PLANNED TRACHEOSTOMY DECANNULATION PROCEDURE

Staff this document applies to:

Medical Staff, Nurses, Speech Pathologists, Physiotherapists on all campuses

Who is authorised to perform this procedure?:

Medical Staff, Nurses and Physiotherapists trained in decannulation

State any related policies, procedures or guidelines:

Tracheostomy policy – Management of patients with a Tracheostomy

Tracheostomy procedure - Mandatory Tracheostomy Equipment

Tracheostomy procedure - Suctioning via the Tracheostomy

Tracheostomy procedure - Tracheostomy Cuff Management

Tracheostomy Decannulation Documentation (SMR Form M79.30)

Tracheostomy ICU Discharge Form (SMR Form M79.3)

Tracheostomy e-learning package – Tracheostomy decannulation

Escalation Response to Clinical Deterioration - Austin Hospital

Definition:

The safe and timely removal of a tracheostomy tube when it is no longer medically indicated

Clinical Alert:

- Prior to decannulation, a clearly documented plan (Decannulation documentation M79.30) is required including actions in event of acute deterioration.
- If a patient experiences stridor or respiratory distress post decannulation, a Code Blue response should be activated.
- A percutaneous dilatational stoma may close quickly after decannulation which may make tracheostomy tube reinsertion more difficult if required
- The initial 48 hours post decannulation is critical and the patient must be monitored closely by the parent medical team and nursing staff.
- If specified on the ICU Tracheostomy Discharge Form (SMR Form M79.3), ICU should be notified prior to decannulation.
- Notify parent medical unit, nurse in charge, bedside nurse, treating physiotherapist and speech pathologists
- Ideally, tracheostomy tubes should be removed Monday-Thursday, during daytime working hours, and preferably in the morning to enable increased observation.
- If decannulation is to occur on a Friday, the patient will be reviewed by the Respiratory Registrar (or unit responsible for decision to decannulate) on Saturday for their 24hr review.

Expected Outcome:

- Pre and post decannulation entry is completed. (Decannulation documentation M79.30). This entry includes the action plan in the event of failed decannulation as per direction by the parent unit.
- The tracheostomy is decannulated and patient monitored.

Equipment:

- Mandatory tracheostomy equipment
- Mouth or nose -Oxygen delivery system
- Pulse oximeter
- Dressing pack, normal saline and stitch cutter (if sutures in situ)
- Occlusive dressing

Procedure:

- Prior to decannulation complete the pre-decannulation entry Decannulation documentation (M79.30)
- Identify the patient
- Explain the procedure to the patient and obtain consent
- Check all mandatory equipment is at hand
- This is a 2 person procedure. Ideally, the bedside nurse should be present during the decannulation.
- Pause enteral feeding
- Debug and don personal protective equipment
- Set up dressing pack with n/saline and occlusive dressing
- Connect pulse oximetry and pre oxygenate if required
- Position the patient comfortably lying in bed with neck in neutral or slight extension
- Deflate the cuff and suction if indicated
- Remove the tracheostomy dressing
- Remove tracheostomy sutures if present
- Undo the velcro tapes or ties
- Ask the patient to take a deep breath, and gently withdraw the tube on exhalation
- Occlude stoma and check that the patient is able to breathe comfortably
    - **If a ward based patient experiences respiratory distress and/or stridor call a Code Blue**
    - **Reinsert new tracheostomy tube if trained to do so**
    - **Check the patient's oxygen saturation and apply oxygen to the mouth/nose (or the tracheostomy stoma if the upper airway appears to be obstructed)**
- Clean the stoma with saline
- Inspect the stoma for bleeding, infection or granulation tissue.
- Apply occlusive dressing

- Ensure the patient is comfortable and observations stable
- Leave the patient with a nurse call bell within reach
- Advise patient to apply firm pressure over the stoma dressing during speech or coughing to prevent leak

Post Procedure Care:

- Ensure tracheostomy decannulation - documentation 'Post decannulation entry' is complete
- Perform half hourly observations for 2 hours.
- If concerned follow ePPIC guideline: Escalation Response to Clinical Deterioration - Austin Hospital
- For non urgent enquiries contact treating unit responsible for decannulation /TRAMS with any concerns 8:30-17:00 Monday to Friday.

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TRAMS Policy and Procedure Committee (Updated May 2017)

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Department Responsible for Document:

Tracheostomy Review and Management Service (TRAMS)