

SYMPTOMS:

CARE: To maintain a patent airway and adequate ventilation in the patient with a temporary or permanent tracheostomy; to remove or replace a temporary tracheostomy tube.

TEMPORARY TRACHEOSTOMY

ALL LEVELS

1. Evaluate respiratory status of patient.
2. Suction through inner tube.
3. 5cc of normal saline may be installed into the tube and then suctioned out if the secretions are very thick.
4. The inner tube can be removed, and the suctioning repeated.
5. If the outer tube has been displaced or is blocked, remove and replace it with the spare kept at home by the patient or with an endotracheal tube.
6. Temporary tubes are rarely cuffed and aspiration is possible from above or from gastric contents.
7. If ventilating from above, block the neck opening. If ventilating through the neck opening, block the upper airway.

PARA-R

8. Intubation is also possible through the upper airway structures. The cuff of the tube must extend below the opening in the neck.

PERMANENT TRACHEOSTOMY

ALL LEVELS

1. Evaluate respiratory status of patient.
2. Suction through opening in neck. The upper airway is surgically absent and aspiration from above or of gastric contents is not possible.
3. 5cc normal saline may be installed into the stoma in the neck and then suctioned out of the secretions are very thick.