PROPOSED ADDENDUM TO TRACHEOSTOMY STANDARDS OF CARE

1. All safety equipment will be available at the patient’s bedside and during travel.
2. First tracheostomy change will be performed by an experienced physician with appropriate assistance (e.g. nursing staff, respiratory therapist)
3. Cuff deflation when mechanical ventilation not indicated and there is no risk of aspiration
4. There must be a tracheostomy bundle checklist
5. There must be a checklist of emergency supplies
6. Patients and caregivers must be evaluated prior to discharge for competency tracheostomy care and emergency procedures
7. In an emergency, replace dislodged (mature) tracheostomy tube with the same size or smaller tube
8. Tracheostomy tube diameter determined by:
	* Lung mechanics
	* Upper airway resistance
	* Airway clearance
	* Indications for procedure
	* Tracheal size/shape
	* Communication/speech needs
9. Tracheostomy ties should be used unless the patient recently underwent local or free flap reconstructive surgery or other major neck surgery
10. After a percutaneous dilation technique (PDT) the initial tracheostomy tube should normally be replaced within 10 to 14 days
11. Humidification should be used:
	* During the immediate postoperative period
	* If a patient required mechanical ventilation
	* In patients with a history of thick secretions
	* As necessary thereafter
12. If the patient has an inner cannula, it should be cleaned regularly and replaced using clean technique
13. The stoma and tracheostomy tube should be suctioned:
	* When there is evidence of visual or audible secretions in the airway
	* If airway obstruction is suspected
	* Before and after the tracheostomy tube is changed/cuff deflated
14. If there is a blockage or malfunction in the tracheostomy tube, the tube should be replaced
15. Tracheostomy tube cuff pressure should be checked routinely and adjusted as necessary
16. Critical airways (e.g. laryngectomy “no intubation from above”) should be placed at the head of the bed

TRACHEOSTOMY BUNDLE CHECKLIST

1. Humidification – each patient should have adequate humidification documented every 3 hours.
2. Tube patency – each patient should be assessed every 2 hours and PRN for secretion build up.
3. Safety equipment – all equipment relating to tracheostomy safety checked every shift:
	* Spare tracheostomy of same size
	* Emergency spare tracheostomy 1 size smaller
	* Scissors
	* Tracheostomy tie
	* suction catheter
	* Gloves
	* Surgical lubrication
	* Appropriate sized resuscitation bag and mask

4. All safety equipment must travel with patient

5. Cuff integrity – should be checked every shift.

6. Tracheostomy dressing and ties – should be changed every 24 hours or PRN

CHECKLIST OF BEST PRACTICE

1. Emergency algorithms in place for patients with tracheostomy (with and without laryngectomy)
2. Comprehensive “care bundles” and “care plan” for all patient with tracheostomy
3. Weaning and decannulation program
4. Standardized assessment and support by a tracheostomy multi-disciplinary team
5. Adequate infrastructure and resources to care for patients with a tracheostomy:
	1. Competency and training
	2. Equipment provision
	3. Staffing numbers
	4. Discharge planning and teaching
	5. Follow-up
	6. Good documentation and communication
	7. Collaboration for further quality improvement

NON-EMERGENT TRACHEOSTOMY CHANGE PROCEDURE

1. Wash hands and put on gloves
2. Obtain supplies
3. Position patient
4. “Time-Out” – right patient/right tracheostomy
5. Remove tracheostomy sponge and trach ties
6. Clean stoma and neck area – observe integrity
7. Suction patient
8. Deflate cuff of old tracheostomy tube (if applicable)
9. Remove old tracheostomy tube
10. Insert new tracheostomy tube
11. Assess proper placement of new tracheostomy tube
12. Inflate cuff of new tracheostomy tube
13. Secure with tracheostomy ties and place tracheostomy sponge
14. Suction patient
15. Return to baseline