



Tracheostomy Adult Tube Changing Protocol

Scope	<ul style="list-style-type: none"> • BHCG Inpatient Units • Medical Officer • Critical Care Registered Nurse
Policy	<ul style="list-style-type: none"> • The decision to perform a tracheostomy tube change must be made by an ENT or ICU consultant. • The tracheostomy change must be undertaken by a Medical Officer or Critical Care Registered Nurse suitably qualified in the procedure. • All tracheostomy tube changes must be performed as a two person procedure. • ICU Outreach and ENT may undertake tracheostomy change as a single person procedure in a patient with a long term tracheostomy. • If the tracheostomy tube change is unsuccessful or if there is difficulty inserting the tube, the procedure must be abandoned. Call for help. Ventilate as per management of Tracheostomy: Mandatory Equipment For Non-Ventilated Patients Policy • Instigate a Code Blue or MET if required. • Minor bleeding may occur after tube change but usually settles without treatment. If blood loss is large or increasing, ICU Outreach or ENT must be called. A MET may also be warranted.
Considerations	<ul style="list-style-type: none"> • Changing a tracheostomy tube poses significant risks including loss of airway and bleeding. • The risks are increased if it has been less than 7 days since the tracheostomy was performed or if the patient is at high risk of complications. • A tracheostomy change may occur on an as required, routine or emergency basis. • In general, tracheostomy tubes are changed every 4-6 weeks or when clinically indicated. • Emergency tracheostomy tube changes are required when the tube becomes blocked or dislodged. In the ventilated patient cuff failure may also be an indication for emergency tube change. • Careful assessment of the patient is required following tube change, including ability to suction and oxygenation.
Changing a tracheostomy tube procedure	<ul style="list-style-type: none"> • Cease enteral feeding/oral intake 6 hours prior to tube change and aspirate NGT if present. • Check Tracheostomy: Mandatory Equipment For Non-Ventilated Patients Policy is available. • Explain the procedure to the patient • Place an oximeter on the patient and pre-oxygenate • Perform hand hygiene and apply personal protective equipment.

	<ul style="list-style-type: none"> • Prepare the new tracheostomy tube: if cuff present- check integrity and lubricate the cuff, ensure the introducer can be removed easily • Position the patient comfortably with neck slightly extended • Suction the oral cavity • Perform hand hygiene • If the tracheostomy in situ has an above cuff port, suction above cuff secretions prior to removal • Suction via tracheostomy if indicated. • Remove old tapes. • Place clean tapes behind patient's neck • Perform hand hygiene • Deflate cuff with 10ml syringe • Remove existing tracheostomy tube • With the introducer in situ promptly insert new tube into stoma • <i>As an alternative to using introducer, a suction catheter (with Y removed) or bougie may be inserted to assist with guidance of the new tube into the trachea</i> • Remove the introducer or bougie immediately and ensure airway patency • Inflate cuff (if present and required) and check adequate cuff pressure via manometer • Secure the tracheostomy with tapes, ensure the tapes secure the tracheostomy firmly but are not too tight. • Insert inner cannula • Replace oxygen or ventilator if required • Place dressing around stoma if required • Perform full set of observations hourly for a minimum of 2 hours. • Document procedure in patient's medical record, ensuring the sticker from the tracheostomy tube product packaging is also inserted in the medical record • Re-commence enteral feeds or diet 1 hour post procedure if stable.
<p>Related Bendigo Health Documents</p>	<ul style="list-style-type: none"> - Tracheostomy: Mandatory Equipment For Non-Ventilated Patients Policy - Tracheostomy: Adult Inner Cannula Management Protocol - Tracheostomy: Adult, Humidification HME and Heated Water Humidifiers Protocol - Tracheostomy Adult Dressing And Tape Change Management Protocol - Tracheostomy: Adult Decannulation Management Protocol - Passy Muir Speaking Valve PMSV Adult Management Protocol - Tracheostomy: Adult Airway Emergency Management Protocol - Tracheostomy: Adult Cuff Management Protocol - Tracheostomy: Adult Suctioning Protocol - Tracheostomy: Team Roles Policy

	<ul style="list-style-type: none"> - Hand Hygiene (Includes Glove Use & Staff Attire) - Code Blue Initiation, Response & Documentation - Acute Campus - Code Blue- Initiation, Response & Documentation -Anne Caudle Campus - Medical Emergency Team- Anne Caudle Centre. MET- ACC - Medical Emergency Team (MET) - Acute Campus - Patient/Client Incident and Adverse Event Protocol. 	
References and Associated Documents	State and Commonwealth Legislation, Standards / Codes of Practice / Industry Guidelines <ul style="list-style-type: none"> • TRAMS Austin Health Clinical Procedure, 2014 • Melbourne Health Tracheostomy Tube weaning, changing and decannulation Policy, 2013 	
MANDATORY INCLUSION <i>Personal information and health information as defined in the relevant Victorian law, which is required to be collected, used, disclosed and stored by BHCG in order to achieve the Purpose of this policy, will be handled by the Group and its employees in accordance with their legal obligations.</i> <i>When developing this policy, BHCG has taken all reasonable steps to make its content consistent with the proper discharge of its obligations under the Charter of Human Rights and Responsibilities Act 2006</i>		
Responsible Department & Position	Intensive Care Unit: Business Unit Manager	
Approved by	Medical Surgical Clinical Standards Committee	25/08/2015
Authorised By	Group Clinical Standards Committee	19/10/2015