



Care of the Client with a Tracheostomy

Peak Development Resources, LLC
P.O. Box 13267
Richmond, VA 23225

Phone: (804) 233-3707
Fax: (804) 233-3705
Email: editor@peakdev.com

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After reading the newsletter, the home health aide should be able to:

1. Describe a tracheostomy and differences that result from normal breathing.
2. Identify two conditions for which a tracheostomy may be necessary.
3. Discuss care of the client with a tracheostomy.

A tracheostomy ("trach") is an opening through the neck and windpipe, or trachea, that promotes breathing. Tracheotomy, a related word, is the surgical procedure used to create this opening. This procedure is performed on people of all age groups, from infants to the elderly.



As a home health aide, you may work with clients who have a tracheostomy. Your role in the client's care may be simply to observe and report any problems with the tracheostomy while providing your usual care. Or, you may be trained to assist with some of the routine care. In either case, having knowledge of how a tracheostomy functions and the equipment involved is important for the client's safety.

This newsletter will discuss tracheostomy, including why it may be needed, types of equipment, and differences in breathing from normal respiration. The role of the home health aide in observing for complications and assisting with care will also be covered.

Tracheostomy

Tracheotomies are performed for a variety of reasons. The main goal, however, is always the same—to promote improved breathing. This procedure may be necessary due to a blocked upper airway, to allow for better removal of secretions from the airway, or to provide supplemental oxygen or mechanical ventilation over a prolonged period of time. Some

conditions that may require tracheotomy include injury or surgery to the face or neck, spinal cord injury, severe lung disease, coma, severe allergic reactions, and neuromuscular diseases, such as ALS.

A tracheotomy is performed by creating a surgical opening, or stoma, in the front of the neck that extends into the trachea. A trach tube is then inserted to keep the airway open. There are a variety of different types of trach tubes, such as single-cannula and double-cannula. Single-cannula models have just a single open tube.

Double-cannula models have an inner trach tube that can be removed for cleaning. Tubes are also cuffed or uncuffed. A cuff is a small balloon around the tube that is inflated with air to create an airtight seal against the trachea. This can help with mechanical ventilation and helps to prevent food, fluids, and secretions from going down the trachea. The walls of the trach tube may be solid, or they may be fenestrated, having holes. Fenestrated tubes are often used when weaning the person from a trach, since they allow for more air movement. The trach tube has a neck plate extending from it, which is used to firmly anchor it in place using twill ties around the neck or a Velcro closure. Another important part of the trach tube is the obturator, a long, narrow device that makes insertion of the trach tube easier.



With a tracheostomy, the path of air flow is changed. Normally, air enters

the nose, where it is warmed and humidified. Foreign particles, such as dust or bacteria, are removed by the mucous and tiny hairs in the nose. But when the air goes directly into the trachea, these actions do not occur. This increases the risk of infection and dry pulmonary tissues, since cool, dry air, that has not been filtered, enters the lungs. Other risks include pressure injury on the skin from the neck plate and infection or bleeding of the stoma.

Observation and Care

A client with a tracheostomy, whether new or established, requires close attention, observation and care. This includes a focus on:

Nutrition: The client with a tracheostomy may have difficulty swallowing and a decreased appetite. Small, frequent meals and foods the client likes are helpful to promote good nutrition. Extra time may be needed for chewing and swallowing, and the client should not be rushed. The risk of choking and aspiration may be increased with a tracheostomy. Encourage the client to tuck his/her chin down slightly when eating or drinking, to decrease the risk of aspiration. Also, thin fluids, such as water and juicy foods, may be more likely to cause choking, since they tend to run down the throat quickly. Ask the nurse about thickening the liquids if this occurs.



Hydration: Because breathing through a tracheostomy is more drying than normal breathing, careful attention should be paid to the client's fluid intake. A humidity collar may be ordered that fits over the trach tube. Unless fluid restriction is ordered, the client should be encouraged to drink fluids frequently, at least 8-10 glasses per day. Watch for and report signs of dehydration, such as sticky oral membranes, dry lips, decreased urination, concentrated urine, and dizziness.

Oral Care: Regular and thorough oral care helps to decrease the risk of respiratory infection and promote the client's comfort. Thoroughly clean the client's mouth at frequent intervals according to agency policy. You may also be directed to apply a mouth moisturizer and lip balm to decrease dryness.

Communication: A tracheostomy affects the client's ability to speak. It can be very frustrating, and even frightening, to lose normal speech. Most people with established trachs can speak by placing a finger over the trach tube opening, or by use of a special valve over the opening. If the client cannot speak, make sure you know how he/she communicates, such as with flashcards, a dry-erase board, or a laptop. Focusing on yes/no questions can make it easier for the client to respond.

Safety: The most serious problem with a new tracheostomy is the risk of the trach tube coming out of the stoma. This is called decannulation. A new tracheostomy may close up if this happens, blocking the airway. This is not usually a problem with an established trach, at least seven days old, since the older stoma tends to remain open. Before caring for the client, make sure you understand who will manage a decannulation and what to do if it occurs. For example, a trained family member may be responsible for providing this care. The obturator should be kept taped to the head of the bed in case it is needed for re-insertion of the tube.

When working with a client having a tracheostomy, use care to prevent foreign matter from entering the stoma. Do not use powders, shaving cream or other products near the stoma, and make sure that it is kept clear of water when showering or bathing.

Complications: Let the nurse and/or responsible family member know immediately of any signs of respiratory difficulty, as suctioning may be required. Watch for signs of respiratory infection, such as fever, cough, or chills. If secretions are coughed up, document the amount, color, and consistency, such as "small amount thin white secretions." Report signs of skin breakdown from the neck plate or trach ties.

Trach Care: In most cases, the nurse or trained family member/caregiver provides routine trach care. Trach care begins with suctioning, if necessary, and then careful removal of the inner cannula. Gloves should be used by the nurse, as well as goggles if spraying of secretions is likely. If a disposable cannula is used, it is discarded and a new cannula is inserted. If it is re-usable, it is usually cleaned in a solution of hydrogen peroxide and normal saline, then rinsed thoroughly in normal saline and replaced. The gauze around the neck plate is removed, and the skin around the stoma is cleaned gently according to agency policy. A new piece of pre-split gauze is replaced under the neck plate. Gauze should never be cut for use around the stoma, since loose fibers may be aspirated or cause irritation. The trach ties should be replaced if wet or soiled. This may require two persons, one of whom holds the neck plate firmly in place while the ties are being replaced. Or, ties may be replaced by securing the new ties in place before removing the old ones. Trach ties should be fairly snug, allowing one finger between the tie and skin.



Every body function depends on an adequate supply of oxygen. Your care and attention can help clients with tracheostomies meet this physiologic need and improve their quality of life.



Care of the Client with a Tracheostomy

NAME: _____ DATE: _____ UNIT: _____

Directions: Place the letter of the one best answer in the space provided.

- ____ 1. A tracheostomy is an opening into the windpipe through the neck.
A. True
B. False
- ____ 2. A tracheotomy may be performed for which of the following reasons?
A. mechanical ventilation is needed for a period of time
B. to remove secretions from the airway
C. the airway is blocked
D. all of the above
- ____ 3. Which of the following conditions is LEAST likely to require a tracheotomy?
A. severe allergic reaction
B. spinal cord injury
C. injury to the face or neck
D. abdominal surgery
- ____ 4. A double-cannula trach tube is:
A. constructed with a removable inner tube
B. used to prevent food and secretions from entering the trachea
C. a single tube used to keep the stoma open
D. the same as a fenestrated trach tube
- ____ 5. An obturator is a piece of equipment used to help with insertion of the tracheostomy tube.
A. True
B. False

- _____ 6. Compared to normal breathing, air that is breathed in by a tracheostomy is:
- A. warmer
 - B. drier
 - C. filtered to remove foreign particles
 - D. all of the above
- _____ 7. To decrease the risk of aspiration when eating, the client with a tracheostomy should be instructed to:
- A. look up
 - B. tilt the chin down slightly
 - C. turn the head to the right or left
 - D. keep the head in a straight position
- _____ 8. Which of the following is most likely to cause choking for a client with a tracheostomy?
- A. milkshake
 - B. pudding
 - C. apple juice
 - D. ice cream
- _____ 9. Safety measures for clients with tracheostomies include all of the following EXCEPT:
- A. avoid use of powders and other products near the stoma
 - B. keep the obturator taped to the head of the bed
 - C. cut a slit in a piece of gauze to place under the neck plate
 - D. use caution when bathing to keep water out of the stoma
- _____ 10. When properly tied, trach ties should:
- A. be very snug, pressing in on the skin
 - B. allow one finger underneath
 - C. be comfortably loose, allowing 3-4 fingers underneath
 - D. have 1/2" of slack in them

