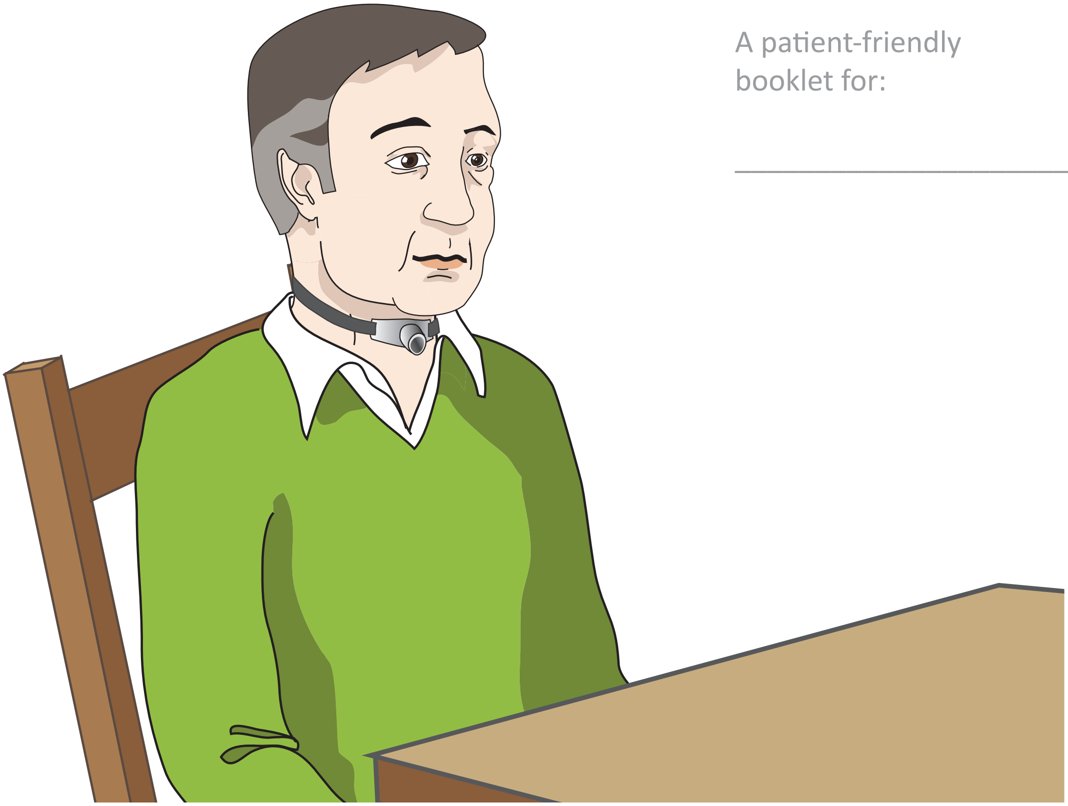
Tracheostomy Care

For Patients, Families, and Friends



A patient-friendly
booklet for:

____

This booklet is to inform you about your tracheostomy and how to care for it at home. Take your time and write down any questions or concerns that you and your family or friends may have and talk to us about them.

Centre universitaire
de santé McGill

McGill University
Health Centre

Office d'éducation des patients
Patient Education Office

Adapted from:
MUHC Tracheostomy Care @ Home (2006) by Trudy Naraine, RN, BSN, NPDE Surgery RVH.
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Important: Please Read

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COVIDIEN

This material is also available through the **MUHC Patient Education Office** website www.muhcpatienteducation.ca

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Patient Education Office

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Your Personal Information

My tracheostomy tube size and model is:

✎ ____

____

When was my tracheostomy tube last changed:

✎ ____

____

____

____

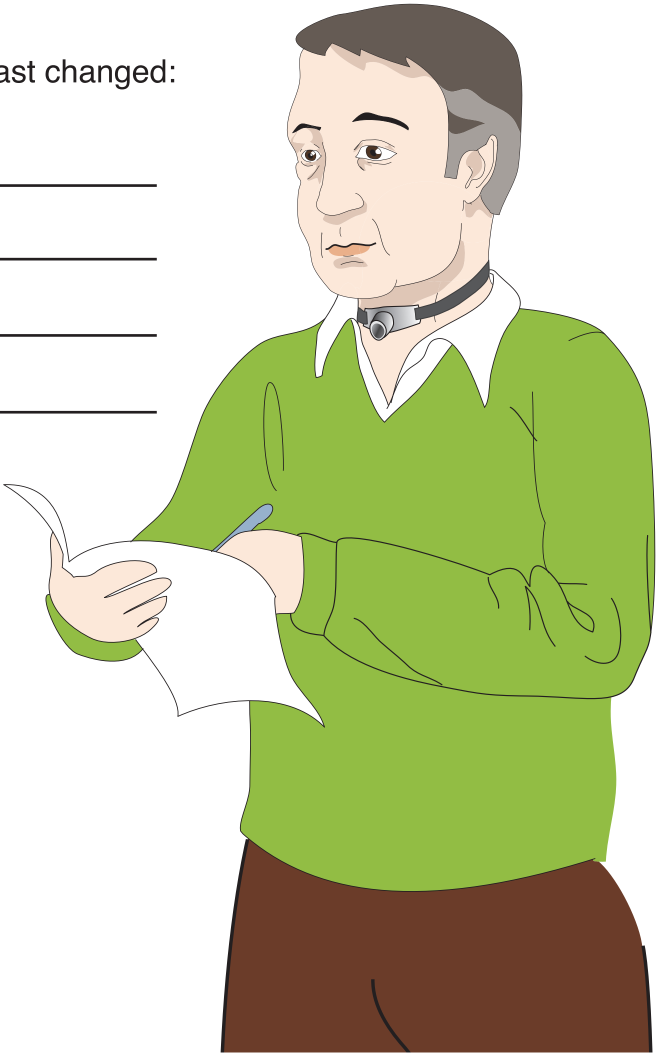
When is it due to be changed:

✎ ______________________________

____

____

____



Contact numbers

My local CLSC # is: ✎ ____________________

Emergency Numbers: ✎ ____________________

Ear, Nose and Throat (ENT) Clinics:

Royal Victoria Hospital (RVH) at the Glen site
514-934-1934 ext. 34978 or 34971
fax: 514-843-1529

ENT in-patient units

RVH 514-934-1934 ext. 35003
MGH 514-934-1934 ext. 46800

Speech Language Pathology (SLP):

RVH 514-934-1934 ext. 34968
MGH 514-934-8028

CanSupport:

RVH 514-843-1666
MGH 514-934-1934 ext. 42314

Canadian Cancer Society:

(514) 255-5151 for material aid: ext. 6006
aidematerielle@quebec.cancer.ca
www.cancer.ca

Your Healthcare Team

During your stay at the hospital you will be cared for by a team of professional experts. They will be teaching you about the care you will need to learn before your discharge home. Please do not be afraid to ask someone who they are and what they do. They are all here to work with you and your family to provide the best possible care.

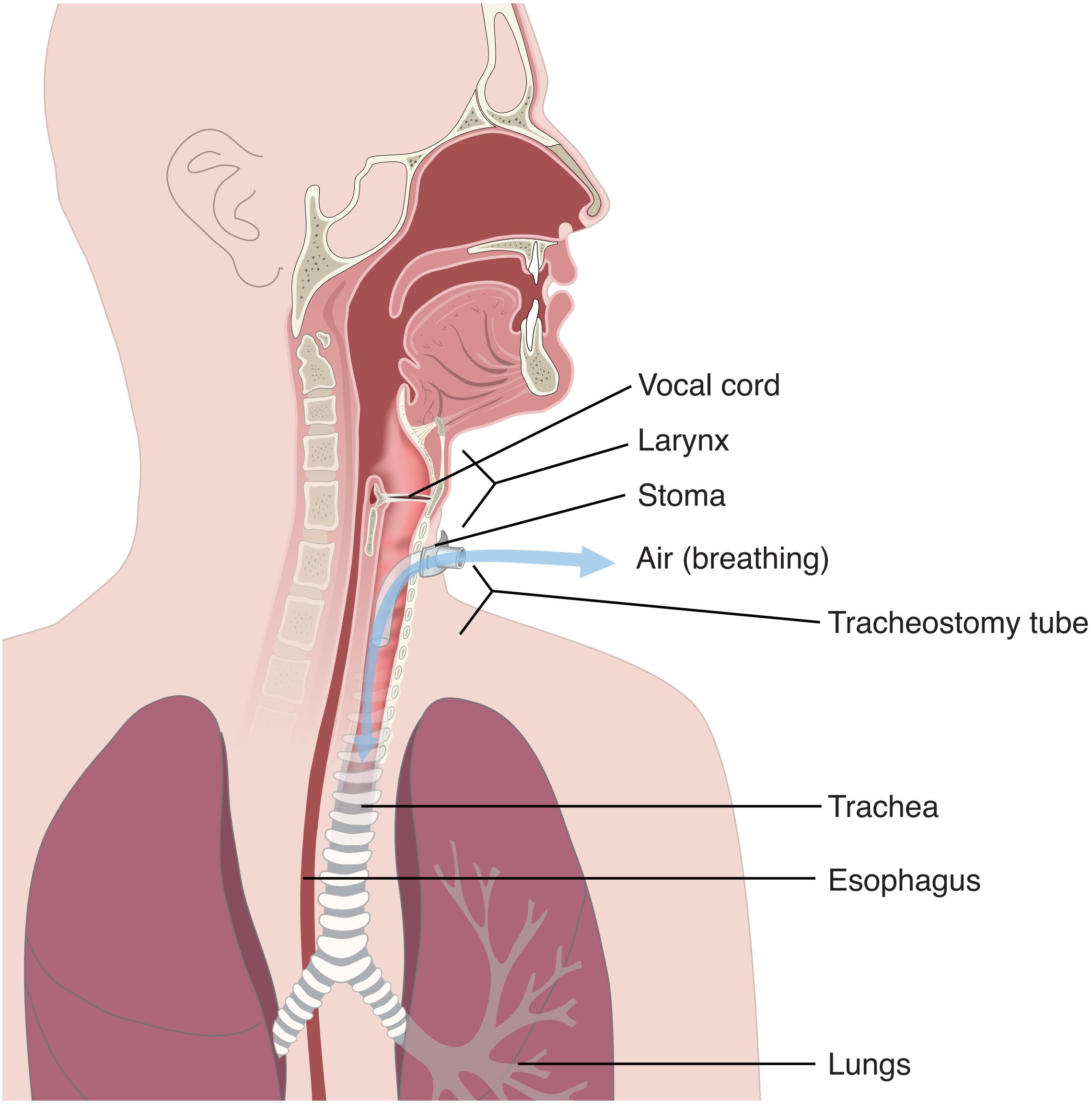
Having a tracheostomy tube at first can be a very difficult time for you, your family and your friends. This booklet was made to give you some important information about how to care for your tracheostomy tube and the support resources available to you.

Please share your worries, fears and feelings with your treatment team so that they can best meet your needs. Together, we are a team to help ensure that the best possible care is being given to you, your family members and friends.
Sincerely,

The McGill University Health Centre's
Interdisciplinary Healthcare Team caring for patients with tracheostomy tubes

What is a Tracheostomy?

A tracheostomy is a surgical opening made into the trachea (windpipe), to help you breathe easier. This opening is called a stoma. A tracheostomy tube or trach tube is placed into the stoma to keep it open. The trach tube allows you to breathe in air directly into your windpipe instead of through your mouth and nose. A tracheostomy can be permanent or temporary.

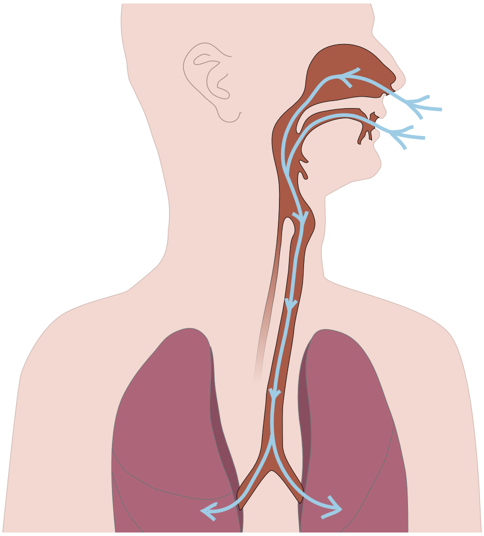


There are many reasons why you may need a tracheostomy tube. The most common reasons are:

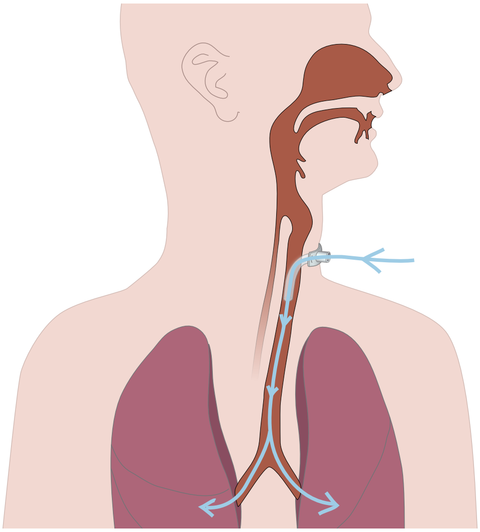
- To avoid a blockage in your upper airway
- To keep your airway open if you are severely injured or are having an upper airway procedure
- To protect your airway when your normal airway protective responses are not working
- To help you if you are on long-term ventilation

How does your breathing change?

When you have a tracheostomy tube you are no longer breathing through your nose or mouth. Instead, the air you are breathing goes through your tracheostomy tube directly into your windpipe and then your lungs. The function of your nose and mouth is to warm, filter and add moisture to the air you breathe. Since you are no longer breathing through your nose or mouth you will need to find a different way to warm, filter, and add moisture into the air you breathe. This booklet will help give you tips as to how to do this.



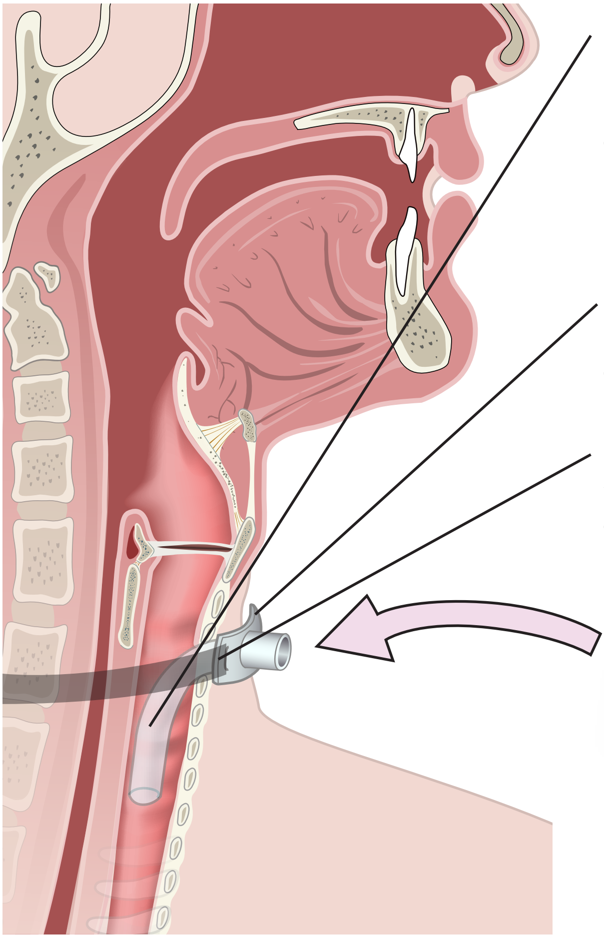
Breathing through
your nose and mouth



Breathing through
your tracheostomy

Parts of a tracheostomy tube:

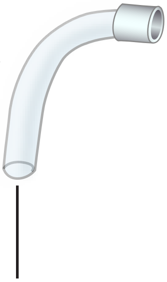
The tracheotomy tube consists of 5 parts:



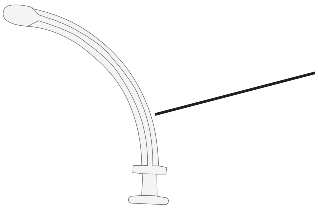
(1) The **outer cannula** is a tube that fits into the trachea and maintains the opening during healing. It holds the tracheostomy open. The outer cannula is to stay in place at all times and to be replaced by your medical team only.

(2) The **trach plate** extends from the sides of the outer tube and has holes to attach to your tracheostomy ties.

(3) The **cloth ties or velcro straps** wrap around the neck. They prevent the tracheostomy tube from falling out.



(4) The **inner cannula** locks inside the outer cannula. It has a lock to keep it from being coughed out, and it is removed for cleaning to ensure that the airway is clear of mucous.



(5) The **obturator** is included in your kit and is only used by your doctor for insertion of your tracheostomy tube. It fits inside the outer canula to provide a smooth surface that guides the tracheostomy tube being inserted.

Getting ready to go home

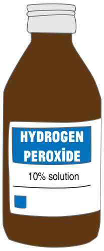
Before you are discharged from the hospital you and a family member or friend will be taught how to care for your tracheostomy tube. Please share your worries, fears, and feelings with the healthcare team. We are here to help you.

There are a few supplies that you will need at home to care for your tracheostomy tube.

✓ For Tracheostomy Care:

☐ Tracheostomy brush

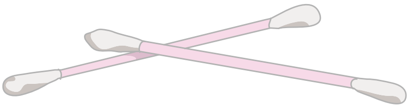
☐ Hydrogen peroxide



☐ Normal saline/ distilled water

☐ Scissors

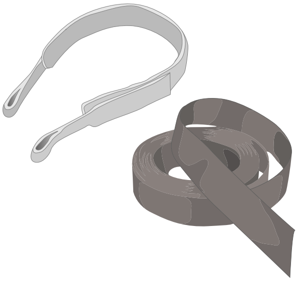
☐ Q-tips



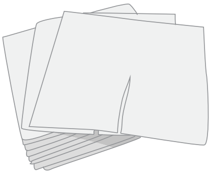
☐ Mild liquid soap (Dove or Ivory)

☐ 2 Clean bowls

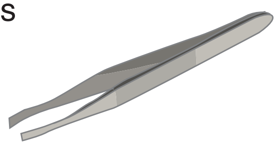
☐ Trach ties



☐ Gauze



☐ Tweezers

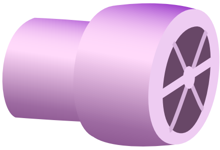


For Daily living:

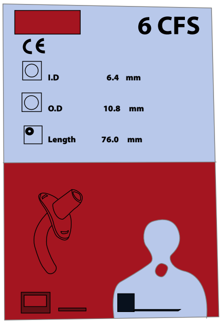
Shower shield

Humidifier

Speaking valve or
other appropriate means
of communication

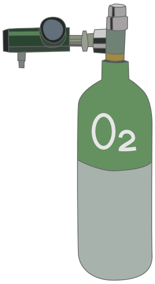


Extra trach tube
box of same size

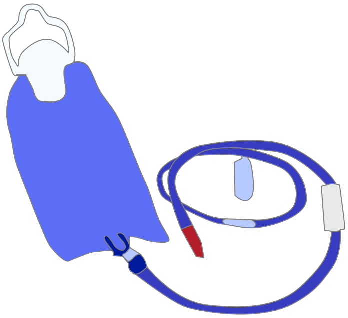


Trach bib

Oxygen
(if required)



Enteral feeding
supplies (if required)



Your healthcare team will help you organize your supplies at home before you leave the hospital. Your home care nurse will contact your local CLSC to make sure that a nurse will visit you at home for the first few weeks after discharge to make sure that you have the required supplies and that you are comfortable caring for your tracheostomy tube.

Caring for your tracheostomy

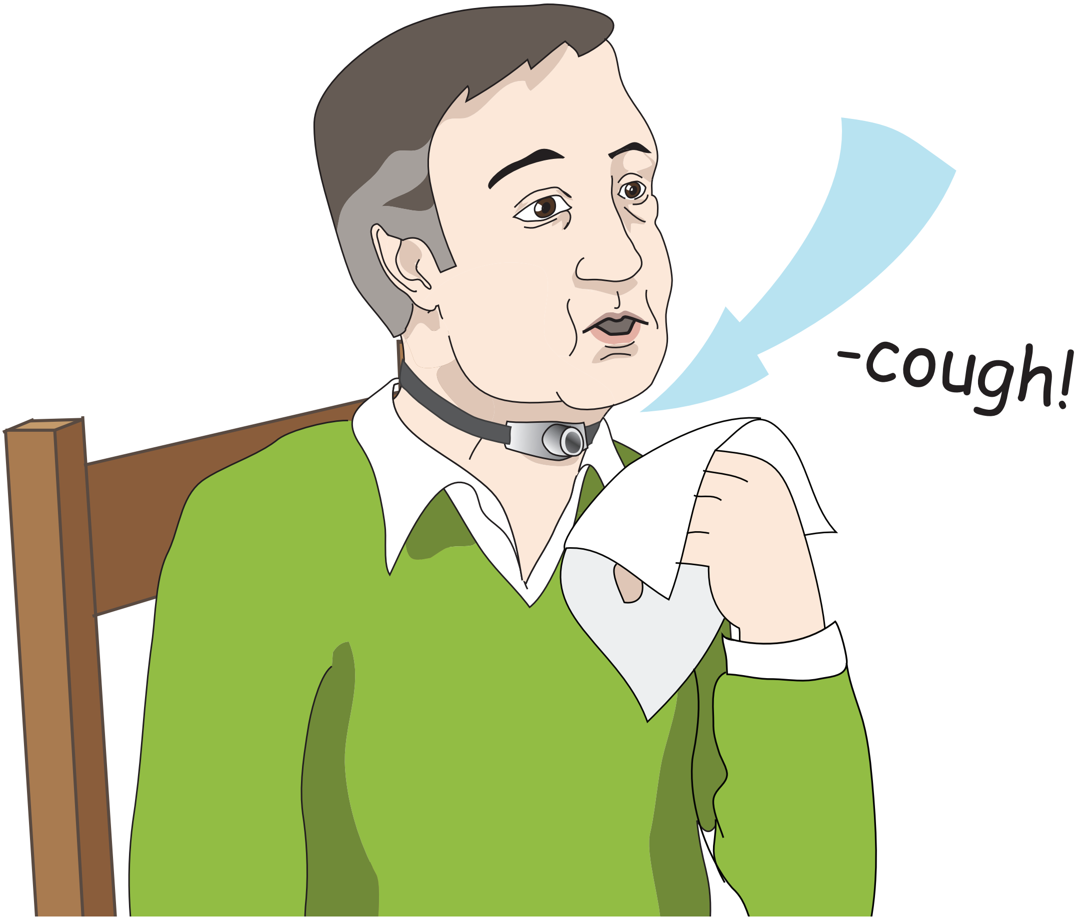
Once you have been discharged home you are now in your own environment. You may perform your own tracheostomy care using only a “clean technique”. This means that when you are cleaning your tracheostomy tube you do not need to wear gloves. However, it is extremely important to carefully wash your hands before and after caring for your tracheostomy tube. If someone else if performing the care for you then they must wear gloves to protect themselves and you.

Here are the steps to properly wash your hands:

1. Wet your hands with lukewarm water.
2. Apply soap and rub your hands together for 15 to 20 seconds.
3. It is important to thoroughly soap all surfaces of both hands: your fingers, between your fingers, your thumbs, your palms, the back of your hands, and your nails.
4. Rinse your hands with running water.
5. Dry your hands with a paper towel, a clean cloth towel, or a hand dryer.
6. Turn off the tap with the paper towel, if available.

Clearing secretions from your tracheostomy tube

Clearing secretions from your tracheostomy tube should be done as often as needed and prior to cleaning your inner cannula. Take a deep breath (while closing your mouth) and give a strong cough to bring up your secretions. Your secretions may come out of your tracheostomy tube and/or your mouth. You may use a Kleenex® to catch or wipe away your secretions. If you are able to adequately clear your secretions this way then you do not need to suction your tracheostomy tube.

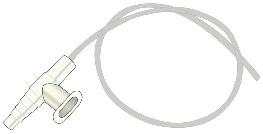


Suctioning

If you are unable to cough up your secretions you may need to suction yourself or have someone else suction your tracheostomy tube to clear the secretions. Someone will come to your home to show you how to set up you suction machine and material.

1. For suctioning you will need:

Suction machine



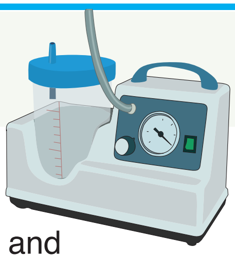
Suction catheter

A clean bowl

Normal saline /Distilled water

Non-sterile gloves

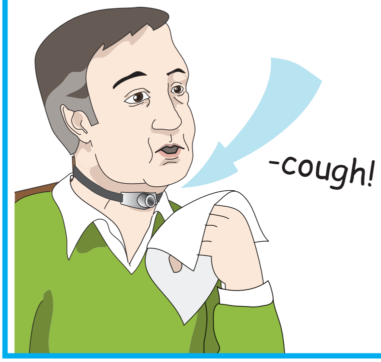
2. Wash your hands



3. Set up your suction machine and suction material as per the company's user manual

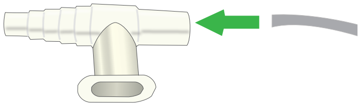
4. Pour normal saline/ distilled water into a bowl

5. Sit upright and try to cough forcefully (this will help move the secretions up the airway)

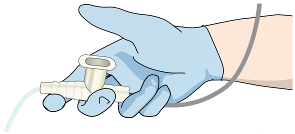


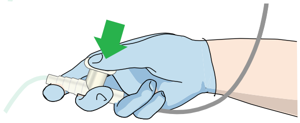
* Put on gloves (if someone else is performing the suctioning they must wear gloves)

6. Attach suction tubing to the control vent piece of the suction catheter and slide the catheter out from the protective package.



7. With your non-dominant hand, hold the end of the suction catheter where the control vent is located.



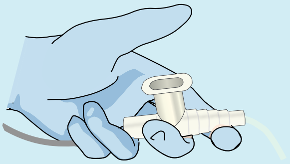


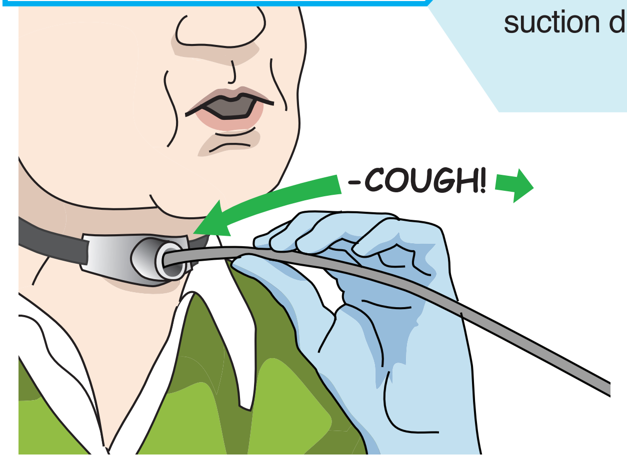
* Put your thumb over the suction catheter trap to create a vacuum

8. With your dominant hand, grasp the suction catheter 5-7 cm from the tip.

9. Place tip of suction catheter into normal saline/distilled water to test level of suction on your suction machine (see step 7).

* Do not apply suction during insertion.

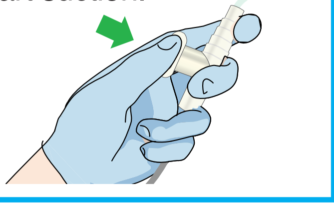




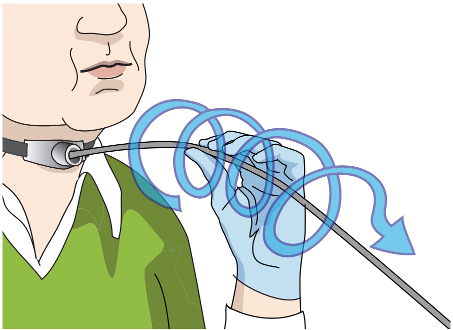
10. Gently insert the suction catheter into the tracheostomy tube until resistance is met or until you start to cough slightly

11. Pull back on the catheter slightly before suctioning

12. Put your thumb over the suction catheter trap to create a vacuum and start suction.



13. Pull back on the suction catheter while using a circular motion & keep your thumb on the suction catheter trap for a maximum of 10-15 seconds



14. Rinse the suction catheter with normal saline/distilled water

15. Sit back, relax, and take a few deep breathes

16. You may repeat these steps until you feel as though you have removed most of the secretions and can breathe easier.

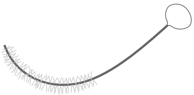
17. Clean your suction machine as per the company's user manual

18. Remove gloves and wash your hands

Cleaning your inner cannula

Cleaning the inner cannula of your tracheostomy tube is an important task. It should be done at least twice a day (morning and night), or more often if needed, to keep the tube clean and free of secretions.

To clean your inner cannula you will need:

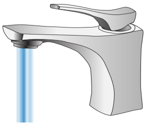

Tracheostomy brush

Mild liquid soap

Hydrogen peroxide (if necessary)


2 Clean Bowls


Normal Saline/ Distilled water

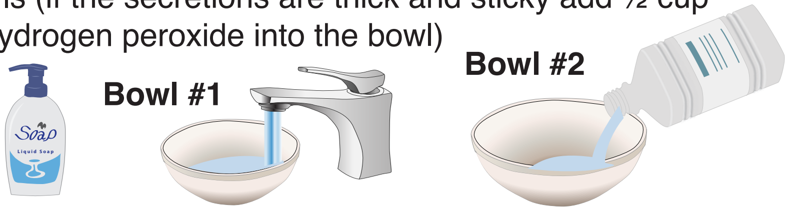

Tap Water

Steps to clean your inner cannula:

1. Wash your hands

2. Place the material on a clean area

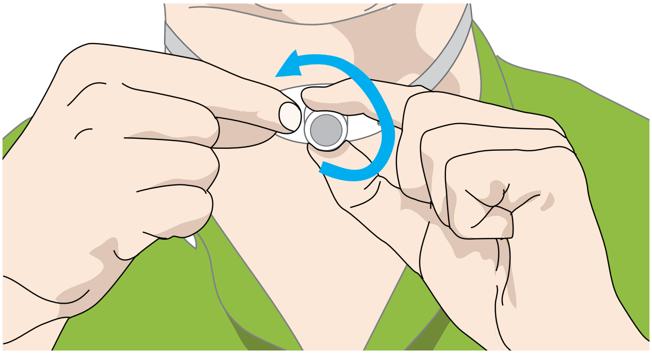
3. Pour the tap water and mild liquid soap into one of the bowls (if the secretions are thick and sticky add ½ cup of hydrogen peroxide into the bowl)



4. Pour the rinsing solution (normal saline/distilled water) in the other bowl

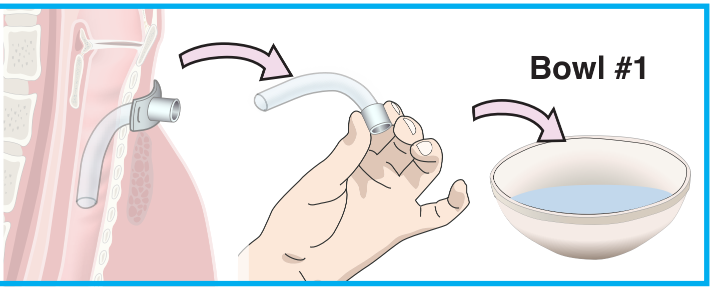
5. With one hand, hold the outer cannula flange in place with your thumb and index finger

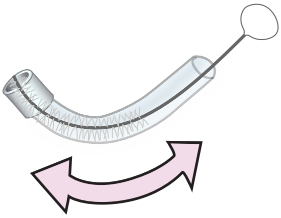
6. With your dominant hand unlock the inner cannula by turning it counter clockwise



7. Remove the inner cannula by pulling it out and downward

8. Place the inner cannula into the bowl with the mild liquid soap and water





9. With the tracheostomy brush, clean the inside and the outside of the inner cannula to dislodge the mucus

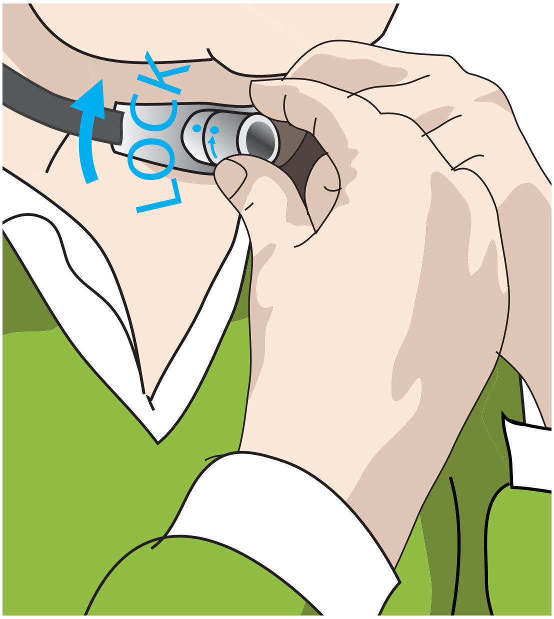
10. Rinse the inner cannula in the normal saline/ distilled water bowl.

11. Make sure the tube is clear.

12. Gently shake the inner cannula to remove as much liquid as possible. Do not completely dry the outside of the inner cannula as a very thin film of liquid will make it easier to slide back in the outer cannula.

13. Hold the outer cannula flange with the thumb and index fingers of the non-dominant hand to hold it in place

14. Reinsert the inner cannula in the outer tube with your dominant hand and lock it by turning it clockwise. Note the dot on the outer cannula and the dot on the inner cannula should be aligned.



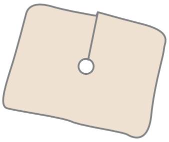
15. Wash bowls thoroughly and leave to dry in a clean place.
If using a tracheostomy brush, clean with peroxide and rinse with tap water and leave to dry.

16. Wash your hands

Caring for your stoma

Clean the stoma, or area of the skin around the outer cannula at least twice a day, and more often if needed. If you are using a trach dressing under your stoma, it should also be changed whenever it is soiled, or at least once every day when you clean your stoma.

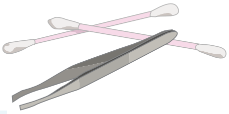
To clean around your stoma you will need:



Trach dressing (if necessary)

Mirror and good lighting

2 clean facecloths (used only for trach care).



Q-tips® and/ or tweezers

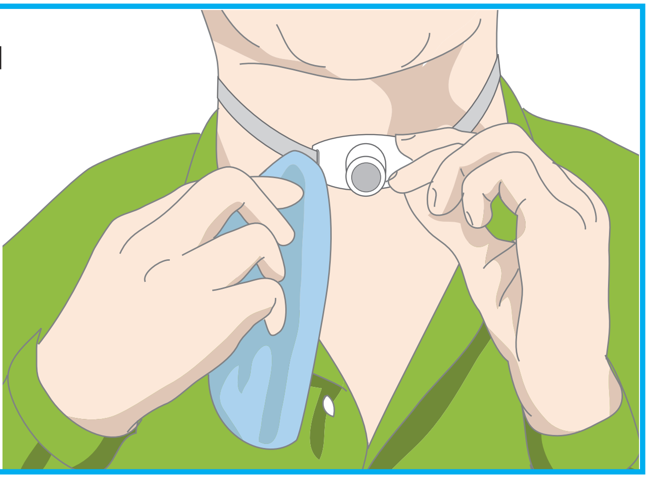
Tap Water

Steps to clean your stoma:

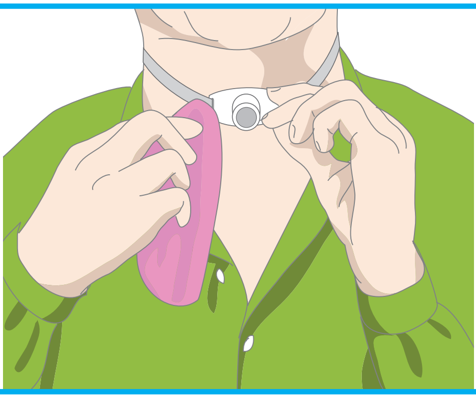
1. Remove old dressing, if any.
2. Wash your hands.
3. Place the materials on a clean area.
4. Choose a comfortable position e.g. sitting in front of a mirror.

5. Wet facecloth with tap water and gently cleanse the outer cannula and skin around it.

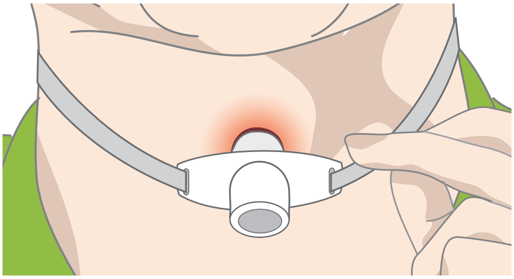
Q-tips® or tweezers may be used for “hard-to-get” areas under the trach plate.

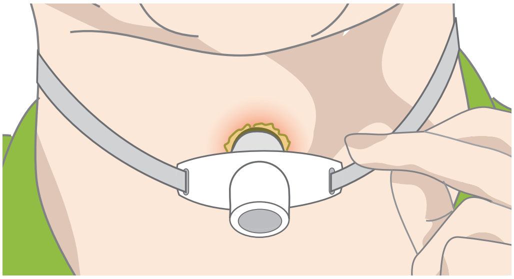


6. Use a dry, clean facecloth to pat the area dry.

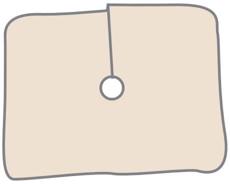


7. Look closely at your stoma site. Check for signs of infection (redness, swollen, painful, hot to touch, foul smelling, pus around stoma site). If you notice any of these signs, please advise your healthcare professional.





8. Put on a new dressing with the open ends up, if needed.



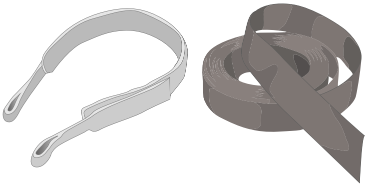
9. Wash your hands.

*Note that it may be normal to see a small amount of blood from time to time around your stoma. This is caused by some irritation to your mucosal lining.

Changing the tracheostomy ties

At the beginning, your CLSC nurse will come and assist you in changing your trach ties. Your tracheostomy ties will need to be removed and replaced when they are wet or dirty. Be sure to hold tube in place when changing ties or have someone assist you.

To change your trach ties you will need:



Tracheostomy ties

Scissors

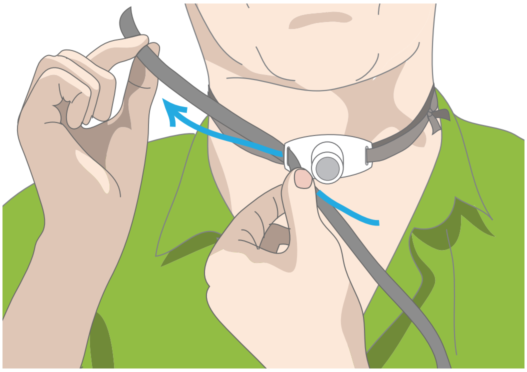
A helper

Steps to change your trach ties:

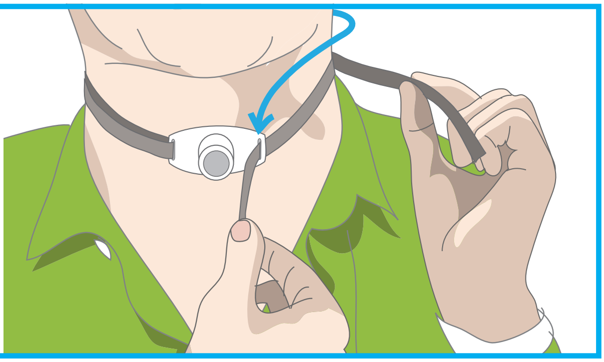
1. Cut a piece of the tracheostomy tie long enough to go around neck twice.

2. Leave the old trach ties in place and insert one end insert one end of the trach tie through the opening on one side of the trach plate.

3. Pull the 2 ends of the trach tie together so they are even.

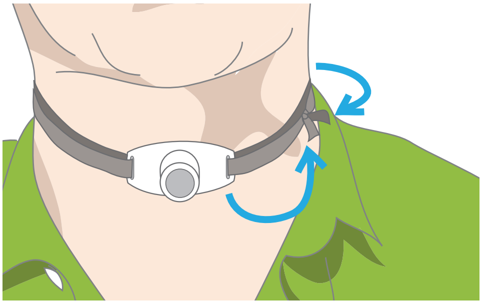


4. Wrap the ties around neck and insert the end of the tie that is closest to the neck through the opening on the other side of the trach plate.

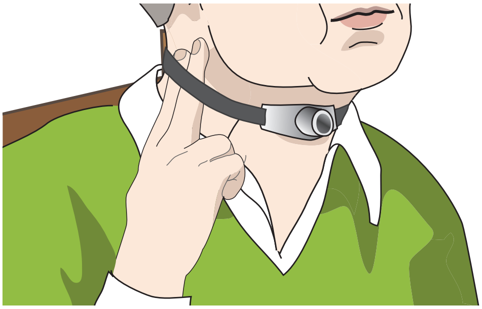


5. Tie both ends together in a firm knot on the side of you neck.

DO NOT TIE A BOW. It may come undone. TWO fingers should fit between the ties and your neck.



**If your trach ties are too loose this may create movement that may cause damage to your trachea.



6. Cut and remove the old trach ties

You most likely will need someone to assist you in holding the trach tube in place as it is possible to cough out the trach tube.

Living with a tracheostomy

Having a tracheostomy should not interfere with most normal activities. You should be able to continue indoor and most outdoor activities. Here are a few tips to help you.

Humidification

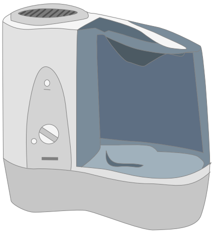
It is important to keep your secretions thin!

Since the air goes straight into your windpipe, your nose can no longer clean, warm and put moisture in the air you breathe. Because of this the air you breathe through your tracheostomy tube is very dry, cool and can irritate your airways.

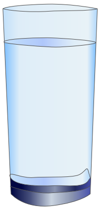
These conditions can make your secretions thick and hard to cough out and may make breathing more difficult for you. Dry air can cause mucous plugs to form and clog your airway. Therefore, it is important to keep your secretions thin so that you can cough them up easily.

Tips to make sure you have adequate humidity:

- Wear a tracheostomy bib (may be moistened).



- Drink 6-8 glasses of fluids per day.



- Close the bathroom door and turn on the hot water to fill the room with steam. Sit in the room and breathe deeply for 10-15 minutes.
- Use a humidifier at home.
- Avoid air conditioning if possible as it may dry your secretions.

Washing your Hands

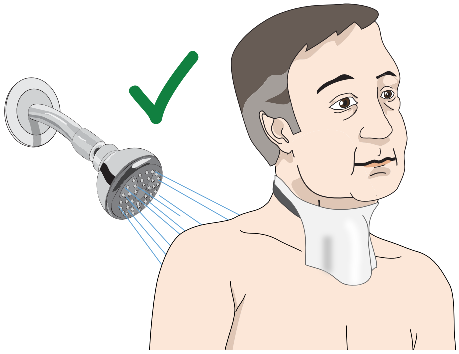
Washing your hands is not only important when you are cleaning your tracheostomy tube. You should always practice routine hand washing and this will also help prevent any infections or illness. See page 12.

Bathing

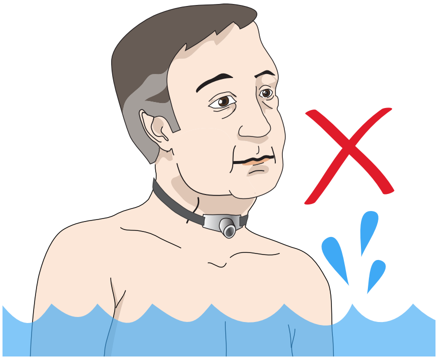
You may take a bath in a tub of shallow water or a shower with a tracheostomy tube. You will need to be careful to prevent water from entering your tracheostomy tube.

Tips to prevent water from entering your tracheostomy tube:

1. It is best to cover the tracheostomy tube with a shower shield that helps keep the airway free from water while showering. Please see “support & community resources” section about how to purchase a shower shield



2. If taking a shower, aim the showerhead at your lower body or back.

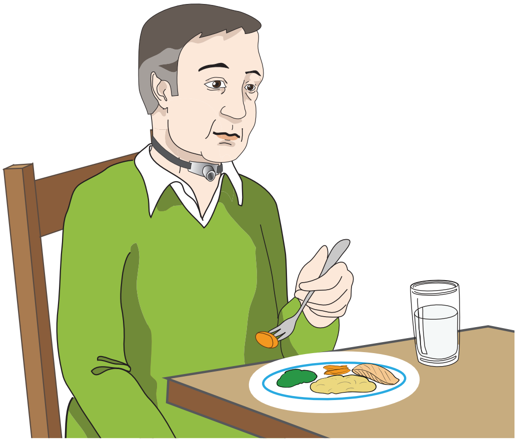


3. Avoid splashing water into the tracheostomy.

Eating

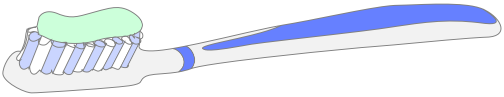
Most people with a tracheostomy are able to swallow food and liquid normally, however,swallowing food and liquid may be troublesome for a few people. Swallowing will be assessed by a specialized therapist before you are discharged home to determine the types of foods you will be able to swallow safely.
Tips to prevent problems with swallowing:

1. Sit upright to eat.
2. Eat slowly.
3. Chew your food well.
4. Focus on your swallowing.
5. Avoid food with seeds.
6. Liquids are often harder to swallow so avoid straws and sip slowly
7. After your evaluation, the therapist will have other suggestions or tips more specific to you.



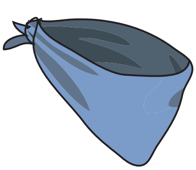
Mouth care

It is important to remember to continue to take care of your mouth and nose as these areas are no longer moistened, and it is harder for you to detect mouth odour. Continue to brush your teeth and clean your mouth as you would normally do before you had the tracheostomy tube.



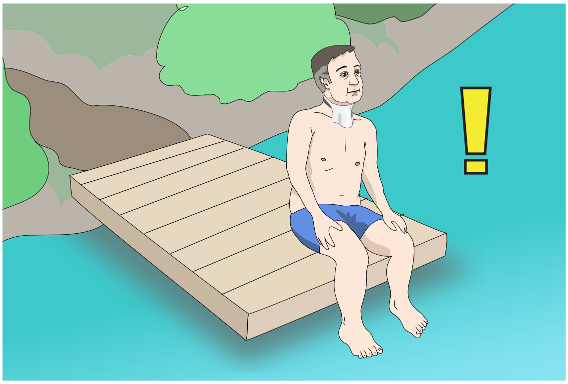
Clothing

You can wear any kind of clothes that are loose around the neck. Avoid fuzzy or loose fibres around your tracheostomy tube as you could accidentally breathe them into your airway.
There are scarves and special neck ties that are specially designed to wear with a tracheostomy tube. Please see the ‘support & community resources’ section for details on how to purchase these items



Swimming

Although you will not be able to swim with a tracheostomy tube you can still enjoy going around the pool. Be extremely cautious if you are around large bodies of water. If you accidently fall into the water there is no way of preventing the water from entering your tracheostomy tube and your airway. The water will go directly into your lungs. Under no circumstance should water go into your tracheostomy tube.



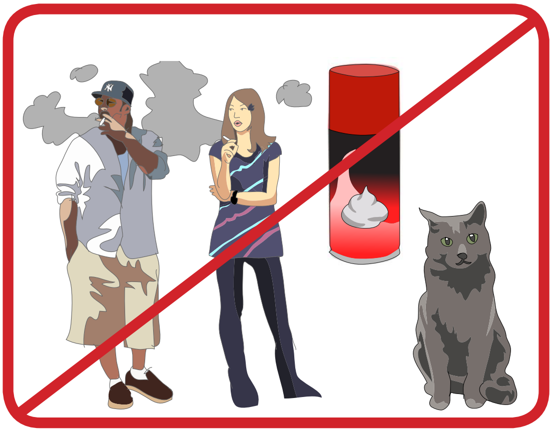
Swimming is not permitted

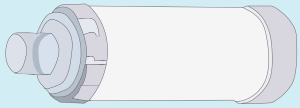
Precautions to take (i.e. dust, water, perfume)

Be careful that nothing enters your tracheostomy tube. This includes cotton swabs, tissues, shaving cream, hairs, perfumes, powders, and aerosols. Try to avoid areas where there is a lot of dust, fumes, and smoke as this will irritate your airway.

If you have an animal that sheds please ensure that the animal is properly groomed and vacuum/dust your home frequently. **Note: whenever you clean, wear a scarf or cover your tracheostomy to protect your airway.**

When you are outside, make sure insects, leaves, and other things don’t enter the tracheostomy tube. In the winter, when the air is cold, wear a scarf or cover your tracheostomy. This will help to warm the air slightly also.





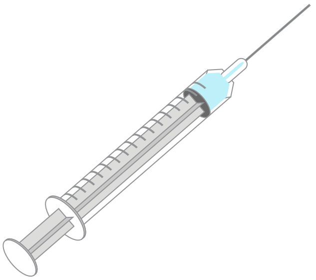
Please note that if you take puffers you will need an adapter for your tracheostomy tube.

Illness: cold and flu

If you catch a cold or flu you may notice an increase in secretions. This is normal. However, if you are experiencing: much more secretions than normal, any difficulties breathing, green and foul smelling secretions or if you have a fever above 38.5°C please see your doctor.

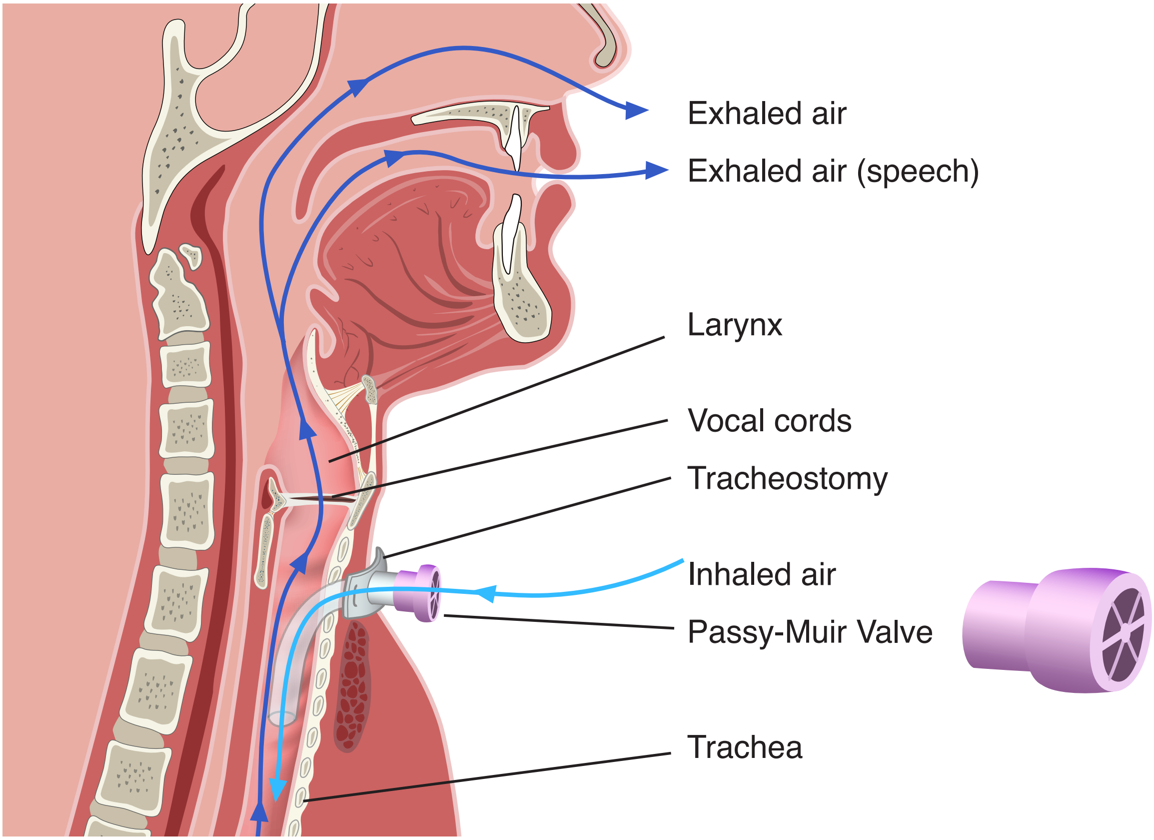
Tips to avoid getting the cold or flu:

1. Get a flu and pneumonia shot every fall if you are not allergic. Check with your doctor.
2. Avoid crowded spaces and people with the flu.
3. Avoid caregivers who have the flu or a cold, if not possible, they should wear a mask.



Communication

The loss of speech can be frightening, as well as, frustrating. Being able to speak is very important to all of us. Before you are discharged home, your communication needs will be assess by a Speech-Language Pathologist (S-LP)

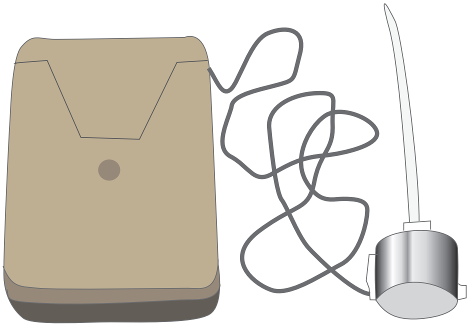


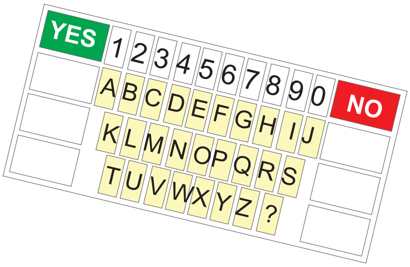
The sound of your voice is produced when the air that you exhale from your lungs passes through your voice box (larynx). It is very difficult to speak when your tracheostomy tube is open because it is located below your voice box. With a tracheostomy tube, the exhaled air comes out of your tracheostomy tube and does not go through your voice box.

Communication (continued)

There are number of ways for people who have tracheostomies to regain their ability to speak by redirecting airflow through the voice box.

1. A speaking valve that can be attached to the end of your trach tube.
2. For patients who are not able to use the speaking valve: plugging your trach tube with your finger (finger occlusion) may provide a functional voice assuring that appropriate hygiene is followed
3. A change in the type or size of the tracheostomy tube may be helpful if there is not enough air flowing through the voice box.
4. Typed speech (electronic tablet, smartphone or computer).
5. Pencil/Pen and paper
6. Communication or alphabet boards
7. Electronic larynx or Cooper Rand.





If you do have a speaking valve here are some tips for you:

1. The valve should be cleaned daily
    a. Swish valve in pure fragrance-free soap (such as Ivory) and warm water
    b. Rinse thoroughly in warm water
    c. Allow valve to air dry in container with lid open before storing in closed container
    d. DO NOT use hot water, peroxide, bleach, vinegar, alcohol, brushes, or cotton swabs
2. If using a puffer, remove valve first
3. Remove if breathing, coughing or talking is difficult
4. Request a replacement valve from your SLP if it begins to make a honking noise.
5. Other: follow any specific instructions given to you by your Speech-Language Pathologist

Problem-solving: what to do if:

“I have a hard time breathing”

You may have secretions in your trach tube.

Steps to follow:

1. Notify someone in your home
2. Give a strong, hard cough to see if you can cough up your secretions or you may suction yourself if you cannot cough up your secretions
3. If this does not work you can take the inner cannula out, clean it, and reinsert it.

   * If this works and you can breathe easily, here are some things to consider:
   \- if your secretions are thick, sticky and/or hard to cough up, consider steps to make them thinner (see “tips to make sure you have adequate humidity” section, p. 22)

If you continue to have a hard time breathing contact your doctor or go to the nearest emergency room.

“I simply can’t breathe through my tube”

The chances are very small that this happens, but if it does it is either because the tube has slipped out of position or more likely, you have coughed up secretions that are blocking your tube.

Steps to follow:

1. Stay calm
2. Take out the inner cannula. If you can breathe and you can see the blockage, clean your inner cannula accordingly. Consider the steps to make thin your secretions
3. If you still cannot breathe by simply removing the inner cannula then either call 911 or have someone drive you to the nearest hospital emergency room.

“My trach tube comes out”

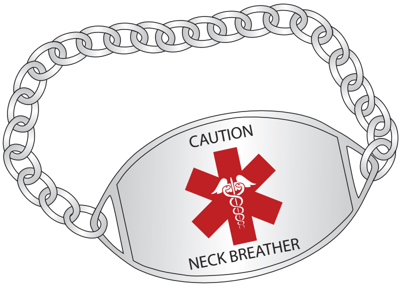
This may happen when you are changing your tracheostomy ties or if your ties are too loose.

Steps to follow:

1. DO NOT PANIC. Stay Calm. Your stoma will not close immediately.
2. Tilt your head back slightly to keep the stoma opening larger.
3. Breathe normally through your stoma.
4. If possible you can reinsert your tracheostomy tube with the obturator
5. If not, Call 911 or have someone drive you to the nearest hospital emergency room and bring your extra tracheostomy tube set for reinsertion.

CPR (cardiopulmonary resuscitation) on a tracheostomy patient

It is important that your family/friends understand how to perform CPR on someone with a tracheostomy tube in place. Remember, you are now breathing through your tracheostomy tube and not your mouth. Therefore, CPR should be performed as a mouth-to-stoma instead of mouth-to-mouth. We recommend that you use a medical bracelet indicating that you are a ‘neck breather’.



Support and community resources

For ALL tracheostomy/laryngectomy patients:

- **Fédération Québécoise des Laryngectomises**
  5565 Sherbrooke Est, Montréal, Québec H1N 1A2
  Phone: (514) 259-5113 (please phone before for pick-up)

  What can they provide?
  Shower shield $20, Stoma covers (scarves/neck ties) 10-15$

- **Notre-Dame Hospital** – Phone: (514) 890-8000 ext : 25585
  For Laryngectomy patients: Will provide all necessary supplies
  For Tracheostomy patients: If patient unable to communicate orally will provide communication devices

- **Maisonneuve-Rosemont Hospital** - Phone: (514) 252-3433

* Only for patients living on the island of Montréal. If not, equipment will be provided by the CLSC

  What can they provide?
  Suction machine, suction catheters, high humidity machine, oxygen (if required)

- **Enteral Feeding**

  Formula covered by RAMQ (if no private insurance) and feeding pump by designated company (if a cancer diagnosis)

  To order medical supplies, call Dufort & Lavigne Medical Supplies Warehouse store at (514) 527-9381. You may also consult their website (www.dufortlavigne.com) to make an order.

For Cancer tracheostomy/laryngectomy patients

- **Canadian Cancer Society** (*If material not provided by CLSC or covered by Medicare)
  Person responsible for material assistance
  5151 de l'Assomption Boulevard, Montréal, Québec H1T 4A9
  Phone: (514) 255-5151

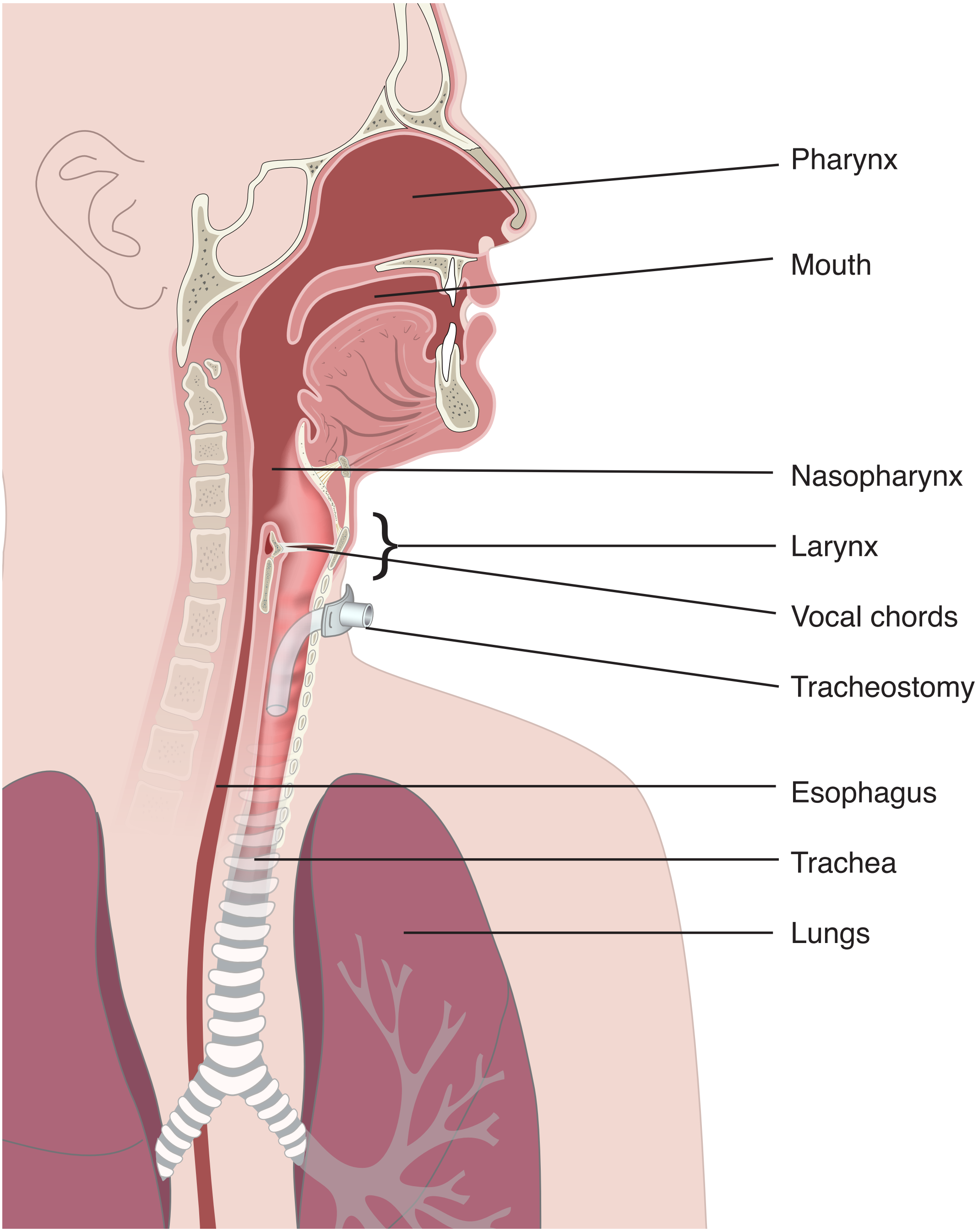
What can they provide?
Trach bib, trach dressing care supplies and enteral feeding supplies

Additional Community Support

1. Respiratory Technician available 24/7 provided by Maisonneuve-Rosemont Hospital
2. CLSC referral for tracheostomy care and nutrition
3. Cancer J'écoute – Emotional support resource – 1(888)-939-3333
4. CanSupport – MGH: (514) 934-1934 ext.42314 RVH: (514) 843-1666

Notes

Reference Image



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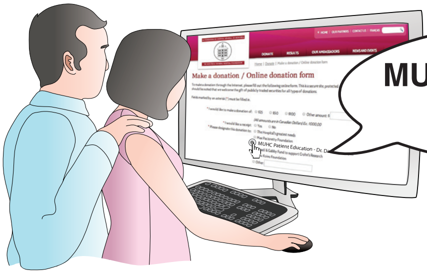
Make a donation through the Montreal General Hospital Foundation to:



MUHC Patient Education
Dr. David Fleiszer

Online: mghfoundation.com

By Phone: 514-934-8230

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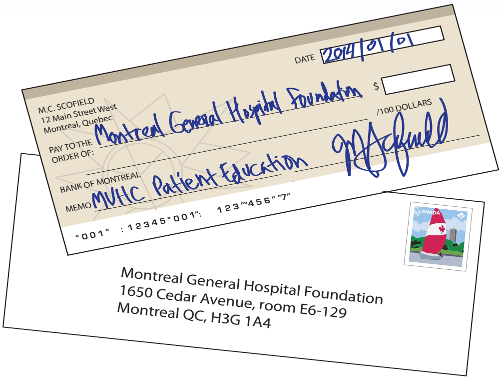

In Person / By Mail: 1650 Cedar Avenue, room E6-129
Montreal QC, H3G 1A4

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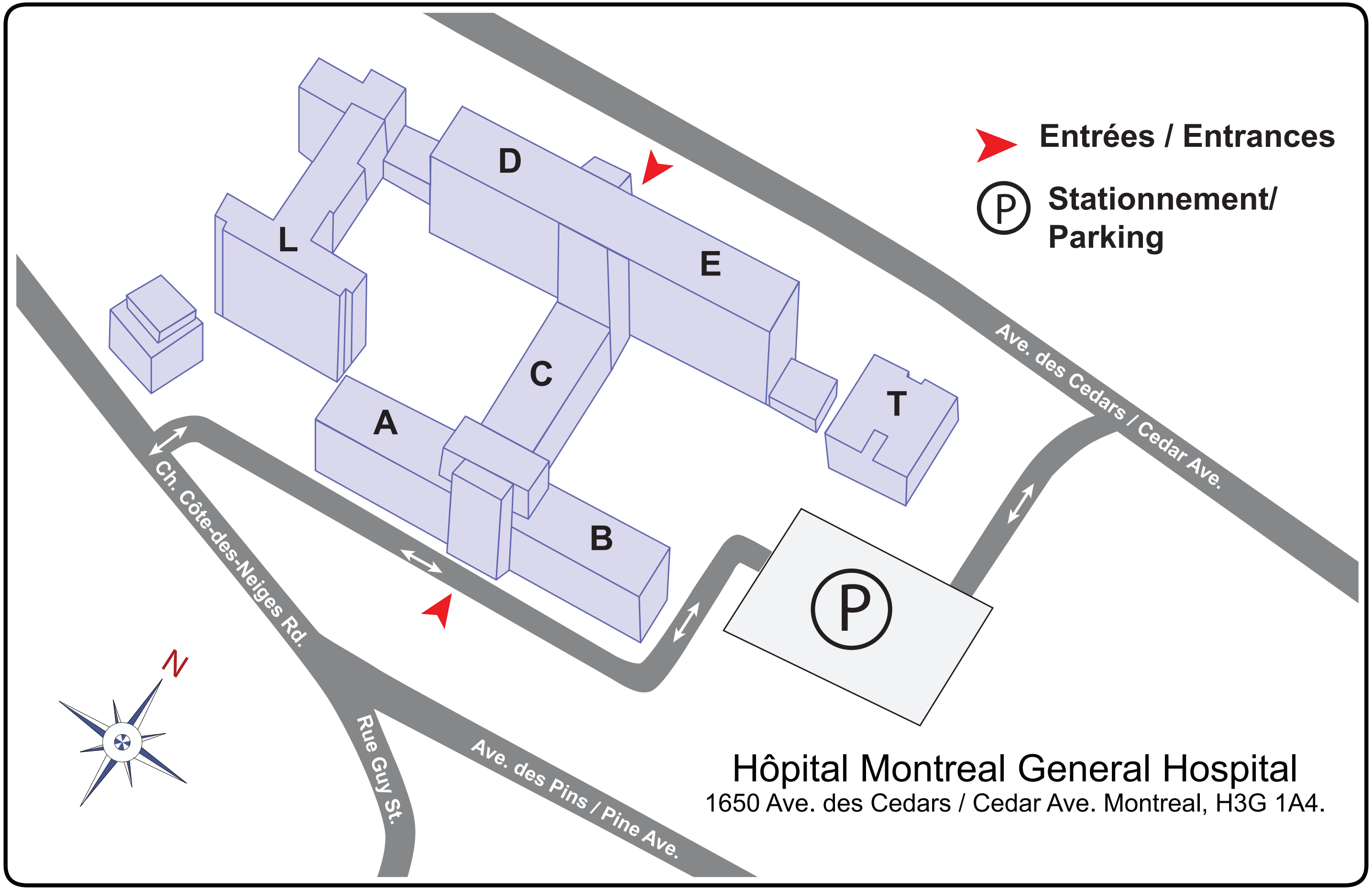

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