

A Caregiver Guide for Tracheostomy Care at Home



**Preferred Homecare/LifeCare Solutions
Corporate Headquarters
4601 E Hilton Ave, Suite 100
Phoenix, AZ 85034**

**Visit us at our Website@ www.preferredhomecare.com
Re-Order Supply Line: (888)844-1255 or (480)285-1289**

Servicing Location: _____

Location Phone #: _____

Introduction

These pages have been written to help you learn how to take care of your child/adult at home with a tracheostomy. As you learn about the care they need, you may have a wide range of feelings. Please feel free to talk about your feelings or concerns with our respiratory therapist (RT) or your doctor.

Remember, before you leave the hospital you will have many chances to practice all of the things that you will need to do at home. A nurse or RT will always be with you as you are learning. You may find that reading these pages answers many of your questions. It may also help you to think of more questions. Please write down your questions so that you can ask the right people when you see them. If anything in these pages is confusing, please ask our respiratory therapist to explain it. The more you understand about your loved one's medical condition and care, the more comfortable you will feel at home.

Please note: *The information included in this document is for informational purposes only and is not intended to substitute in any way for medical education, training, treatment, advice, or diagnosis by a healthcare professional. Preferred Homecare/LifeCare Solutions makes no warranties related to the information in this document. A qualified healthcare professional should always be consulted before making any healthcare-related decision.*

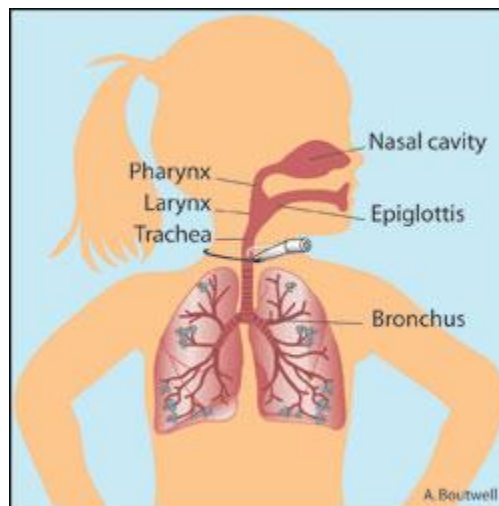


Figure 1.

Normal breathing

Normal breathing takes little effort or thought. Air is inhaled through the nose and passes through the breathing passages into the lungs (Figure 1). As air passes from the nose to the lungs, it picks up moisture and heat from the body. Oxygen from the inhaled air passes from the lungs into the bloodstream so that it can be used by the tissues and organs of the body.

The Tracheostomy

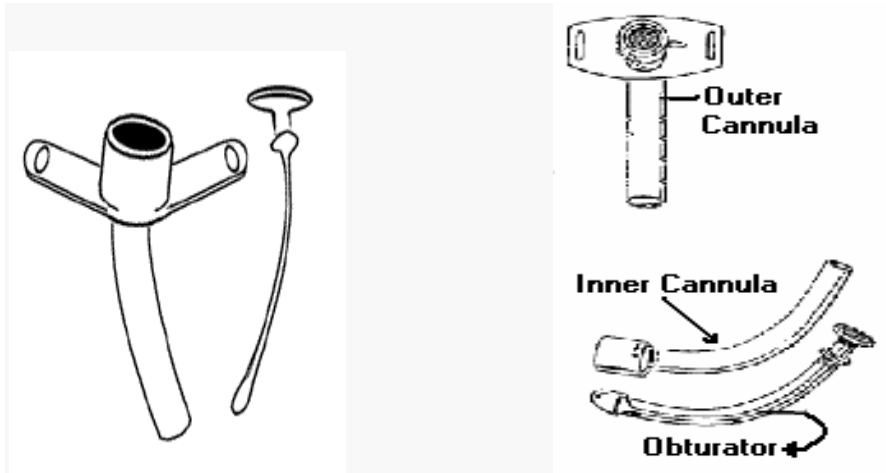
You may already know the reason why your child or adult needs a tracheostomy. If you are not sure, ask your RT or doctor to explain the relevant medical condition or diagnosis to you.

A tracheotomy is an operation in which a small opening is made into the windpipe (trachea) through a cut made in the skin on the neck. After the skin has healed, the opening is called a stoma or tracheostomy. A tracheostomy tube is kept in the stoma to keep the hole open. Sometimes you may hear people refer to the tracheostomy simply as the "trach".

There are two different kinds of tracheostomy tubes used for patients:

- Single cannula trach tubes which are used primarily for children ; and
- Dual cannula trach tubes which contain an inner cannula for cleaning.

Trach tubes come in a variety of materials, Plastic (PVC), Silicone, and Metal. The operating physician will determine which material is best suited for a patient based on the length of need in addition to any anatomical challenges to maintain the airway.



Note: When applicable, a re-useable inner cannula trach tube is always recommended in the homecare setting for easier cleaning and managing the secretions in trach; (e.g. An 8DCT is the equivalent of an 8LPC)

Trach Tube Conversion Chart (Disposable to Re-usable)

| Disposable Trach Tubes -Hospital | | Re-useable Trach Tubes-Homecare | |
|----------------------------------|-----------------------|---------------------------------|--------------------|
| 4 | DCT, DFEN, DCFS, DCFN | 4 | LPC, FEN, CFS, CFN |
| 6 | DCT, DFEN, DCFS, DCFN | 6 | LPC, FEN, CFS, CFN |
| 8 | DCT, DFEN, DCFS, DCFN | 8 | LPC, FEN, CFS, CFN |
| 10 | DCT, DFEN, DCFS, DCFN | 10 | LPC, FEN, CFS, CFN |

Home Care vs. Hospital Care

While your child or adult is in the hospital, you will notice that the nurses will practice sterile technique (only used in the hospital) versus the clean technique which you will be using at home.

Sterile technique includes:

- Hand washing
- Wearing sterile gloves
- Using a new trach tube, inner cannula, and trach tie
- Using sterile water (new bottle or bag every 24 hours)
- Discarding suction catheters after each use

Clean technique includes:

- Hand washing
- Using gloves is optional
- Re-using a trach tube and/or inner cannula that has been properly cleaned
- Using prepared sterile water and normal saline
- Re-using the same trach ties if they are properly cleaned
- Re-using suction catheters if they are properly cleaned (up to 8 hrs or 3/per day)

Since the home environment has fewer germs and fewer sick contacts, the clean technique can be used. For this reason several adaptations have been made. At home you may reuse tracheostomy tubes by using the proper technique for cleaning trach tubes. You may also re-use many of your other supplies with proper cleaning instructions which are outlined in this booklet.

Information in this booklet will cover the following topics:

- Tracheostomy skin care
- Suctioning the tracheostomy
- Changing the tracheostomy tube
- Cleaning of the tracheostomy tube
- Humidification to trach and how to use a Heat Moisture Exchangers(HME)
- How to make sterile water & normal saline at home
- How to clean and disinfect respiratory supplies
- Emergency care
- Daily activities
- Re-order of supplies

Tracheostomy Skin Care

The next section reviews the care of a patient at home. Your nurse will also teach you how to clean the stoma in the hospital.

The skin around the trach requires special care. Secretions (mucus) from the trach can cause the skin to become red and sore if allowed remaining on the skin too long. As much as possible, the skin should be kept clean and dry. You may need to clean the skin around the trach tube several times throughout the day.

The supplies needed are:

- Basic trach care kit
- Wash basin with warm water
- Mild antibacterial soap (Dial™ Hand soap is recommended)
- 2-3 clean washcloths or gauze dressing
- Clean Velcro trach ties (if ties need to be changed)
- Scissors

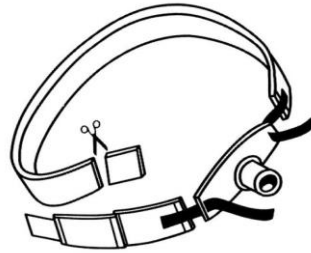
Proceed as follows:

- Wash your hands thoroughly with soap and water before beginning.
- Dip a corner of the washcloth in the warm water. Squeeze the water out and apply a very small amount of the mild soap to the wet cloth. Rub the corners of the cloth together until the soap is absorbed into the cloth.
- Remove soiled or wet trach ties. Be sure to secure the trach tube with one hand.
- Start as close to the stoma as possible.
- Clean the skin with the soapy washcloth wiping away from the trach opening. Wipe in one direction. Never wipe in a back and forth motion. Repeat the technique with another clean corner of the washcloth until all mucus or drainage has been removed.
- Dip another corner of the dry washcloth into the warm water. Squeeze dry and rinse soap from around the stoma. Again, wipe in one direction.
- Take the second dry washcloth and dry the skin thoroughly. You may now clean the rest of your neck area.
- Avoid using baby oils, lotions or ointments unless ordered by your doctor.
- Thread new Velcro tie and fasten in back of neck.(trach ties are "One size fits all")

Changing Trach Ties

Tip: It is a good idea to use a spare set of trach ties already cut to the correct size as a guide when cutting another set of trach ties.

You will need to cut the trach ties to fit the neck properly. The trach tie will have a long end and a short end to attach to the trach. You will be cutting the long end. Don't be afraid to cut the tie. It should not be so long as to lie underneath the phalange (wings). You may also round the edges and cut off the label to increase the comfort. There are two sides to the trach ties. There is a dull side which lies against the neck. The fluffy side lies outward and is the side where the Velcro side will stick. You should not be able to place more than one finger's width between the trach tie and the neck.



You may place a dry gauze trach dressing between the skin and the trach tube if a lot of tracheal secretions are present. These dressings need to be checked for drainage and changed at least every 2- 4 hours.

Make sure the dressing does not cover the trach opening. This could restrict air flow and make it difficult to breathe.

Lastly, call your doctor if you see any skin breakdown.

How to suction the tracheostomy

This section is going to review the importance of suctioning, and will cover:

- Signs and symptoms that indicate the need for suctioning.
- Supplies needed to suction.
- Step by step instructions on how to complete the suctioning process.

Keeping the trach free of secretions is very important. However, mucus is a normal part of every person's airway. It helps protect the respiratory system by filtering out dust, dirt, and some germs which are inhaled with the air we breathe. Sometimes we have more mucus than usual, such as when we have a cold.

The tracheostomized person cannot close off the airway to create enough pressure when coughing to remove secretions. By inserting a small catheter into the trach tube, mucus is removed and a person can breathe more easily. Effective suctioning can

decrease the possibility of upper airway infections, pneumonia and a possible oxygen requirement.

At first, a person may pull away or cry when you try to suction. Suctioning is a little uncomfortable because it causes coughing, but it should not hurt the person. Try to remember that you are helping them to breathe easier when you suction. Also think about what you are doing, rather than how one is acting when you suction them.

Signs and symptoms that indicate a need for suctioning include:

- Seeing mucus in the opening of the trach tube or hearing mucus in the airway
- Increased respiratory rate or effort
- Retractions (which is seen when the skin between the ribs pulls in while breathing)
- Nasal flaring (which is seen when the nostril flares out when a person breaths in)
- Change in skin color from normal to pale or blue
- Changes in activity, such as if a child is upset or inconsolable, or appears to be sleepy
- Increased coughing

Important: Call your doctor if you notice thick secretions that are yellow or green in color.

Other times to suction include before eating, or before and after sleeping. Be aware that every sound you hear does not mean they need to be suctioned.

Here are the supplies you will need to suction:

- Self-inflating bag (if on oxygen or a ventilator)
- Prepared normal saline
- Suction catheter kit
- Gloves (optional)
- Suction source
- Ziploc bag (1) & Marker
- Oxygen (if required)

Steps for suctioning

- Wash your hands thoroughly with soap and water before beginning.
- Open a suction catheter kit or remove from your marked Ziploc™ bag
- Used prepared home saline solution
- Put on gloves (optional)
- Attach suction source to the catheter

- Test the force of the catheter by drawing up prepared sterile water through the suction catheter.
- Measure a pre-set length of the catheter that you will insert into the trach tube. Make this measurement by inserting a catheter into a trach tube that is the same size as your child's tube. Extend it approximately 1 to 1½ mm past the tip of the tube. This is how far you will insert the catheter for suctioning.

Remember: Do not get stuck in the suction cycle, "where the more you suction the more secretions you create."

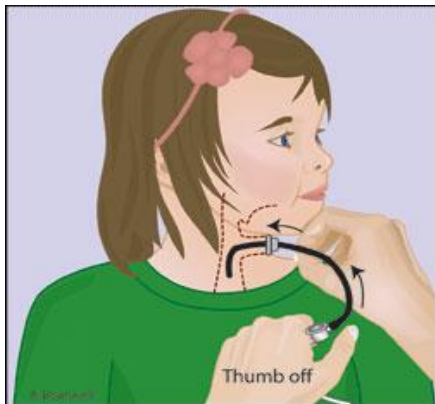


Figure 4.



Figure 5.

- Keeping your thumb off the valve, gently insert the catheter into the trach tube (Figure 4). Make sure that you are only inserting the pre-set length. If you do not clear the airway, you may have to insert the tube a little farther. **DO NOT FORCE THE CATHETER.**
- Place your thumb on the suction control as you pull the catheter out (Figure 5). Roll the catheter between your fingers as you withdraw. The catheter should only stay in the trach for 5-10 sec. at a time because a person cannot breathe during suctioning.
- Squirt 2-3 drops of prepared normal saline down the trach tube if the mucus appears thick. This will initiate a cough mechanism, so suction immediately. This should not be done routinely, and should only be done if needed. Between suctioning, you may also give 2-3 breaths with the self-inflating bag if needed.
- If the airway still sounds noisy, suction 2-3 more times until the lungs sounds clear. Once the lungs are clear, do not suction again.
- Finally, suction a good amount of prepared sterile water through the suction catheter to clear the mucus from the connective tubing (Figure 6) then wipe off with a gauze dressing. Place the clean catheter back in a Zip lock and re-use up to 8 hours.

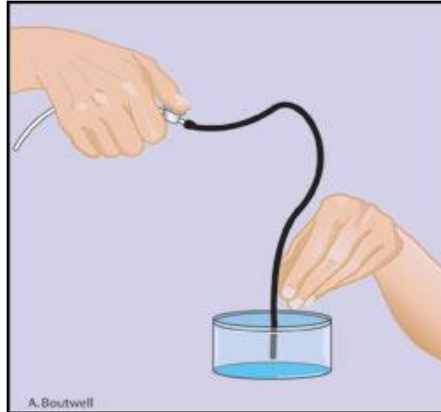


Figure 6.

How to Change a Tracheostomy Tube

This section will instruct you on how to change a tracheostomy tube. This section will cover:

- When to change the trach tube
- Supplies needed for the change

Changing the trach tube may seem difficult at first; however, after watching the nurse change the trach and practicing the procedure yourself you will soon be comfortable enough to do it independently.

It is always a good idea to have another person available to assist in trach changing. One person will change the tube; the other will assist in keeping the person occupied so that the tube change goes smoothly. We will also teach you how to change the trach tube by yourself in an emergency.

It is not a good idea to change the trach tube after eating because this may cause a person to vomit.

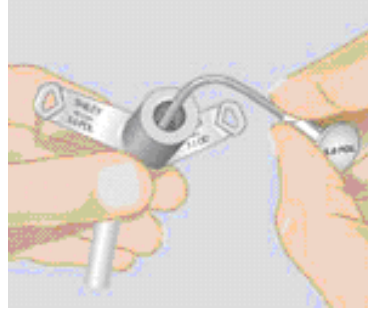
The best time to change the trach tube is when the patient is happy and comfortable and when you do not feel hurried. This may be when your other children are sleeping or when the person is distracted. It is important to incorporate the trach tube change as part of your routine. Never change the trach tube when a person is sleepy, hungry or irritable. They will not be cooperative.

Supplies needed:

- Sterile trach tube with obturator while in the hospital (clean tube when at home)
- Individual saline dropper or plastic syringe
- Wash basin with warm water, 2 washcloths and mild soap
- KY Jelly™
- Suction catheter

- Rolled blanket
- Blunt tipped scissors
- Clean Velcro trach ties

Once you have gathered your supplies you are ready to begin. First, inspect the parts of the trach tube to check for any defects:



- The wings
- The obturator
- The cannula

Once this is done, you can begin with the trach change.

- First, wash your hands thoroughly with soap and water before beginning.
- Using the rolled blanket, position the head so the chin is pointing to the ceiling and his head is tilted back. It is important not to tilt the head too far back because this will actually make it more difficult to insert the tube.
- His head should be tilted in a natural position. If you have a small child or baby, it is easier to change the trach while they are lying down. An older person can sit in a chair or stand if physically able.

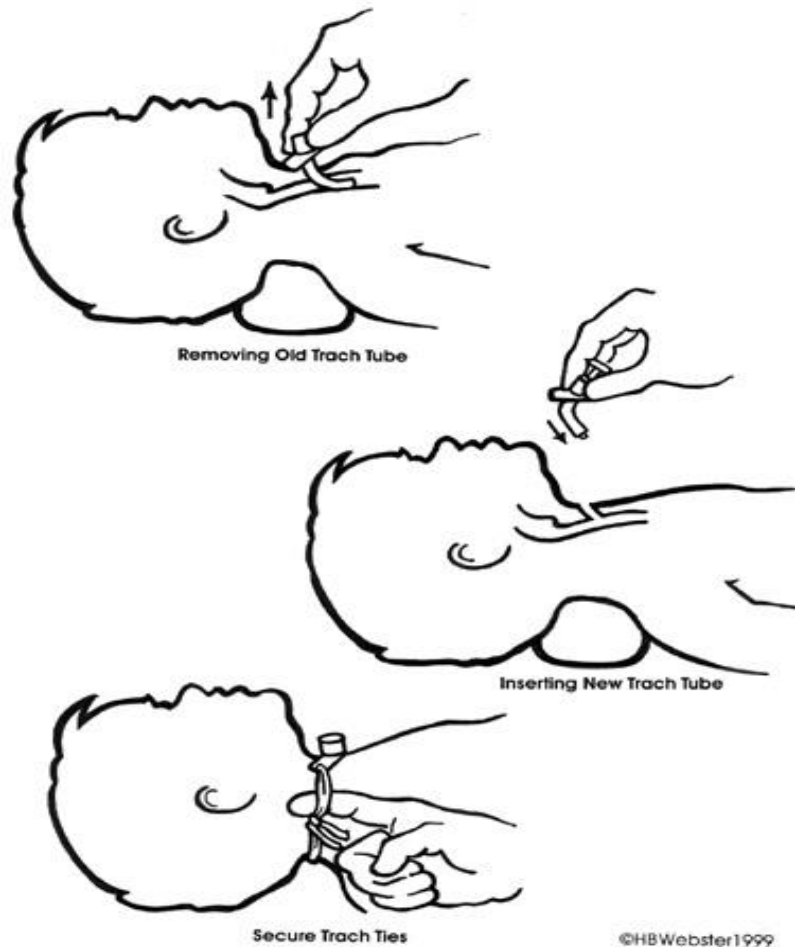
Be careful not to touch the trach cannula while changing the tube. You do not want to contaminate the cannula.

- Put on your gloves and suction the trach prior to preparing for the trach change. Depending on a person's needs you may have to ventilate them with the self-inflating bag.
- Get your sterile or clean trach tube ready by inserting the obturator into the cannula and attaching the Velcro ties to the tube. Cut the trach ties to fit the neck properly.
- Lubricate the end of the trach and place it back on to your working area. If your child is wearing a cuffed tube, inflate and deflate the cuff to make sure that the cuff is working properly.
- Have your helper hold the old trach firmly in place while you undo the Velcro ties. Whenever the ties are not fastened it is possible to cough the trach tube out.

If suctioning is required before the procedure is completed, have your helper hold the tube by keeping her hand on the wings. Then suction as needed. When finished, continue with the tube change.

- On the count of three, have your assistant remove the old trach and lay it to the side. You should allow a person to take some breathes for a few seconds while you reach for the new trach tube.
- Pick up the new trach and make sure to hold the obturator firmly in place. The curve of the tube should be inserted downward toward the trachea.
- Insert the new tube removing the obturator as quickly as possible with your free hand while still holding the new trach in place (Figure 7.)
- Next, secure the ties around the neck. Check to make sure you can get no more than one finger under the trach ties. Never let go of the trach until the ties are secure. If the trach leans to the left or right, the ties are too tight.
- Disinfect the old trach tube and wash your hands. If you decide to disinfect the trach at a later time, it is important to immediately rinse the tube under running water to prevent the drying of any secretions. Let the tube completely air dry before putting it into a container to properly sanitize at a later time.

Note: If you child has a customized tube, it can be used for 3-4 months before ordering new tubes. Talk to your ENT doctor about how many times you can reuse the trach tubes before throwing them away.



(Figure 7.)

How to clean the uncuffed plastic Shiley trach tubes

Supplies needed:

- Dirty trach tube and its obturator
- Mild anti-bacterial soap and water
- Pipe cleaner/brush(from trach care kit)
- Clean container or a new zip lock plastic bag
- Paper towels
- Pen and tape

Directions:

- Clean the tube and obturator with soap and water. Using the obturator or pipe brush clean any mucus from inside the tube.
- While cleaning, look for cracks or sharp edges. If you find any, discard the tube.
- Rinse the tube and obturator well in water. Soak in a mild soap and water solution for 2-3 hours in a clean container.
- Rinse the soapy solution off and place the trach on a clean, dry paper towel to air dry. Place a clean paper towel over the wet tube and obturator to protect from dust and let dry overnight.
- Once the tube is dry, handle it by the wings only. Inspect it again for any damage.
- Store in a clean container or zip lock bag. Label with the size of the trach tube and the date cleaned on the outside of the container or bag.

How to clean the silicone Bivona trach tube and the cuffed Shiley trach tube

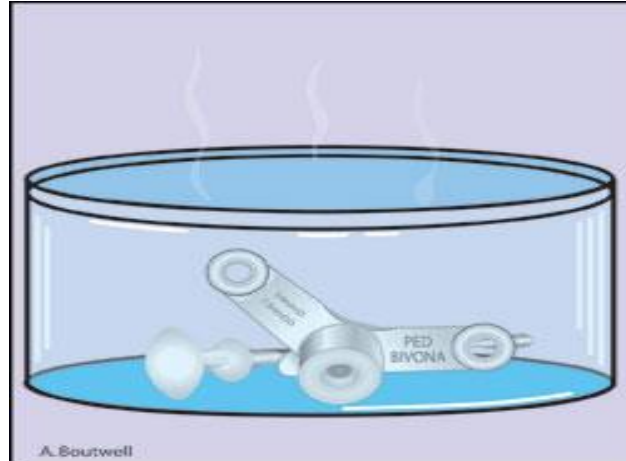
Supplies needed:

- Dirty trach tube and obturator
- Mild anti-bacterial soap and water
- Pot or container for boiling water
- New zip lock plastic bag
- Paper towels
- Pen and tape

Directions:

- Clean the tube and obturator with mild soap and water using the obturator to clean any mucus from inside the tube. While cleaning, look for any cracks or sharp edges. If you find any, discard the tube. Rinse well with water.

- Boil water in a pot and remove from direct heat; or microwave water until it is boiling hot. Place the trach tube and obturator into the hot water (Figure 8). Leave the tube and obturator in hot water until the water is cool enough to pull the trach out using your bare hands. **(Never boil tracheostomy tubes over direct heat).**



- Allow water, tube, and obturator to cool. Place on a clean dry surface such as a paper towel. Place a clean paper towel over the wet trach to protect from dust and let dry overnight.
- Store in a clean container or zip lock plastic bag. Label the container with the size of the tube and date cleaned.

Humidification

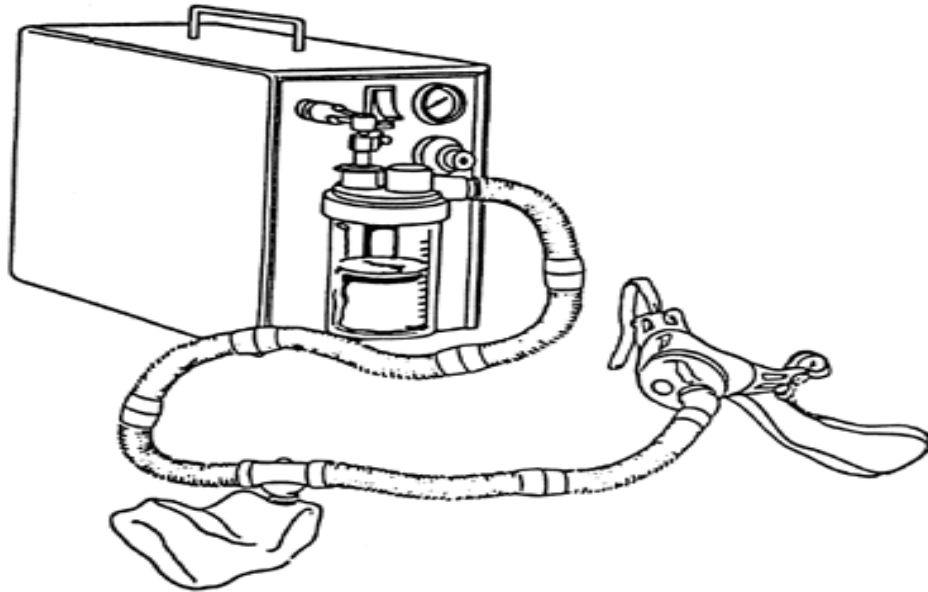
The nose and mouth provide warmth, filtering and moisture for the air we breathe. A tracheostomy tube by-passes these mechanisms. Humidification must be provided to keep secretions thin and to avoid mucus plugs. Note, children and Adults with tracheostomies do best in an environment of 50% humidity or higher.

Supplies needed for humidification:

- Air Compressor
- Nebulizer Bottle
- Aerosol Tubing
- Aerosol Drainage Bags
- Trach Mask
- Prepared Sterile Water
- Heat Moisture Exchanger (HME) for daytime use; Also known as the following: Thermal Humidifying Filters, Artificial Nose, Filter, Thermovent "T".
- Room Humidifiers

Aerosol Compressor for Humidification

Humidity should be delivered while sleeping. Attach a mist collar (trach mask) with aerosol tubing over the trach with the other end of tubing attached to the nebulizer bottle and air compressor. Prepared Sterile water goes into the nebulizer bottle (do not overfill, note line guide). Oxygen can also be delivered via the mist collar if needed with an oxygen bleed-in valve.



Heated mist may be ordered. Heated mist is accomplished by an electric heating element that fits onto the nebulizer bottle. Extra care should be taken to be sure the bottle does not go dry, which could melt plastic. Many of these heating elements do not have automatic shut-offs and this could be a potential fire hazard. Also, more moisture will accumulate in the aerosol tubing with heated mist. Moisture that accumulates in the aerosol tubing must be removed frequently to prevent occlusion of the tube and/or accidental aspiration. Disconnect tubing at the trach end, empty into a container and discard. Do not drain fluid into the humidifying unit. Fluid traps (or drainage bags) are helpful in preventing occlusion and aspiration. These collection devices also need to be emptied frequently. Position the air compressor and tubing lower than the child to help prevent aspiration from moisture in the tubing. A mist collar can also be worn during the day when mucus is thick or blood tinged. Additional fluid intake can also help to keep secretions thinner.

Heat Moisture Exchanger (HME)

Secretions can be kept thin during the day by applying a Heat Moisture Exchanger (HME) to the trach tube. An HME is a humidifying filter that fits onto the end of the trach tube and comes in several shapes and sizes (all styles fit over the standard trach tube opening). There are also HME's available for use with the portable ventilators. Bedside ventilators also have add-on humidifier with a water chamber. HME does also help to prevent small particles or insects from entering the trach tube.



Thermovent "T"- (Recommended for all Children and Adults)



Humidi Vent™- (used for infants < 50ml vt)

Important: HME's must be changed **daily** to prevent plugging by over saturating the internal paper or cloth material.

Making Sterile Water for Home Use

You will need the following supplies:

- Distilled Water or tap water (Distilled is recommended)
- Two 2-quart pans with lids
- One quart-size jar and lid
- Funnel

Note: Do not use a dishwasher. To sterilize the jars and lids, you must do this in boiling water on the stove.

Follow these steps:

1. Wash your hands.
2. Wash pans, spoon, funnel, jar, and lid in soapy water and rinse.
3. Fill both pans with 1 quart (4 cups of water)
4. Bring to a boil. Cover pan. Boil for 10 minutes (start timing after boiling begins).
5. Place the bottle, lid, and funnel in other pan. Cover with water.
6. Bring to a boil. Cover pan, and boil for 10 minutes.
7. Let both pans cool to room temperature.
8. Remove jar from pan. Do not touch inside of jar.
9. Pour prepared sterile water into jar using funnel.
10. Place lid on jar. Label the jar "Sterile Water."

Making Normal Saline for Home Use

You will need the following supplies:

- Distilled water or tap water (Distilled is recommended)
- Table salt
- Measuring cup and measuring spoon
- Two 2-quart pans with lids
- One quart-size jar and lid
- Funnel

Follow these steps:

1. Wash your hands.
2. Wash pans, spoon, funnel, jar, and lid in soapy water and rinse.
3. Fill pan with 1 quart (4 cups) of water.
4. Add two level teaspoons of salt to water.
5. Bring to a boil. Cover pan. Boil for 10 minutes (start timing after boiling begins).
6. Place bottle, lid, and funnel in other pan. Cover with water.
7. Bring to a boil. Cover pan, and boil for 10 minutes.
8. Let both pans cool to room temperature.
9. Remove jar from pan. Do not touch inside of jar.
10. Pour cool saline into jar using funnel.

11. Place lid on jar. Label the jar "Salt Water or Normal Saline."

Cleaning and Disinfecting of Respiratory Supplies

The cleaning and disinfecting of your respiratory supplies is essential to health of any child or adult. Whenever moisture is present, from water supplies, from body humidity, or any bodily fluid, bacteria can grow (24-72 hours). If your supplies are not properly cleaned and dried, bacteria builds up and can lead to infections in our body, especially in the airway passages. Also, the oils in our skin and the minerals in tap water can cause premature breakdown in the materials used to manufacture your supplies. Therefore, we recommend the cleaning and disinfection schedule be followed diligently. Daily cleaning removes dirt and oils that may harbor germs. Disinfection actually kills germs that may lead to infection. Remember to always wash your hands prior to handling supplies used for everyday care.

You will need the following cleaning supplies:

- Mild, non-lotion detergent. Do not use soap or strong dish washing detergents such as Dawn™ or Joy™. Avoid detergents that use strong perfumes or dyes. We recommend using Dial™ Anti-Bacteria for cleaning your supplies.
- Wash basin
- White distilled vinegar (optional)

To Disinfect your Supplies:

Mix 1/2 oz. (1 tablespoon) of mild anti-bacterial soap with 2 quarts of warm water in wash basin. First wash and rinse your supplies in the sink, then soak items in warm soapy solution for 10 minutes. Rinse thoroughly (allow water to run for 2 minutes) with tap water and then allow to air dry. Once dried, the supplies can be put in Ziploc bag and marked clean.

Vinegar Solution (optional)

Wash equipment with warm, soapy water, rinse and then soak equipment in a 50/50 solution of white distilled vinegar and water for 15 to 30 minutes. Rinse well and dry as instructed above.

Supplies that can be cleaned and disinfected for re-use:

- Trach tubes
- Trach swivel adapters
- Trach ties
- Aerosol masks
- T-Pieces
- Speaking valves
- Nebulizers
- Most hard plastic supplies

Cleaning your respiratory equipment: (Weekly)

- Always unplug the equipment before cleaning it.
- Never immerse the equipment in water.
- Using a slightly dampened cloth with water and dish detergent, wipe the outside of the equipment.
- Use a dry cloth to wipe the unit and then let it air dry.
- Make sure the unit is thoroughly dry before plugging it in.

Cleaning and Disinfecting the Humidifier: (Daily)

- Empty any remaining water after each use.
- Never immerse the *unit* in water.
- Wash your hands.
- Immerse the humidifier water container in warm, soapy water.
- Fill the humidifier with the soapy water and shake the humidifier vigorously.
- Rinse with clean water and allow to air dry.

DO's and DON'Ts:

- **Don't** use alcohol-based products to clean your supplies, because it can cause the materials to become hard and brittle.
- **Don't** put equipment or supplies in the dishwasher.
- **Don't** use any caustic or household cleaning solutions such as bleach on your supplies or equipment.
- **Do** follow a regular cleaning schedule.
- **Do** remember to wash your equipment filters to prevent overheating.

Emergency care

These pages will cover prevention of an emergency situation, and what to do if:

- Your loved one has trouble breathing or stops breathing
- You cannot insert a trach tube
- The trach falls out

The following is a list of preventive measures that may help to avoid some problems:

- Make sure the trach is getting enough humidity. Humidity will keep the mucus loose and decrease the chances of a mucus plug. If you hear a whistling sound from the trach, this might mean that the airway is dry.
- Always make sure the trach ties are securely fastened and are tight enough around the neck.
- Make sure that the trach is open to air and that nothing is blocking it such as clothing or bedding.
- Always have a child nap or sleep with their apnea monitor or pulse oximeter on. Do not discontinue their use unless discussed with your ENT doctor.

What to do if a person has trouble breathing

The most common reason for breathing problems, other than an illness, is that the trach tube becomes plugged with dried mucus. Making sure to provide enough humidity can help prevent this problem. However, if the trach does become plugged, try to remove the plug by suctioning.

If you have trouble passing the catheter into the trach and it feels tight, put a few drops of saline into the tube and try to suction again. Do not force the catheter; it may push the plug in further.

If you are unable to remove the mucus plug, change the trach tube and try to suction again.

Signs and symptoms of difficulty breathing are:

| | |
|--------------------------------|--|
| Retractions | Pulling of the skin between the ribs, under the breastbone or around the trach itself. |
| Sweaty and pale skin | A person is sweaty and pale and seems to be working hard to breathe while at rest. |
| Dusky lips or nail beds | The lips or nail beds look dark, dusky or blue |
| Feeling restless or frightened | A person is restless or looks frightened for no apparent reason |

What to do if a person stops breathing - Remember the ABCs of CPR

- **A-AIRWAY** – Check to make sure that the tube is open to air. Look, listen and feel for air coming from the trach and watch the chest for movement. Position the head so that the neck is exposed.
- **B-BREATHING** – Use your mouth or self-inflating bag to give your child two breaths through the trach. Feel for air leaking from the nose and mouth. If this happens, cover the mouth and nose with your hand. If you cannot pass air through the trach, change the tube. You should squeeze the bag slowly and gently with only enough force to see the chest rise.
- **C-CIRCULATION** – Check for signs of movement such as coughing or signs of breathing after giving 2 breaths. After giving the two initial breaths, start compressions.

If someone is available, have them call 911. If no one is available, perform CPR for one minute then call 911. Continue CPR as you were taught until help arrives. You will not be sent home without learning CPR. This will be taught to you while you are in the hospital.

What to do if you cannot insert a new trach tube?

If you are having difficulty inserting a new trach tube, make sure the head is in the correct position and try to insert the new tube again. If it still will not go in, try to put the old tube back in. The old tube that was removed should be able to go back in without difficulty.

Emergency steps to follow if the new or old tube cannot be inserted:

- Use smaller step-down tube (1/2 size smaller than the original tube). Notify your doctor if the smaller tube is used
- The longer the smaller tube is in, the more difficult it will be to insert the original size tube.
- If you are unable to insert the small tube, have someone call for emergency help.
- Do not panic if the person passes out.
- When a person passes out, the neck muscles will relax, and you may find it easier to insert the trach tube at this time.

What to do if the trach tube falls out

If the trach tube comes out accidentally, you will need to act quickly and calmly. Remember that you have changed the trach many times before.

- Always have a clean tube and ties available.
- If you do not, quickly put the old trach back in until you can get a clean tube.
- Put the obturator in the tube and lubricate.

- Insert the tube and quickly remove the obturator.
- Secure the tube and ties.

How to re-order supplies

A Preferred Homecare/LifeCare Solutions Respiratory Therapist (RT) will be responsible for completing and coordinating your recurring monthly supply list for all of your prescribed equipment through our Trach and Ventilator Supply Program. The maximum allowed quantities per month have been established by your health plan or payor based on protocol for the home setting. Any specialty request(s) or additional quantity will be coordinated through your physician for proper medical justification and/or necessity to submit to your health plan for approval or denial. Feel free to contact your local RT if you have any questions regarding your monthly supply needs or you may also call our Trach & Ventilator Supply Program at (888) 844-1255.



Trach & Ventilator Supply List
Recurring Monthly Order
Fax to: (480) 505-9654
 ATT: Trach & Vent Supply Group

PHC Account ID # _____
 DOB: _____
 Order Date: _____
 Ordering Physician: _____
 Physician Phone #: _____
 Physician Fax #: _____

Servicing Location: _____ Contact Name: _____ Prescribed Equipment: Ventilator 50 PSI Compressor Suction Unit Apnea Oximeter

| Check Applicable Items (X): | Product Description | Manufacture | Part # | Max Allowable Qty. Per Month | Comments |
|-----------------------------|---|-------------------|------------------|-------------------------------|--|
| <input type="checkbox"/> | *Trach Tube Size _____ Manufacturer: _____ *Custom <input type="checkbox"/> | | | 1/ea (Emergency Backup 1 PRN) | Note: Non-cuffed <input type="checkbox"/> Cuffed <input type="checkbox"/> Fenestrated <input type="checkbox"/> |
| <input type="checkbox"/> | Trach Ties (Velcro Re-useable) | Papper | 501501P | 31/ea | |
| <input type="checkbox"/> | Trach Care Kits-Basic | Relamed | ZRTCT25218 | 31/ea | |
| <input type="checkbox"/> | Trach Swivel Angle <input type="checkbox"/> Omni Flex <input type="checkbox"/> Adult _____ or Pediatric _____ | | | Swivel 2/ea Omiflex 4/ea | |
| <input type="checkbox"/> | 4 x 4 Gauze w/Split <input type="checkbox"/> or 2 x 2 Gauze w/Split <input type="checkbox"/> | Relamed | ZG44065/ZG22065 | 1/bx | |
| <input type="checkbox"/> | HME (Heat Moisture Exchanger) "T" Style | Arc Medical | ARC8241 | 30/ea | |
| <input type="checkbox"/> | SX Catheter FR. Size _____ Little Sucker <input type="checkbox"/> 88G Nasal <input type="checkbox"/> | | | 90/ea & 2/ea | |
| <input type="checkbox"/> | Suction Cannister | Evo Med | 61012 | 1/ea | |
| <input type="checkbox"/> | Suction Tubing 72" (96) | Medline | 50216 | 1/ea | |
| <input type="checkbox"/> | Suction Tubing 10' with 1/4" barbed hydrophobic filter | Tiara Viasys | 30210250505 | 1/ea | |
| <input type="checkbox"/> | Suction Yankauer Bulb Tip <input type="checkbox"/> Fine Tip <input type="checkbox"/> | | | 2/ea | |
| <input type="checkbox"/> | Aerosol Convagated Tubing 100' | Medline | HSK600 | 1/bx per 2 months | |
| <input type="checkbox"/> | Aerosol Trach Mask Adult _____ or Pediatric _____ | Allegiance | 001225 or 001226 | 1/ea | |
| <input type="checkbox"/> | Aerosol Drainage Bags | Medline | HSK974Y | 2/ea | |
| <input type="checkbox"/> | Aerosol Bottles Non-Heated (cool) _____ or Heated _____ | Hudson/Allegiance | 1770 or 002002 | 2/ea | |
| <input type="checkbox"/> | Oxygen Bleed-In Adapter | Allegiance | 4081 | 2/ea | |
| <input type="checkbox"/> | Ventilator Circuit Vent Model: _____ Circuit Part #: _____ | | | 4/ea | Note: Indicate Heated <input type="checkbox"/> or Non-heated <input type="checkbox"/> |
| <input type="checkbox"/> | Ventilator Water Trap | Allegiance | 001860 | 1/ea | |
| <input type="checkbox"/> | Ventilator Temperature Kit (T' with temp gauge) | | | 2/ea | |
| <input type="checkbox"/> | Ventilator Humidifier Chamber | Fischer Paykel | HCS325S | 1/ea | |
| <input type="checkbox"/> | Ventilator Bacteria/Viral Inlet Filter | Carefusion | 55001851 | 4/ea | |
| <input type="checkbox"/> | Ventilator In-line HME (To be used without Humidifier) | Smt's Med ARC | 580011 or 6061 | 30/ea | |
| <input type="checkbox"/> | Oximeter Probes Oximeter Brand: _____ Model: _____ | | | 2/ea | |
| <input type="checkbox"/> | Apnea Monitor Kits (2 Belts, 2 Electrodes, 2 Lead Wires) | Jenson Med | JMA2410 | 1/ea | |
| <input type="checkbox"/> | Nebulizer Kits Nebulizer T-Piece for Ventilator <input type="checkbox"/> | Drive | 18254 | 1 per 90/ths | |
| <input type="checkbox"/> | Sterile Saline Bullets | Carefusion | 555257 | 1/bx | |
| <input type="checkbox"/> | Other: _____ | | | | |

*Medicare covers 1 standard trach tube every 3 months or 1 Jackson trach tube every 12 months

Physician Signature: _____ NPI #: _____ Date: _____

| Item Description | -Non-Covered HomeCare Items- | Alternative Recommendation(s) |
|---|------------------------------|--|
| Sterile Water | | Utilize sterile water preparation protocol for homecare. |
| Hydrogen Peroxide, Hand Cleaner, Disinfectants, Alcohol Prep Pads | | Use a mild antibacterial soap and follow clean technique for homecare. |
| Sterile Cotton Applicators, Sterile Gloves, T'ill Tape | | Included in Basic Trach Care Kit |
| Syringes, Clidh Tape, K-Y Lubrication Jelly | | Pharmacy and/or over the counter consumables |

(Sample-Monthly Supply List)

References:

1. <https://www.luriechildrens.org/en-us/care-services/specialties-services/otolaryngology/diagnosis-treatments/Pages/tracheostomy-care-home.aspx>
2. Hagler DA, Traver GA. Endotracheal saline and suction catheters: sources of lower airway contamination. *Am J Crit Care* 1994; 3:444-447.
3. Bostick J, Wendilgass ST. Normal saline instillation as part of the suctioning procedure: effects on PaO₂ and amount of secretions. *Heart & Lung* 1987;16:532-537.
4. American Association for Respiratory Care. AARC Clinical practice guideline: tracheal suctioning of mechanically ventilated adults and children with artificial airways. *Respir Care* 1993;38(5):500-504.
5. Beal H R, Bernstein H R. Clean vs. sterile tracheotomy care and level of pulmonary infection. *Nursing Res* 1984;33:80-85.
6. Shabino CL, Erlandson AL, Kopta LA. Home cleaning-disinfection procedure for tracheal suction catheters. *Pediatr Infect Dis* 1986;5:54-58.
7. Riegel B, T Forshee. A review and critique of the literature on preoxygenation for tracheal suctioning. *Heart & Lung* 1985;14:507-518.
8. American Association for Respiratory Care. AARC Clinical Practice Guideline: providing patient and caregiver training. *Respir Care* 1996;41(7):658-663.
9. Working Group,. American Respiratory Care Foundation. Guidelines for disinfection of respiratory care equipment used in the home. *Respir Care* 1988;33(9):801-808.
10. Aarron's page.