

Tracheostomies

Types of Trachs: Shiley (PVC) and Bivona (silicone, more flexible)

Anatomy of a Trach:

- Cuffed vs uncuffed – cuffed trach has a balloon at the distal end of the tube (filled with water/air); may help improve ventilation
- Flange – where trach ties attach
- Hub – part of the tube outside the neck, universal size
- Flexible extension (Flextend) – part of some tubes used to extend hub away from the neck/prevent rubbing

Routine Trach Cares:

- 1st trach change done in ICU by ENT about 5-7 days after placement
- Change at least every 2 weeks
- Suction at least q12 hrs, do not suction more than 5 seconds per pass
 - Open suction – suction directly into hub of trach while off vent
 - In-line suction – suction while still connected to vent
- Change trach ties/dressing qd and more often if wet/soiled
 - Correct fit – trach ties fit with one small finger between the ties and the neck

Skin Care:

- Powders and creams/ointments on neck are okay but avoid near stoma (can get in airway)
- Skin irritation due to moisture
 - Increase cares to at least bid (when wet/soiled)
 - Cleanse skin with saline wipe, change split gauze, replace trach ties
 - Do not cut gauze – fibers can enter airway

- Skin irritation due to pressure
 - Check trach tie fit
 - Use wound products (Duoderm/Mepilex)
 - Offset pressure on stoma (reposition patient or trach/vent tubing)
- Granuloma
 - Topical silver nitrate (done by ENT)
 - Topical Ciprodex drops (otic) applied to granuloma 4 drops bid x 7-14d
 - Secure trach to minimize movement
- Infection
 - Topical or oral antibacterial agents
 - Topical anti-fungal agents

Bleeding from Trach:

- Mild bleeding after suctioning → likely trauma
- Recurrent bleeding/clots in trach → may indicate infection vs trauma, consult ENT
- Continuous bleeding → tracheoinnominate fistula (life-threatening)
 - Very rare, more common if cuffed trach x years

Troubleshooting:

- **Obstruction** – saline drops and suction (<5 sec/pass)
 - **When in doubt, change it out!!**
- **Accidental decannulation** – remember ABCs!
 - Insert nearest trach into the stoma, using ½ size smaller if unable to get correct size in place
 - If using cuffed trach, make sure cuff is deflated first
 - Routine trach change can be performed later with correct size once patient is stable
 - Intubate from above if unable to quickly replace trach in stoma
- **Ventilation issues**
 - Ensure that ventilator circuit is connected properly
 - Use bag-mask ventilation to manually ventilate patient via tracheostomy if needed