing . Discard the dressing and gloves	
12	Done a second pair of sterile gloves	
13	Clean the flange of the tube using sterile applicators or gauze moistened with hydrogen peroxide and then with normal saline. Use each applicators once only	Using the applicators or gauze once only avoids contaminating a clean area with a soiled gauze

14.	<p>Clean the stoma area with gauze make only single sweep with each gauze sponge before discarding</p> <ul style="list-style-type: none">❖ Half strength hydrogen peroxide [mixed with saline] may be used❖ Thoroughly rinse the cleaned area using gauze squares moistened with sterile normal saline	<p>Hydrogen peroxide is irritating to skin and inhibits healing if not removed thoroughly</p>
15	<p>Dry the stoma tube with dry sterile gauze . An infected wound may be cleaned with gauze saturated with an antiseptic solution then dried. A thin layer of antibiotic can be applied to the stoma with a cotton swab</p>	<p>May help to clear the wound infection</p>

Cleaning the inner cannula

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- a. Remove the inner cannula from soaking solution
- b. Clean the lumen and entire cannula using the brush
- c. Rinse the cleaned cannula by rinsing with sterile normal saline [agitating the cannula in the container with saline cleans it well]
- d. Gently tap the cannula against the inside of the sterile saline container after rinsing

➤ Thorough rinsing is important to remove hydrogen peroxide from inner cannula

➤ Removes solutions adhering on the cannula

Replace the inner cannula and secure it in place

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- a. Insert the inner cannula by grasping the outer flange and pushing in the direction of its curvature
- b. Lock the cannula in place by turning the lock [if present] into position

➤ This secures the flange of the inner cannula to the outer cannula.

Applying a sterile dressing

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a. Open and refold a 4 X 4 gauze dressing into a ' V ' shape and place under the flange of the tracheostomy tube. Do not cut the gauze piece

b. Ensure that the tracheostomy tube securely supported while applying dressing

➤ Avoid using cotton filled 4 X 4 gauze. Cotton or gauze fiber can be aspirated by the patient potentially creating a tracheal abscess

➤ Excessive movements of the tracheostomy tube irritates the trachea.

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Change the tracheostomy ties

- i. Leave a soiled tape in place until the new one is applied
 - ii. Cut a piece of tape that is twice the neck circumference plus 10 cms. Cut the ends of the tape diagonally
 - iii. Apply the new tape
- ❖ Grasp the slit end of the lean tape and pull it through the opening , one side of the tracheostomy tube

- Leaving tape in place ensures that tape will not be expelled if the patient coughs or moves
- This action provides a secure attachment with knot. Diagonal cut facilitates insertion of tape into openings of face plate

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- ❖ Pull the other end of the tape securely through the slit end of the tracheostomy tube on the other side
- ❖ Tie the tapes at the side of the neck in a square knot
- ❖ Alternate knot from side to side each time tapes are changed
- ❖ Ties should be tight enough to keep tube securely in the stoma and loose enough to permit two fingers to fit between the tape and neck

iv. Remove old tape carefully

➤ Prevents irritation and aids rotation of pressure site. Excessive tightness compress jugular veins , decrease blood circulation to the skin and results in discomfort for patient

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Document all relevant information in the chart

- ❖ suctioning done
- ❖ Tracheostomy care carried out
- ❖ Dressing changed
- ❖ Observations



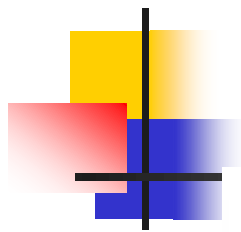
After Care

- Reassure the patient
- Provide comfortable position to the patient
- Replace the articles and keep it ready for next use
- Hand washing
- Documentation



Special Consideration

- Tracheostomy dressing should be done every 8 hours or whenever dressings are soiled.
- Tracheostomy tubes may come with disposable inner cannula or without the inner cannula. If inner cannula is present then replace the one inside with new one.
- If only single lumen is present , then suction the tracheostomy tube and clean the neck plate and tracheostomy site.



CONCEPCIÓN



Questions....???



Assignment

“ Write an assignment on nursing management of patients with tracheostomy. ”

Submit on :- 04/ 02/ 2012



Reference

- Potter Perry , Clinical nursing skills and techniques , chapter - 9 , Mosbi publications , Missouri ,2008.

Thank You...

