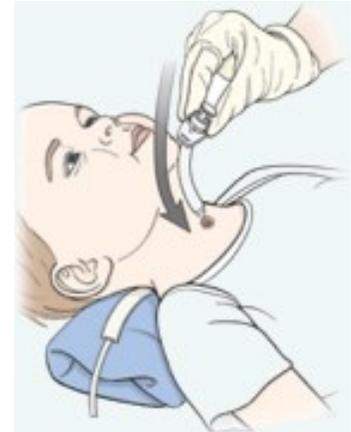


How do you change the tracheostomy?

1. Check orders for correct trach type and size. Compare that you have the correct trach box. Items inside the clear package are considered sterile.
2. Insert the obturator into the new trach. The obturator is *only* used for insertion as it makes it easier to guide the trach through the stoma preventing damage to the airway. If applicable, check that the cuff is functioning properly by inflating the cuff using the ordered amount of air or water at the balloon port. Deflate the cuff before insertion. Remember, this is a sterile procedure, so do not touch the end of the tube going into the child's stoma.
3. Lubricate the end of the trach.
4. Position the child as needed to visualize the stoma and airway.
5. When both caregivers are ready, one person will remove the old trach following the tube's natural curve, using an **up-and-out** motion.
6. Insert the new trach tube gently, again following the airway's natural curve, using an **back-and-down** motion.
7. Hold the trach in place as you remove the obturator. The child cannot breathe with the obturator in place.
8. Wait a few seconds as the child calms and support the new trach using your fingers to stabilize the outside flanges. Secure the trach in place with the trach ties.
9. Inflate the trach cuff if necessary.
10. Stay with the child to assess tolerance of the trach change and respiratory function. The child may need to be suctioned after the trach change.



If you cannot get the trach in:

Stay calm. If the tube doesn't go in, reposition the child's head and try again. Calming the child will allow for them to take a normal breath, often unknowingly opening the stoma. If you are still not able to insert, use your downsize trach tube. If the above steps do not work, give breaths using the resuscitation bag and mask over the mouth and nose while you cover the stoma with your finger. Never use the resuscitation bag on the stoma unless a trach is in place. **Follow your school district's emergency protocol.**

What are signs and symptoms of respiratory distress?

- Working harder than normal to take a breath
- Fast heart rate
- Rapid, belly breathing
- Pale, or bluish colored skin or fingernail beds
- Crying , irritability, restlessness
- Decreased oxygen saturation from the monitor or machine

What are other trach accessories?

- HME (Heat moisturize exchanger): A filter that attaches to the end of the trach. It works as an artificial nose to warm and humidify the air entering the trach.
- Trach collar: A soft plastic mask that fits over the trach. Ordered for heated trach mist, or blow by oxygen to deliver humidified air or oxygen directly to the trach.
- PMV (Passy Muir Valve): A one-way speech valve which allows air in, but not out. As the valve closes, air then moves around the trach and up through the vocal cords. The valve will twist on, and twist off. Speaking valves should be removed if there is difficulty breathing, or the child is asleep or eating. It will normally follow a protocol established by speech.



SHNIC school nurses information:

Specific health issues for individual health care plans

- Medical diagnosis including reason for tracheostomy
- Baseline assessment including respiratory rate and pulse ox parameters
- Orders for trach type, size, cuff size if applicable
- Orders for suction catheter size and suction depth, when to suction
- Vent settings and/or oxygen orders when applicable
- Student's ability to assist with trach care (i.e., suctioning, trach change, mucous plugs)
- History of respiratory distress, signs and symptoms of distress specific to the student
- Activity limitations
- Skin assessment of the stoma and neck, including dressings as ordered
- Emergency protocols regarding resuscitation and trach reinsertion
- Education of staff

It is very important to have a working relationship with the student's private duty nurse. It may be beneficial for the PDN to stop in the health room each morning for the school nurse to complete a quick assessment of student and supplies. A checklist can even be used to document that emergency supplies are accessible and ready to go.

Emergency supplies that should be with student at all times in the EMERGENCY TO-GO BAG:

1. Spare trach
2. Downsize trach
3. Water soluble lubricant or saline
4. Gloves
5. Scissors
6. Trach ties
7. Suction supplies with correct suction catheter size
8. Suction machine
9. Ambu bag with proper connections (trach adaptor and face mask)

Resources & Manuals

A guide for parents: Trach care at home

<http://www.childrensmn.org/Manuals/PFS/HomeCare/202137.pdf>

Bagging: How to manually ventilate your child

YouTube video: Children's Hospital Colorado

https://www.youtube.com/watch?v=Nbt_NJFDVuk

Emergency airway care: Plugged tracheostomy tube

YouTube video: Children's Hospital Colorado

<https://www.youtube.com/watch?v=HHrNk4sJUqQ>