

TRACHEOSTOMY STOMA CARE

Staff this document applies to:

Medical staff, Nurses and Physiotherapists on all campuses including ICU

State any related Austin Health policies, procedures or guidelines:

- [Patient Identification](#)
- [Management of patients with tracheostomy at Austin Health](#)
- [Mandatory Tracheostomy Equipment](#)
- [Tracheostomy e-learning package](#) – Tracheostomy Stoma Care
- [Planned Tracheostomy Decannulation Procedure](#)
- [Emergency response to Accidental Decannulation](#)
- [Aseptic Technique](#)
- [Tracheostomy Related Bleeding](#)

Who is authorised to perform this procedure?

- Medical and Nursing staff
- Physiotherapists working within their scope of practice

Definition:

The care involved with suture removal, assessing and cleaning a tracheostomy stoma including changing the tracheostomy dressing and tapes

Clinical Alert:

- **A bleeding or pulsating tracheostomy could represent a pending emergency and advice must be sought immediately** from the TRAMS team or treating unit. Please see the [tracheostomy related bleeding policy](#) for the urgent action required. If in doubt, place a MET call/MER call/Code Blue
- Daily stoma care is essential in maintaining skin integrity and preventing complications
- Changing a tracheostomy tape is a two person procedure to avoid loss of airway
- Movement of the tracheostomy tube within the trachea during this procedure may cause irritation and coughing
- In patients who have had microvascular free flap surgery the tracheostomy tube will be sutured in place. Do not use tracheostomy tapes or ties on these patients as these items may compromise the vascular supply to the flap.

Rationale:

- To maintain skin integrity and prevent complications around tracheostomy stoma.
- To complete a comprehensive stoma assessment

Expected Outcome:

- Skin integrity around the stoma is maintained.
- The tracheostomy stoma is clean and free of infection.
- The tracheostomy tube is secured
- Stoma assessment is comprehensive and management appropriate
- Surgically inserted tracheostomy stoma sutures are removed within 7-10 days

Equipment:

- Dressing pack
- Sterile Sodium Chloride 0.9%
- Manufacturer pre 'Y' cut dressing (non woven gauze, Exu-dry™, foam)
- Waste bag
- Non sterile gloves
- Tracheostomy velcro tape
- Safety goggles or eye wear
- *Include stitch cutter if removing stoma sutures*

Procedure:

- This is a two-person procedure.
- Correct patient identification performed
- Prepare the patient ensuring privacy and comfort. Position the patient with his/her neck slightly extended.
- Wash hands and use debrug, don non sterile gloves and PPE
- Set up dressing trolley.
- One person holds the tracheostomy tube whilst the second person removes the soiled tapes and dressing. Discard into waste disposal bag immediately.
- Assess the tracheostomy stoma for signs of trauma, bleeding, pressure area, infection, inflammation or pulsation. Contact TRAMS or medical unit for advice if any of the above symptoms noted.
- Clean stoma with normal saline soaked gauze by wiping from centre of stoma outwards and discard. Allow to air dry
- Place dressing under flange – opening should be at the top.
- Secure the tracheostomy tube with clean velcro tracheostomy tapes.
- The correct tightness of the tracheostomy tape is checked by ensuring only one to two fingers can fit between the tapes and the neck.
- Dispose of used/soiled equipment.

Sutures

Note: There may be several types of sutures at the stoma site. It is essential to ascertain reason for insertion and consult TRAMS or the medical unit responsible for inserting tracheostomy tube prior to removal of any sutures.

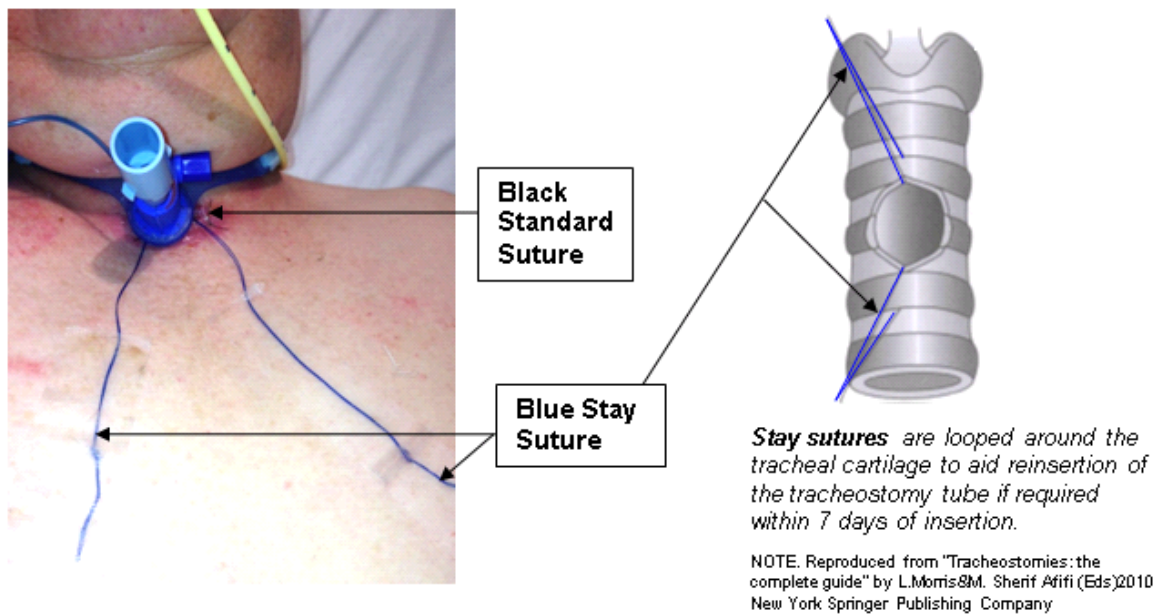
HEAD AND NECK SURGERY SUTURES:

The tracheostomy is secured by sutures through the flange

- Ensure sutures remain intact – check at commencement of each shift
- Clean with normal saline soaked gauze TDS and leave exposed
- Consult parent unit when to remove

SURGICALLY INSERTED TRACHEOSTOMY STOMA SUTURES

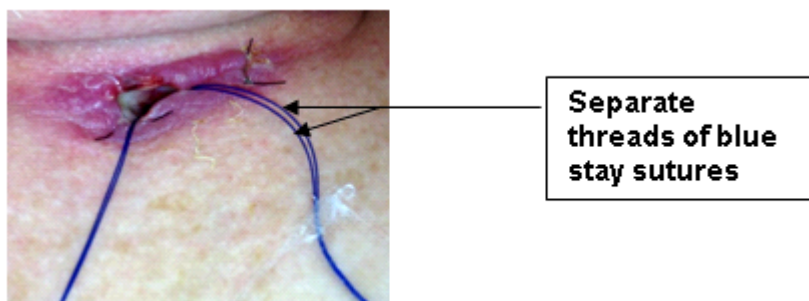
Stoma sutures are usually 2 x black standard sutures at the horizontal stoma incision and 2 x blue 'stay' sutures taped to the chest



- Sutures should be removed within 7-10 days post initial insertion of tracheostomy

To remove blue stay sutures:

- Separate threads and cut one as close to the stoma as **possible**



- Pull the longer thread through and discard
- Repeat process with second blue stay suture

To remove black sutures at the horizontal incision (under flange):

- Secure knot with forceps
- Cut one side of suture below knot
- Pull through and discard
- Repeat process with second black suture

Post Procedure:

Document in patient medical file:

- Stoma integrity, signs of infection, presence of granulation tissue
- Any bleeding from stoma.
- Stoma care regime
- Dressing utilised

Notify TRAMS, treating unit or place MET call (depending on patient status) if any:

- Bleeding
- Pulsation

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Legislation/References/Supporting Documents:

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Authorised/Endorsed by:

Tracheostomy Policy and Procedure Review Committee
Clinical Nursing Standards Committee
Intensive Care Unit

Primary Person/Department Responsible for Document:

Tracheostomy Review and Management Service (TRAMS).