

## Tracheostomy Care

The patient with a tracheostomy has an increased susceptibility to nosocomial pulmonary infections. Tracheostomy increases the susceptibility to pulmonary infections by several mechanisms. Nasopharyngeal defense mechanisms are bypassed by tracheostomy. The procedure is required because of mechanical or physiologic pulmonary abnormalities that increase susceptibility to infection. Furthermore, inhalation therapy and tracheal suction are common routes for the introduction of pathogenic microorganisms.

- Careful handwashing is to be observed before and after each patient contact. Hands should be washed after contact with respiratory secretions whether or not gloves are worn.
- The tracheostomy site is to be cleaned at least once a shift and more frequently, if indicated, with sterile normal saline and swabs. Until a recent tracheostomy wound has had time to heal or form granulation tissue around the tube, no touch technique or sterile gloves should be worn on both hands for all manipulations at the site.
- See Nursing Procedure Manual for suctioning procedure. The risk of cross-contamination and excessive trauma increases with frequent suctioning. Thus suctioning should be done only when needed to reduce substantial secretions.
  - Suctioning is to be performed aseptically:
    - Sterile suction catheter and gloves on both hands are to be used for each series of suctioning and discarded after suctioning procedure is completed.
    - Sterile normal saline is used for:
      - Cleaning stoma site.
      - Instillation into tracheostomy tube to aid in secretion removal (3-5cc).
      - Clearing or flushing suction catheter.
      - Normal saline is poured and used for one series of suctioning then becomes contaminated and must be discarded.
      - Opened bottles of sterile normal saline are to be marked with date and time opened and discarded after 24 hours.
- The inner cannula is removed and cleaned at least once a shift. This may be performed more frequently if the patient has thick tenacious secretions (see Nursing Procedure Manual for specific instructions).

The complete tracheostomy tube is changed using aseptic technique as ordered. When a tracheostomy tube requires changing, a sterile tube or one that has received high level disinfection must be used.

This may vary with the patient's condition and the functioning state of the tracheostomy tube itself.

Until the tracheostomy becomes stabilized, only a physician or his direct designee may change the tube, using aseptic technique. Aseptic technique includes the use of sterile gloves and drapes.

- Disposable humidification equipment is used as much as possible. If reusable humidifier water reservoirs are used, they must be cleaned, rinsed out and dried daily.

Only sterile fluids are used in nebulizers and humidifiers.

After a large bottle of sterile fluid, intended for use in a nebulizer or humidifier, has been opened, it should be labeled and discarded within 24 hours.

Fluid reservoirs must never be filled in advance, but must be filled immediately before use.

Fluid must never be added to a partially filled reservoir. If fluid is to be added, the residual fluid must first be discarded.

Water that has condensed in tubing must never be drained back into the reservoir, but must be discarded.

Humidification devices are changed on a 48 hour basis and between patients.

- Disposable suction containers are used. Inner container bag is changed every 24 hours. Outside of container is wiped down with a disinfectant solution when it becomes visibly soiled.

Suction collection containers, inner container bags and collection tubing are changed between use on different patients and PRN.