

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.

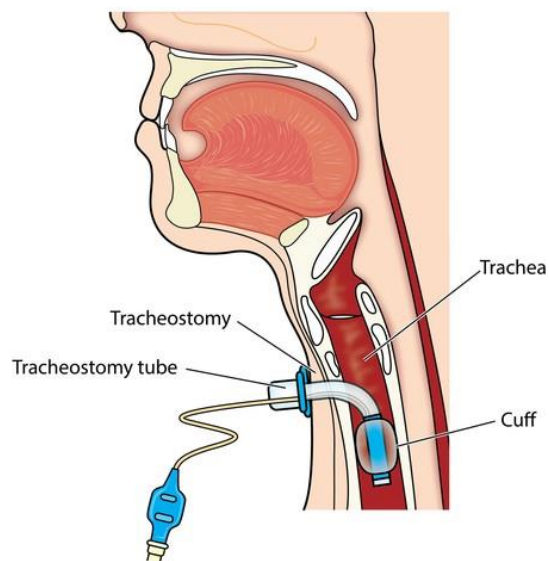
The Registered Nurse is also responsible for training and competency-based assessment of support staff involved in tracheostomy management.

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

Trachea: The anatomical structure used for breathing

Tracheostomy: An artificial opening in the trachea, which may be permanent or temporary



Tracheostomy tube: A tube placed through a tracheostomy to provide an airway and to remove secretions from the lungs

Stoma: An opening, either natural or surgically created, which connects a portion of the body cavity to the outside environment

Cannula: A tube that can be inserted into the body, often for the delivery or removal of fluid or air

Suction: The use of devices to clear airways of materials that would impede breathing or cause infections

P-Tracheostomy Care & Management	Printed documents are uncontrolled. View current documents on the Subee Intranet	
V5	20/06/2023	Page 1 of 4



In-Home Care • NDIS Disability Support • Aged Care • Packages

Subee Unit 2, 84-90 Industrial Drive, Coffs Harbour NSW 2450
02 6651 3153 | www.subeenewlake.com.au
subee@subeenewlake.com.au



In-Home Care • NDIS Disability Support • Aged Care • Packages

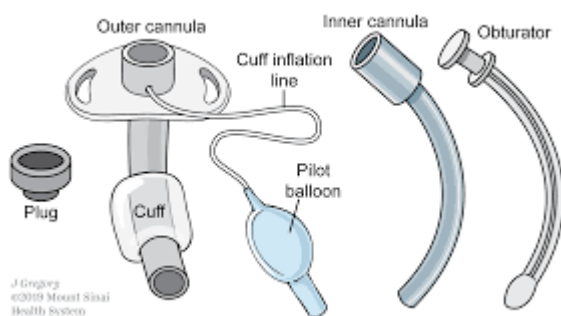
Newlake 3/11 Glenwood Drive, Thornton NSW 2322
02 4966 8399 | www.subeenewlake.com.au
newlake@subeenewlake.com.au

Tracheostomy Care & Management

POLICY AND PROCEDURE

Aseptic non-touch technique: Prevents microorganisms on hands from being introduced into a susceptible site

Tracheostomy Parts



Purpose

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

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.

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 Tracheostomy Action Care Plan has been developed for CSW that addresses 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. Refer to F-Tracheostomy Care Plan-110

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 client's electronic file.

The client's tracheostomy care plan will be reviewed by the doctor. The clients, support workers, or registered nurse may identify if earlier review is needed.

P-Tracheostomy Care & Management	Printed documents are uncontrolled. View current documents on the Subee Intranet	
V5	20/06/2023	Page 2 of 4



In-Home Care • NDIS Disability Support • Aged Care • Packages

Subee Unit 2, 84-90 Industrial Drive, Coffs Harbour NSW 2450
02 6651 3153 | www.subeenewlake.com.au
subee@subeenewlake.com.au



In-Home Care • NDIS Disability Support • Aged Care • Packages

Newlake 3/11 Glenwood Drive, Thornton NSW 2322
02 4966 8399 | www.subeenewlake.com.au
newlake@subeenewlake.com.au

Tracheostomy Care & Management

POLICY AND PROCEDURE

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 they identify problems or risks whilst on shift with tracheostomy 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 tracheostomy care including a response to a tracheostomy emergency

Training includes:

- Anatomy related to tracheostomy care and management

- Managing a tracheostomy related incident
- Ausmed eLearning module: Tracheostomy Management NDIS High Intensity Daily Personal Activity

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 deprivation - May have a large mucus plug and can't cough it up. Set up or get carer to use suctioning equipment. Phone 000
- If client stops breathing, do CPR – 30 compressions to chest, then 2 squeezes of air from oxygen bag which will attach to trachy (staff would require on site training in emergency CPR)
- 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

Clinical Governance Framework Policy and Procedure

Incident Reporting Policy

P-Tracheostomy Care & Management	Printed documents are uncontrolled. View current documents on the Subee Intranet	
V5	20/06/2023	Page 3 of 4



In-Home Care • NDIS Disability Support • Aged Care • Packages

Subee Unit 2, 84-90 Industrial Drive, Coffs Harbour NSW 2450
02 6651 3153 | www.subeenewlake.com.au
subee@subeenewlake.com.au



In-Home Care • NDIS Disability Support • Aged Care • Packages

Newlake 3/11 Glenwood Drive, Thornton NSW 2322
02 4966 8399 | www.subeenewlake.com.au
newlake@subeenewlake.com.au

Tracheostomy Care & Management

POLICY AND PROCEDURE

Emergency Care Plan

Tracheostomy airway impairment may occur due to:

- Partially blocked tube
- Completely blocked tube
- Accidental decannulation or dislodgement of the tube.

These situations may result in the following signs of respiratory deterioration :

- A sudden increase in the client's work of breathing
- Colour change and/or reduction in oxygen saturations
- Unusual vocal, upper or lower airway sounds such as stridor, wheeze or louder than usual crying which indicates exhaled air is passing through the upper airway rather than the tracheostomy tube
- Nil or reduced air flow out of the tracheostomy tube
- Change in level of consciousness.

Emphasis is on early recognition of any change in the client's respiratory status and tube patency to avoid an emergency event.

- Late signs of impending respiratory collapse include cyanosis, bradycardia and apnoea - do not wait for these to develop before intervening.

P-Tracheostomy Care & Management	Printed documents are uncontrolled. View current documents on the Subee Intranet	
V5	20/06/2023	Page 4 of 4



In-Home Care • NDIS Disability Support • Aged Care • Packages

Subee Unit 2, 84-90 Industrial Drive, Coffs Harbour NSW 2450
02 6651 3153 | www.subeenewlake.com.au
subee@subeenewlake.com.au



In-Home Care • NDIS Disability Support • Aged Care • Packages

Newlake 3/11 Glenwood Drive, Thornton NSW 2322
02 4966 8399 | www.subeenewlake.com.au
newlake@subeenewlake.com.au