THE STUDY VAULT

Clinical Chaos

Tracheostomy Care

SKILL SNAPSHOT

Purpose
- Maintains a patent artificial airway, clean stoma, secure tube, humidification, and intact surrounding skin.

When to use
- Routine scheduled care and as needed for secretions, soiled dressing, skin issues, tube/inner-cannula obstruction, or device assessment.

Supplies needed
- Emergency same-size and one-size-smaller trach tubes; obturator; suction; oxygen/BVM adapter; sterile trach kit; inner cannula; ties; dressings; PPE.

PREP + PATIENT SETUP

- Verify trach type/size, cuff status, last change, care order, oxygen/humidification, and suction plan.
- Assess RR/effort, SpO2, breath sounds, secretions, stoma, cuff pressure per scope, and

VAULT TIP

- Before starting, confirm the rescue setup: suction, BVM, obturator, same-size trach, and one size smaller.

STEP-BY-STEP

1. Hand hygiene; identify patient; explain procedure and position semi-Fowler if tolerated. Apply PPE.
2. Preoxygenate/suction only if assessment indicates and according to artificial-airway suction protocol.
3. Stabilize trach flange at all times. Remove soiled dressing and assess secretions, stoma, skin, sutures, and tube position.
4. Remove disposable inner cannula and replace with new sterile cannula, or clean reusable cannula exactly per manufacturer/policy. Lock securely.
5. Discard gloves, hand hygiene, and set up sterile field. Don sterile gloves when policy requires.
6. Clean stoma from tube outward using ordered solution and a new applicator for each stroke. Remove crusts gently; dry thoroughly.
7. Clean under flange without lifting or rotating tube excessively. Assess for redness, drainage, bleeding, granulation, infection, or subcutaneous emphysema.
8. Place pre-split sterile trach dressing under flange if ordered. Never cut gauze because fibers may enter airway.
9. Change ties with two trained people when required: one stabilizes tube continuously while the other replaces one side at a time.
10. Secure ties so one finger fits beneath; avoid excessive tightness and check neck/skin.
11. Reconnect oxygen/humidification and ensure tubing is supported without pulling. Verify cuff management per order and trained scope.
12. Reassess tube security, airflow, breath sounds, SpO2, work of breathing, secretions, comfort, and communication.
13. Dispose of supplies and hand hygiene. Keep suction, BVM, obturator, and spare tubes immediately available.

SAFETY REMINDERS

- Accidental decannulation is an airway emergency, especially with a fresh tract.
- Never leave tube unsecured during tie change.
- Do not cut gauze for a trach dressing.
- Humidification and secretion management prevent obstruction.

COMMON MISTAKES

- Changing ties alone in high-risk patient.
- Failing to stabilize flange.
- Overtight ties.
- Missing spare trachs/obturator at bedside.

DOCUMENTATION

- Trach type/size and securement.
- Stoma/skin and dressing.
- Inner cannula care/change.
- Secretions, suction, oxygen/humidification.
- Respiratory response, teaching, complications.