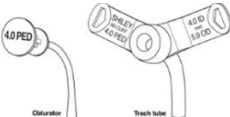


Procedure: Tracheostomy Replacement

Trainee Name: _____ Title: _____ Date: _____

Procedure steps	Rationale	Evaluator Initials/Date	Evaluator Initials/Date	Evaluator Initials/Date
1. Prepare and reassure student. Locate emergency "To-Go" bag.	A tracheostomy change in the school setting is considered an emergency. Most commonly, there may either be an accidental decannulation or occlusion which requires tracheostomy replacement.			
2. Wash hands if student status permits.	Tracheostomy replacement is emergent.			
3. Prepare <ol style="list-style-type: none"> a. Appropriate size tracheostomy b. Water soluble lubricant or sterile saline c. Syringe (if cuffed) d. Velcro tracheostomy ties/strings e. Scissors f. Gloves g. Ambu bag h. Suction supplies 	All supplies should be included in the "To-Go" emergency bag. This includes the same size tracheostomy and a downsize tracheostomy. The same size tracheostomy should be the initial tracheostomy prepared for change.			
 <p>4. Open the tracheostomy package and put on gloves. Insert the obturator into tracheostomy. Apply lubricant to the distal end of tube.</p>	The obturator is the firm, thin plastic piece used to guide the tracheostomy into the stoma. It is <i>only</i> used for insertion. Do not touch the curved part of the tracheostomy to be inserted into stoma.			

5. Position student with head titled back.	Visualize the trach stoma but did avoid hyperextending the neck. A towel roll behind the shoulders may be helpful to open the neck.			
6. Remove old tracheostomy.	Tracheostomy may have already become displaced. Assure tracheostomy cuff has been deflated, if applicable.			
7. Insert the new tracheostomy into stoma. Immediately remove obturator. Insert inner cannula, if applicable. Continue to hold in place until tracheostomy is secured with ties.	The student cannot breathe with the obturator inside the tracheostomy. Note many pediatric tracheostomies may not have an inner cannula. If unsuccessful, attempt to place smaller tracheostomy tube.			
8. Secure the new tracheostomy tube by fastening the tracheostomy ties. If tracheostomy is cuffed, inflate per orders.	Tracheostomy ties should be secure but comfortable enough to fit 1-2 fingers underneath ties.			
9. Reposition student and assesses respiratory status.	Note student's tolerance of procedure, lung sounds, and vital signs. A small amount of bleeding may occur around the tube or be in secretions after a tracheostomy change. Bleeding should not be persistent.			
10. Perform suctioning if necessary	Follow suction procedure.			

Evaluator Initials

Evaluator signature

