

## SKILL 46 Tracheostomy Monitoring

### EQUIPMENT

**NOTE:** *Equipment is kept at bedside or in room when client has a tracheostomy.*

Appropriately sized resuscitation equipment (mask, valve, bag)  
 Oxygen and humidity delivery source  
 Suction source, canister, and connecting tubing  
 Gloves, mask, goggles, gown (as appropriate)  
 Spare tracheostomy tubes (see note below)  
 Spare tracheostomy tube holder  
 Appropriately sized suction catheter pack (#8 to #10 French for children, #5 to #8 French for infants)  
 Oxygen flow meter and blender  
 Pulse oximeter  
 Cardiorespiratory monitor  
 Bandage scissors and small hemostats  
 Pre-slit Sof-Wick dressing, cotton-tipped applicators  
 Unit dose normal saline  
 Half-strength (1.5%) peroxide, sterile water/normal saline  
 Antibiotic ointment if ordered

**NOTE:** *For a new tracheostomy, spare tracheostomy tubes should include same size and 1/2 size smaller. For an established tracheostomy, spare tracheostomy tubes should be same size.*

### SAFETY

1. Infants and children unable to notify others of distress must be observed at all times.
2. The child, when transported outside of the client room, must be accompanied by trained personnel.
3. Initiate "Code Blue" and provide resuscitation if child experiences respiratory failure.
4. The following items must accompany the child leaving the room: spare tracheostomy tubes, self-inflating resuscitation bag, mask, suction catheter, suction connecting tubing, normal saline, stethoscope, Sof-Wicks, tracheostomy tube holder, water-soluble jelly, bandage scissors, gloves, portable suction (if needed).
5. Prevent potential aspiration by maintaining environment free of safety hazards.
6. Be alert to complications including obstruction, hemorrhage, subcutaneous emphysema, tube dislodgement, peristomal irritation, redness, or breakdown.

### PROCEDURE

1. Assess patency of airway, tube placement, tube size, security of tracheostomy, proper humidification to air-

way, level of consciousness every 2 hours (more frequent as determined by physician's order or assessment). Include respiratory rate, work of breathing (retractions, flaring, grunting), breath sounds, chest symmetry, color, oxygen saturation. Monitor cardiorespiratory monitor and pulse oximeter.

2. Position child to prevent airway occlusion and secretion drainage.
3. Maintain pulmonary toilet, e.g., cough, deep breath, incentive spirometer, activity.
4. Assess viscosity, color, odor, and amount of secretions when suctioned.
5. Assess hydration status in relation to viscosity of secretions. Note heated humidity, medications, skin turgor, mucous membranes, intake and output.
6. Provide oral care bid or more frequently as needed.
7. Assess means and effectiveness of child's ability to communicate daily needs (both acutely and long term). Provide alternative methods as needed, e.g., tongue clicking, tapping on bed, paper and pencil. Involve speech therapist.
8. Promote ongoing nutrition needs, calorie counts as needed, plan intake with respect to possible changes in smell, taste, and swallowing ability.
9. Assess ongoing psychosocial needs of child and family coping with tracheostomy placement (acute and long term).
10. Assess developmental needs.
11. Discuss with family discharge needs regarding equipment procurement for long-term tracheostomy plan.

### DOCUMENTATION

1. Assessment every 2 hours (more frequently if necessary), respiratory rate, work of breathing (retractions, flaring, grunting), breath sounds, chest symmetry, color, oxygen saturation, patency of airway, tube placement, tube size, security of tracheostomy, level of consciousness.
2. Appearance of stoma and neck every shift and as needed (prn).
3. Frequency of suctioning, appearance and quantity of secretions, and tolerance of procedures as performed.
4. Date of last tracheostomy tube change.
5. Child and caregiver education.