



Tracheostomy (Stable & Established) Care Plan Long-Term Care



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MRP: _____ Contact Number: _____ Reason for Tracheostomy: _____

Tracheostomy Tube: Type: _____ Size: _____ Cuffed Non-cuffed Original Insertion Date: _____

Date due for next Tracheostomy Tube (Inner and Outer Cannula) Changeover: _____

Who will do the trach tube changeover: Respiratory Therapist Physician

Continuous oxygen flow rate: _____ Using room air Humidified air via: _____ Suction catheter size: _____ French

Respiratory assessment/Tracheostomy Care	Supplies needed	Interventions
<p>Respiratory assessment - Q12h and PRN</p> <ul style="list-style-type: none"> Auscultate lungs bilaterally Respiratory: Accessory muscles/flow rate/quality/use O2 saturation (%) Assess humidification device Assess for signs of infection <p>Routine tracheostomy care</p> <ol style="list-style-type: none"> Conduct a respiratory assessment prior to providing tracheostomy care Provide daily tracheostomy care: <ul style="list-style-type: none"> Check/Clean inner cannula BID & PRN. Disposable inner cannula changes BID & PRN Inspect, clean and dry stoma site BID and PRN Suction PRN only Dressing change (if present) BID & PRN Replace humidification device which includes filter, (Portex thermovent) BID and PRN Airvo circuit is changed every 2 months; resident connector change every 1 month 	<ul style="list-style-type: none"> Keep the obturator of the trach tube that is in situ at the bedside in case of emergency decannulation Vitals signs monitor, SaO2 monitor Perform hand hygiene before and after procedures <p>Tracheostomy care supplies:</p> <ul style="list-style-type: none"> Stethoscope PPE (face shield) Extra sterile disposable inner cannula Dressing tray Sterile fenestrated trach gauze (if needed) Sterile Q tips Sterile gloves Sterile suction catheters Sterile normal saline and sterile water Trach ties (Twill or Velcro) Towel to use as drape 	<ul style="list-style-type: none"> Identify the expected outcomes and gather necessary equipment Keep 1 to 2 (extra) disposable inner cannulas in the resident's room Auscultate and assessment for abnormalities that indicate respiratory compromise Report any unusual findings following respiratory assessment to the physician Provide regular oral care <p>Tracheostomy care: Refer to <u>Clinical Skills: Tracheostomy Management</u></p> <p>Assess the integrity of tracheostomy securement device, dressing and cannula.</p> <ol style="list-style-type: none"> Inner cannula care: <ul style="list-style-type: none"> Disposable type: Replace inner cannula with new sterile inner cannula BID & PRN Non disposable type: Clean, dry and replace existing inner cannula BID & PRN Stoma care: BID & PRN <ul style="list-style-type: none"> Inspect, clean and dry the stoma. Apply dry trach dressing only if needed Replace humidification filter device BID and PRN

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Long-Term Care

Respiratory assessment/Tracheostomy Care	Supplies needed	Interventions
<p>Ongoing assessment:</p> <ol style="list-style-type: none"> 1. Ensure tracheostomy securement device is secure continually 2. Ensure emergency trach kit is available at the bedside and has all the needed supplies 3. Ensure suction equipment is available and functioning 4. Ensure availability of oxygen and equipment <p>Other resident needs to be addressed:</p> <ul style="list-style-type: none"> • Monitor for risk of aspiration • Ensure resident comfort and security • Communication needs • Altered body image 	<p>Emergency tracheostomy kit (at the bedside): Checked/Stocked Q shift & PRN</p> <ul style="list-style-type: none"> • Spare tracheostomy tubes with obturator/ • Introducers (same size as in situ and size smaller) • Water based lubricant • Spare trach ties/holder • Resuscitation bag with masks (adult and round pediatric for stoma use) • Suction equipment • Oxygen (available on unit) 	<p>1. Replace trach ties weekly and PRN if needed</p> <ul style="list-style-type: none"> • Have a second staff available to assist and stabilize tracheostomy <p>PRN only Suctioning: PRN only or as ordered.</p> <ul style="list-style-type: none"> • Do not routinely instill N/S. Assess respirations/ventilation to determine if instillation is required. • Document type of secretions obtained from the suctioning. <p>Monthly Tracheostomy tube changeover (replacing inner and outer trach tube as ordered by prescriber): Only conducted by RT, nurse practitioner or physician</p>

Sample Form - Educational Purposes Only