

## THE BLUELINE ULTRA SUCTIONAID TRACHEOSTOMY TUBE

### *Staff this document applies to:*

Nurses, Medical Staff, Speech Pathologists, Physiotherapists on all campuses including ICU and the community

### *Who is authorised to perform this procedure:*

#### **Removing above cuff secretions**

Removal of above cuff secretions can be performed by Nurses, Medical staff, Physiotherapists, and Speech Pathologists who have received instruction in this procedure

#### **Voicing/Talking**

The patient's ability to voice via the Suctionaid tracheostomy tube is initially assessed by the Speech Pathologist who advises the parameters for use on the Clinical Instruction Sheet "Use of the Suctionaid Tracheostomy Tube". Voicing via the suctionaid line can then be performed by others who have received instruction in use of this tube.

### *State any related Austin Health policies, procedures or guidelines:*

- [TRAMS Clinical Instruction Sheet – Use of the Portex Ultra Suctionaid Tracheostomy Tube](#)
- [Suctioning via the Tracheostomy Tube](#)

### *Definition:*

The Suctionaid tracheostomy tube is a cuffed tracheostomy tube. It is the most frequently used tube at Austin Health. This tube allows for the removal of above cuff secretions and enables the patient to voice in the presence of an inflated cuff. It is generally used as a single lumen tube. An inner cannula can be ordered through Sterile Stores Supply Department if required.

#### **Removing above cuff secretions**

- Routine removal of above cuff secretions may enhance a patient's ability to tolerate cuff deflation as the first step towards decannulation.
- This is performed to reduce the risk of bacteria-laden secretions accumulating above the inflated cuff and leaking into the lower airway.

#### **Voicing/Talking**

- The Suctionaid tracheostomy tube facilitates voicing in the presence of an inflated cuff. Medical air (preferably) or oxygen is entrained through the suctionaid line. When the thumb control port is occluded, air is directed over the vocal cords.

### *Clinical Alert:*

#### **Removing above cuff secretions**

- Use a 10ml syringe to remove secretions from above the cuff.
- Record the amount of secretions removed from above the cuff (e.g. 3 ml)
- If required, intermittent low pressure wall suction can be used. Do not apply continuous suction above the cuff as this may cause trauma to the tracheal wall.

## Voicing/Talking

- Do not use the Suctionaid tracheostomy tube for voicing until 72 hours post insertion in order to avoid subcutaneous emphysema.

## Expected Outcomes:

### Removing above cuff secretions

- All patients with a Suctionaid tracheostomy tube in situ will have routine, safe removal of above cuff secretions as per recommended frequency.
- The minimum recommended frequency is once per shift. Recommendations for more frequent above cuff secretion removal will be recorded in the clinical notes.

## Voicing/Talking

- Patients who have a Suctionaid tracheostomy tube in situ will be assessed by the Speech Pathologist for ability to voice via the suction line.

## Equipment:

### Removing above cuff secretions

Via syringe:

- 10ml syringe

Via wall suction:

- Suctionaid thumb control valve
- Suction tubing attached to portable or wall suction (set to low pressure where available).
- Yankauer sucker.

## Voicing/Talking

- Tubing connected to medical air (preferably) or oxygen.

## Procedure:

### Removing above cuff secretions

Via syringe:

- Insert 10ml syringe into suctionaid line
- Gently pull the plunger towards you to collect the secretions
- Remove syringe from suctionaid line
- Document amount of secretions removed

Via wall suction:

- Insert the thumb control valve into the suctionaid line.
- Connect the suction tubing to the thumb control valve.
- Set the wall pressure gauge to low pressure.
- Perform intermittent suctioning by briefly occluding the thumb control valve on the suction line. Remove thumb from the port and if further suctioning is required repeat procedure.

- Cease suctioning once the majority of secretions have been cleared from suctionaid line. Do not continue to suction for only minimal amounts of secretions due to the risk of trauma to the upper airway.

### **Blocked suctionaid line**

- If suctionaid line becomes blocked, insert 3-4 ml of air via 10 ml syringe through the line to remove secretions. Alternatively inject 1ml sterile water into the suctionaid line and then remove using the same syringe and discard.

### **Voicing/Talking**

- Remove above cuff secretions and suction via the tracheostomy tube
- Connect medical air or oxygen via tubing to the thumb control port attached to the suctionaid line. Set the flow rate as recommended by the Speech Pathologist (normal range 2 to 8 LPM).
- Finger occlude thumb control valve to direct air into the larynx
- Follow the recommendations for voicing listed on the TRAMS Clinical Instruction Sheet- BlueLine Ultra Suctionaid Tracheostomy Tube posted at patient's bedside.

### **Post Procedure Care:**

#### **Removing above cuff secretions**

- Document the amount, colour and consistency of secretions removed.

#### **Voicing/Talking**

- Document the ability of patient to voice and any associated problems.
- Notify the Speech Pathologist as required.

### **Author/Contributors:**

Tracheostomy Review and Management Service (TRAMS) (Revised February 2017)

### **Legislation/References/Supporting Documents:**

Coffman HM, Rees CJ, Sievers AE, Belafsky PC. Proximal suction tracheotomy tube reduces aspiration volume. Otolaryngology Head and Neck Surgery 2008;138:441-5.

Frost SA, Azeem A, Alexandrou E, et al. Subglottic secretion drainage for preventing ventilator associated pneumonia: a meta-analysis. Australian Critical Care 2013;26:180–188.

McNarry AF, Goldhill DR. Evaluation of the blue line UltraTM SuctionaidTM tracheostomy tube. Care of the Critically Ill 2004;20(3).

McGrath B, Lynch J, Wilson M, Nicholson L, Wallace S. Above cuff vocalisation: A novel technique for communication in the ventilator-dependent tracheostomy patient. Journal of the Intensive Care Society 2016;17(1):19–26.

### **Authorised/Endorsed by:**

Clinical Nursing Standards Committee

### **Primary Person/Department Responsible for Document:**

Tracheostomy Review and Management Service (TRAMS)