

Tracheostomy Replacement

PROCEDURAL GUIDANCE

1. Locate emergency travel bag/supplies.
 - a. Same size tracheostomy AND downsize tracheostomy
 - b. Syringe (for cuffed tracheostomy, as necessary)
 - c. Lubricant (water-soluble)
 - d. Suction catheter
 - e. Suction machine with tubing
 - f. Gloves
 - g. Ambu bag with facemask
 - h. Tracheostomy ties
2. Verify the new tracheostomy tube is the correct type, size, and free of defects. (Same size trach should be used for initial replacement. Downsize trach should be reserved if having trouble replacing the current size.)
3. Prepare the new trach by placing it on a clean surface, such as inside of the clear packaging. Insert the obturator into the new trach. Avoid touching the distal end of the tube to be inserted into the stoma.
4. Lubricate the distal end of the trach by using a water-based lubricant.
5. Position the student with head slightly extended and chin pointing towards the ceiling to visualize the trach stoma. Avoid hyperextending the neck.
6. Prepare to remove current trach if not already displaced. As the student exhales, gently remove.
7. Immediately insert the new trach into the stoma with the curve pointing downward. Gently follow the natural curvature of the airway. If the trach meets resistance, do not force. Reposition and try again. If still unsuccessful, attempt to place the downsized trach.

For a cuffed trach: The cuff must be deflated before it can be removed. Attached the syringe to the soft balloon and withdrawal the contents (air or water dependent on type of tube.) Following insertion of new trach, inflate the cuff by attaching the syringe to the soft balloon and instill the necessary contents (volume of water or air prescribed by healthcare provider).
8. Immediately remove the obturator to allow airflow. Hold the tracheostomy tube in place until secured with ties. Ties should be secure but with enough room to place one finger between the ties and the student's neck.
9. Monitor student tolerance. Proceed with suctioning as necessary.

OTHER CONSIDERATIONS FOR CARE

- Replacement of the trach is an emergency and may be necessary due to accidental decannulation or airway obstruction.
- Some trachs (typically larger sizes used for older children and adolescents) may have an inner cannula that acts as a liner to ease cleaning and prevent the build-up of mucous. Assess how often the inner cannula is cleaned or changed.
- Standard precautions are recommended in the home and community setting.
- If unable to replace any trach or there is resistance when bagging despite replacement, plug the stoma with a finger and administer rescue breaths using an Ambu bag with a face mask. Call 911.