

PROCEDURAL GUIDANCE

TRACHEOSTOMY TUBE REPLACEMENT

1. Locate emergency “to-go” travel bag/supplies. Maintain standard precautions as you prepare supplies.
 - a. Same size tracheostomy **AND** downsize tracheostomy tube
 - b. Syringe (for cuffed tracheostomy, as necessary)
 - c. Lubricant (water-soluble)
 - d. Suction catheter
 - e. Suction machine with tubing
 - f. Gloves
 - g. Ambu bag with facemask
2. Verify the new tracheostomy tube is the correct type, size, and free of defects. (Same size tracheostomy tube should be used for initial replacement. Downsize tracheostomy tube should be reserved if experiencing difficulty replacing the current size.)
3. Insert the obturator into the new tracheostomy tube. Lubricate distal end of the tracheostomy tube using water-based lubricant. Do not touch distal end of tube to be inserted into the stoma.
4. Position student with head slightly extended and chin pointing towards the ceiling to visualize the trach stoma. Avoid hyperextending the neck.
5. Remove the current tracheostomy tube during student’s exhalation, if not already displaced.

For a cuffed tracheostomy tube: An inflated cuff tracheostomy tube may be necessary to direct airflow (create a seal) preventing aspiration and/or facilitate mechanical ventilation. The cuff must be deflated before it can be removed. Deflate the cuff by attaching the syringe and withdrawing the ordered volume (air or water dependent on type of tracheostomy tube).

6. Immediately insert new tracheostomy tube into the stoma with the curve pointing downward following the curve of the tracheal stoma. Immediately remove the obturator. If the tracheostomy tube meets resistance, do not force. Reposition and try again. If still unsuccessful, attempt to place the downsize tracheostomy tube.

For a cuffed tracheostomy tube: The cuff must be inflated following insertion. Attach syringe to inflate to ordered volume (air or water dependent on type of tracheostomy tube).

7. Hold the tracheostomy tube in place until secured with ties. Ties should be secure but with enough room to place one finger between the ties and student’s neck.
8. Monitor student tolerance. Proceed with suctioning as necessary.

OTHER CONSIDERATIONS FOR CARE

- Replacement of the tracheostomy tube is an emergency and may be necessary due to accidental decannulation or airway obstruction.
- Standard precautions are recommended in the home and community setting.
- If unable to replace any tracheostomy tube or there is resistance when bagging the replaced tracheostomy tube, plug the tracheostomy stoma with a finger and administer rescue breaths using ambu bag with face mask. Call 911.
- Some tracheostomy tubes (typically larger sizes used for older children and adolescents) may have an inner cannula that acts as a liner to ease cleaning and prevent the build-up of mucous. Assess how often the inner cannula is cleaned or changed.

