

Tracheostomy Care and Suctioning

Student Name: _____ Student Signature: _____

Evaluator Signature: 1st attempt _____ Date: _____ Satisfactory* Unsatisfactory^

Evaluator Signature: 2nd attempt _____ Date: _____ Satisfactory* Unsatisfactory^

Evaluator Signature: 3rd attempt _____ Date: _____ Satisfactory* Unsatisfactory^

**** Critical Behaviors that need to be stated or done in order to pass the skill.**

PERFORMANCE BEHAVIORS	S*	U^	COMMENTS
<u>Assessment</u>			
1. Avoid distractions			
2. **Check chart for allergies Pain medications available if trach was newly inserted			
<u>Planning</u>			
3. Identify expected outcomes: know actions, special nursing considerations and patient assessment			
4. Gather necessary equipment a) Tracheostomy cleaning kit. b) Suction catheter and backup catheter c) Normal saline or sterile water d) Hydrogen peroxide e) 2 pair of sterile gloves f) Bath towel, blue pad, or prepackaged pad g) Bandage scissors h) Hemostat i) Ambu bag/resuscitation bag j) Stethoscope & pulse oximeter k) Personal Protective Equipment (PPE)			
*Make sure there is an extra trach tube with obturator (same size as patient's) and trach insertion tray at bedside at all times.			
5. Procedure requires two persons.			
<u>Implementation</u>			
6. Upon entering a) **Perform hand hygiene b) Be aware of your spatial safety have the call light within reach c) Identify self d) **Identify patient using two forms of identification (i.e., Name, birth date, medical record number) e) Assure privacy f) Explain what is about to occur (even if the patient is not alert). g) Allow for patient questions. h) Raise bed to comfortable height. i) Don clean gloves and protective eyewear			
7. Place patient in semi or high Fowlers position.			
8. Position self at the head of the bed appropriately. This will enable you to use your dominant hand for suctioning.			
9. Auscultate lung sounds, apply pulse oximeter, and note oximeter reading, check skin integrity, site drainage, and pain.			
10. Place bath towel or prepackaged drape under tracheostomy and across chest.			
11. Prepare equipment and supplies: a. Turn on or increase oxygen. b. Turn on suction (100-120 mm Hg for adults, 80 -100 mm Hg for pediatric patient). c. **Open sterile tracheostomy kit and sterile suction catheter kit with aseptic technique. d. Apply sterile gloves. e. Remove drape and place on overbed table. Use this as your sterile field. f. Place suction catheter onto sterile field. g. Remove sterile supplies from tray; place on sterile drape h. Arrange sterile 4X4s, trach dressing, brush, cotton-tipped swabs on sterile field in order of use.			

i. Pour cleansing solution (equal parts hydrogen peroxide and sterile normal saline/water) into individual containers.			
j. Pour rinsing solution (sterile saline or water) into the two other containers			
12. **Keep dominant hand sterile throughout procedure.			
13. Unlock and remove inner cannula with non-dominant hand, place it in basin with hydrogen peroxide cleaning solution.			
14. Prepare to suction: a. **Pick up sterile suction catheter with dominant (sterile) hand. b. With your non-dominant hand, pick up the suction tubing and connect to suction. c. **Aspirate sterile rinsing solution through catheter by occluding suction control with thumb (this is to lubricate the catheter. Do not put any sterile water in the trach).			
15. Hyper oxygenate Patient: a. Have the patient take several breaths. b. If the patient is unable to take a breath have a second person hyper oxygenate the patient with an Ambu bag (second person).			
16. Suction the patient: a. Remove thumb from suction control to stop occlusion. b. Insert catheter into tracheostomy until resistance is met or patient coughs. c. Pull back 1cm with sterile dominant hand. d. Apply intermittent suctioning while you roll the catheter between your thumb and forefinger. e. Encourage the patient to cough during suctioning. f. **Suction patient for a maximum of 10 seconds g. ** Reapply oxygen, encourage deep breathing and allow patient to rest between each suction episode. Assess pulse Oximeter. h. Rinse catheter with sterile saline/water. Repeat if necessary. (No more than 3 suction passes) i. Hyper oxygenate patient before repeating procedure. Assess pulse oximeter. j. Turn off suction, disconnect suction catheter and dispose of catheter while maintaining sterility of dominant hand.			
17. Clean and replace the inner cannula: a. Pick up the plastic faceplate of the inner cannula with non-sterile, non-dominant hand and cleanse the inner cannula with sterile, dominant hand. b. Use pipe cleaners and brush to clean inside inner cannula with hydrogen peroxide using dominant hand. c. Rinse inner cannula and its inner aspect with sterile rinsing solution and rinse thoroughly. d. Inspect inner and outer aspect of inner cannula and remove excess solution with sterile 2x2 using dominant hand to wipe from clean to dirty. e. Insert inner cannula into outer cannula with non-dominant hand and lock into place.			
18. Clean skin around tracheostomy and tabs of outer cannula with sterile saline/water. Use wipes that are free from lint around the tracheal opening			
19. Replace ties and dressing: a. Bring clean ties around back of neck. b. Secure new trach tie to one side of outer cannula. e. Secure the other side of tie to outer cannula. d. **Once new ties are secure, remove old ties. e. Insert fresh tracheostomy dressing under clean ties and faceplate.			
20. **Auscultate breath sounds, monitor oxygenation, read pulse oximeter.			
21. Provide oral care			
25. Before leaving room a. **Reposition patient for comfort and safety b. ** Lower bed c. **Raise appropriate side rails d. **Leave call light and belongings in reach e. ** Perform hand hygiene f. Dispose of used equipment			

***S = Satisfactory, ^U = Unsatisfactory**

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