

Please affix patient sticker

## Glasgow RHC, Tracheostomy record of care

Please tick when task complete and initial each shift (D = day shift, N = night shift)



		MON	TUE	WED	THU	FRI	SAT	SUN
	Date:							
<b>T</b>	Security tapes change (daily)							
	Tracheostomy change							
<b>R</b>	Resuscitation plan present							
	Bedhead sign and algorithm at bed space							
<b>A</b>	Airway suction present and working							
	If inner tube insitu – change minimum once daily							
	If cuffed tube – check pressure volume once per shift							
<b>C</b>	Care of stoma and neck – routine care minimum once daily							
	Any tissue viability issues refer to Airway Nurse							
<b>H</b>	Humidification present							
	Check should have appropriate method of delivery							
<b>E</b>	Emergency equipment identified and checked							
	Essential checklist completed							
<b>Health Professional to initial each shift</b>		<b>D</b>	<b>N</b>	<b>D</b>	<b>N</b>	<b>D</b>	<b>N</b>	<b>D</b>

Note: Poster guideline for TRACHE care on reverse

## Glasgow RHC, Tracheostomy Care Poster

<b>T</b>	<p><b>Tapes: Keep secure</b></p> <p>Ensure the tension on the tapes is tight enough to support the tube            ONE finger should fit comfortably between the child's neck and tapes            Use ties always. Velcro tapes may be used (by exception only) but must be risk assessed</p>
<b>R</b>	<p><b>Resus- Know the resuscitation plan</b> Follow the Glasgow RHC, Tracheostomy emergency algorithm</p> <p>Safety, call for help            Suction airway            Change the tracheostomy tube – it may be dislodged, blocked or displaced</p>
<b>A</b>	<p><b>Airway clear – Use correct suction technique</b></p> <p>Use correct catheter size, length of suction and vacuum pressure            Know the length of the child's tube and only suction to this length            Keep a pre measured length at the bed space            The catheter size should be 'double the size of the tube' e.g. 8FG catheter for a 4.0mm ID tube            Know if tube is uncuffed or cuffed, know what type of cuff (TTS or Air) and know the pressure volume.            Check pressure volume of cuff once per shift.</p>
<b>C</b>	<p><b>Care of the site – Stoma and neck</b></p> <p>Tracheostomy site should be cleaned at least once daily and any breakdown noted and treated            Don't forget the back of the neck! Escalate concern if evidence of breakdown            Consider cushioned (Marpac) tapes after a risk assessment</p>
<b>H</b>	<p><b>Humidification – Essential to keep the tube clear</b></p> <p>Ventilated patients - Use a wet circuit or a heat &amp; moisture exchanger (HME)            Non ventilated patients - Use warmed humidification systems for small babies at risk of heat loss            If using HME ensure it is correct for age/size of patient</p>
<b>E</b>	<p><b>Emergency/essential equipment – Have this present and visible</b></p> <p>Only the correct equipment should be present            Equipment checklist at the bedside            No other items should be present            Keep basic airway equipment ready at the bedside</p>