Tracheostomy Care & Management

POLICY AND PROCEDURE

Purpose

The Tracheostomy Suctioning Care and Management policy and procedure is to ensure that clients with a tracheostomy receive appropriate management relevant to the client's specific individual needs

Tracheostomy Suctioning Care procedures are carried out within the Subee Newlake Clinical Governance Policy framework that promote best practice standards, safety and competency in clinical care, limiting risks to the client and staff.

Scope

All support workers that have clients with Tracheostomy Suctioning Care as part of their care should follow the Tracheostomy Suctioning Care Management Policy and Procedure.

The Registered Nurse/s of Subee Newlake are responsible for the assessment, planning and review of the client Care Plan.

The Registered Nurse is also responsible for training and competency-based assessment of support staff involved in catheter management.

Definitions

A tracheostomy is an opening (made by an incision) through the neck into the trachea (windpipe). A tracheostomy opens the airway and aids breathing.

Depending on the person's condition, the tracheostomy may be temporary or permanent

A tracheostomy may be performed for the following conditions:

- Obstruction of the mouth or throat
- Breathing difficulty caused by edema (swelling), injury or pulmonary (lung) conditions
- Airway reconstruction following tracheal or laryngeal surgery
- Airway protection from secretions or food because of swallowing problems
- Airway protection after head and neck surgery
- Long-term need for ventilator (breathing machine) support

Relevant Standards

National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018.

Module 1: High Intensity Daily Personal Activities

New Aged Care Standards

Australian Community Industry Standards (ACIS) 2018, 5.3.

Procedure

Subee Newlake's Clinical Governance Framework ensures all staff employed have the appropriate professional qualifications to carry out clinical support to clients with high intensity daily support activities.

The Registered Nurse completes an assessment of the clients support needs and with the client and or their advocate develops a Nursing Care Plan that reflects their individual needs and choice.

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Nursing Care Plan reflects:

- Doctors' orders and recommendations
- Client input and choice into Tracheostomy care and management plan
- Current best practice standards for tracheostomy management

A Care Plan that addresses how risks, incidents or escalation of incidents to emergencies in relation to tracheostomy care for example blockage, dislodged of tracheostomy, signs of infection and dysreflexia are identified and managed.

The client and or their advocate has signed the Nursing Care Plan.

A copy of the Care Plan stays with the client and a copy is placed in the clients electronic file.

The care plan has a review date of 6 months but will be reviewed earlier if the client, support worker, or registered nurse identifies earlier review is needed.

Earlier review may occur due to change in client's needs, risks are identified, incident report that suggests a review of needs or emergency.

Support workers complete progress notes per visit.

Support staff will contact the service co-ordinator if the identify problems or risks whilst on shift with catheter management. This information is reported back to the Registered Nurse for review.

An incident report is completed by the support staff if required. Service co-ordinator to follow up that the incident report is documented and followed up on by the registered nurse or Operations Manager.

Nursing Care Plan is reviewed by the registered nurse with the client and or advocate if risks, incidents or emergencies are identified.

Training and Competency

The Registered Nurse/s of Subee Newlake are responsible for the training and competency checking of all support workers.

Training is provided on a needs basis to support workers that are providing support to clients with enteral feeding.

Training includes:

- Anatomy related to tracheostomy care and management
- Managing a tracheostomy related incident

Emergency Action Plan:

- Risk of choking/aspiration due to decreased strength of swallowing turn client on side, notify carer, ph 000
- Risk of infection notify client/client's carer/supervisor - if signs of bleeding/greenish/brown ooze appearing around trachy site
- Risk of oxygen deprival May have a large mucus plug and can't cough it up. Set up or get carer to use suctioning equipment. Phone 000

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- If client stops breathing, do CPR 30 compressions to chest, then 2 squeezes of air from oxygen bag which will attach to trachy
- When travelling with client, ensure they have a backup tracheostomy tube packed in case of emergency

Related Forms

Detailed Tracheostomy Care Plan F-110

Related Policies & Procedures

Waste Management Policy & Procedure

Infection Control Policy & Procedure

Medication Policy and Procedure

Needle stick and Sharps Policy & Procedure

Clinical Governance Framework Policy and Procedure

Incident Reporting Policy

Confidentiality Policy

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