

**Antelope Valley Union High School District
Tracheostomy Tube Replacement Procedures**

<p>Tracheostomy A surgical opening into the windpipe (trachea) with the placement of a tube at the front of the neck to permit breathing, air exchange, and increase oxygen supply to the lungs.</p>
<p>This procedure <i>a/ways</i> requires training by the District Nurse</p>
<p>What are the only reasons for changing the tracheostomy tube?</p> <ul style="list-style-type: none">• Airway obstruction that cannot be cleared by suctioning (clogging it up)• Displacement of tracheostomy tube (dislodging, usually by coughing it out)
<p>Supplies</p> <ul style="list-style-type: none">• Gloves and sterile water or sterile saline• Replacement tube with inner and outer part of the tracheostomy tube, including obturator• Suction machine / suction catheter• Resuscitator attachment cuff and bag• Oxygen tank and tubing
<p>Procedure When the tracheostomy tube is clogged or dislodged, the student may not be able to breathe well enough to prevent life-threatening risks of severely low blood oxygen, otherwise known as hypoxia. <i>It is CRITICAL to replace the tracheostomy tube quickly and efficiently</i></p> <p><u>If the tracheostomy tube cannot be inserted, or needs to be removed due to an obstruction</u> such as thick mucus, assemble supplies and equipment and suction the stoma (without the tracheostomy tube inserted into the stoma, up to one inch) to clear secretions.</p> <p><u>Stay calm and focused</u> on the student's breathing efforts while asking another adult to remain close by in case emergency procedures need to be initiated. If there is no other adult, ask another student to go get an adult. Sit the student upright with the head tilted back to open the stoma completely and prepare for reinsertion.</p> <p><u>If there are signs of abnormal breathing</u> effort or low oxygen to the body, open the resuscitator bag and tubing, connect it to the oxygen tank, turn on the oxygen tank and give the student five "breaths" into the stoma at the neck. When the breathing has returned to normal, continue with insertion of the new / clean tube.</p> <p><u>If there is no resuscitator bag available</u> and the student is showing signs of abnormal breathing effort or low oxygen to the body, mouth to stoma breathing is required. Use the same steps as for Rescue Breathing.</p> <p><u>If there are no signs of abnormal breathing</u> effort or low oxygen to the body, proceed to replace the tracheostomy tube as indicated below.</p> <p><u>If there is no new / clean tracheostomy tube</u> and the same tube needs to be reused now, proceed to replace the tracheostomy tube as indicated below. Although the tracheostomy stoma will stay open to allow some air exchange, it may not be enough to permit adequate oxygenation. In these cases, and in the absence of a new / clean replacement tube, the "old" tracheostomy tube may need to be reused.</p> <p><u>How to replace the tracheostomy tube</u> whether clean or sterile. Open the package or retrieve the inner and outer cannula (obturator, if available). Rinse and lubricate the entire tracheostomy tube in sterile water or saline. Tilt the head back slightly to open the stoma more completely. Insert the sterile tracheostomy tube into the stoma at a 90 degree angle towards the back of the neck while rotating it downward. If an obturator has been used, remove it immediately to allow for breathing. The students cannot breathe with the obturator in place. Do not force the tube and stop if the student complains of pain.</p>
<p>When to call 9-1-1</p> <ul style="list-style-type: none">• Has noisy or painful breathing, unrelieved by medication or rest• Is breathing less than 10 or more than 30 breaths a minute• Is not breathing at all• Has decreased alertness or increased confusion with or without medication or rest that is progressing to a decreased level of consciousness
<p>Cleaning procedure</p> <ul style="list-style-type: none">• Keep the tracheostomy tube that came out and rinse it well with vinegar• Return it to the parents in a plastic bag because it can be re-sterilized and reused

Revised 2008