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Policy Code: BHSCT/UAC/Anaes (12)

Title:	**Tracheostomy tube in situ – Care of Adult Patients in the Acute Hospital Setting**		
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If policy type is confirmed as ***Directorate Specific*** please list the name and date of the local Committee/Group that policy was **approved**			
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Key Words:	Tracheostomy, Management, Standards, Safety		
Links to other policies			

1.0 INTRODUCTION / SUMMARY OF POLICY

This policy outlines the standard of care that adults with a tracheostomy within the Belfast Trust should expect to receive in the acute hospital setting.

It complies with requirements of the:

1. DHSSNI learning communication "Reducing the risks associated with the management of a patient with Tracheostomy"
2. National Tracheostomy Safety Project http://www.tracheostomy.org.uk/
3. On the Right Trach? NCEPOD (2014)
4. Standards for the care of adult patients with a temporary tracheostomy. Intensive Care Society (2014)
5. CCaNNI guidelines 009 (1) which requires that Trusts comply with the:

    - Appropriate placement and transfer of the patient in all clinical areas along the care continuum from admission to discharge including critical care, high dependency, and all other clinical environments/ ward areas.
    - Continuous assessment of the patient's care requirements as frequently as required.
    - Resuscitation guidelines for a patient with a tracheostomy.
    - Roles and responsibilities of the multi-disciplinary team undertaking the patient's care.

This policy outlines how these are dealt with throughout the BHSCT.

LARYNGECTOMY PATIENTS ARE **NOT** INCLUDED IN THIS POLICY.

This policy does **NOT** apply to patients with a 'mini-trache' in situ.

1.1 Background

A Tracheostomy is a hole in the front of the neck into the trachea (windpipe) through which a tube can be inserted.

This tube allows the patient to (1) breathe spontaneously, (2) be connected to a ventilator or (3) have access to the airway for suction and secretion clearance.

The majority of tracheostomies are temporary or potentially temporary. Such patients have an airway that begins at the mouth but, while the tracheostomy tube is *in situ*, and the cuff is inflated, the airway above the tube is not used for respiration. Such patients have two potential paths for inspiration and expiration – via the tracheostomy tube, or, if the tube was removed (or cuff deflated) via the normal airway (mouth and nose).

A tracheostomy may be performed as the permanent path for breathing by a patient e.g. following laryngectomy. Such patients may be properly termed ‘neck breathers’ as they have no other path for inspiration-expiration since their airway begins at the neck opening.

1.2 Purpose

To provide clear guidance for Trust staff caring for patients with a tracheostomy in order to prevent complications and reduce the risk of inappropriate airway management by outlining standards for:

- Patient management (clinical and organisational).
- Knowledge and skills.
- Equipment.
- Documentation.

1.3 Objectives

To improve patient safety and reduce the risk of potential harm by ensuring:

- Patients are cared for in a designated location.
- Staff in the designated locations are trained in tracheostomy management.
- The appropriate equipment is available at ward level.
- All care is clearly documented.
- Variance with policy is monitored and reported.

2.0 SCOPE OF THE POLICY

This policy applies to all Trust staff involved in the care and management of Adult patients with a Tracheostomy.

3.0 ROLES AND RESPONSIBILITIES

It is the responsibility of all Trust employees to adhere to this policy. Each ward sister/charge nurse/clinician/manager is responsible for ensuring staff comply with this policy.

4.0 CONSULTATION

Tracheostomy Working Group, Belfast Trust Medical /Nursing/ AHP representation.

5.0 POLICY STATEMENT/IMPLEMENTATION

5.1 Dissemination

To all Trust Staff involved in the care and management of Adult patients with a tracheostomy.

The policy will be available on the BHSCT intranet within the policy section.

5.2 Resources

Trust staff within the designated areas (shown in Appendix 1) will be required to attend training provided by the Trust and complete the E- learning (desirable).

5.3 Exceptions

No exceptions

5.4 Designated Placement

Patients must be cared for in a ward / department where staff possess the skills and knowledge to care for the patient with a tracheostomy. Staff should undergo and maintain training. This standard should not be compromised if the patient is moved from the ward / department temporarily e.g. for an investigation.

As a general rule, patients should be nursed in an open observation area rather than a side room (unless continuous 1:1 observation is provided). Risk assessment must take place, as close observation for airway compromise is likely to take priority over use of a side room for infection control purposes.

Ward staff must complete an incident form when patients with tracheostomies are placed outside the designated areas. (Appendix 1).

5.5 Patients discharged from critical care must have

- An agreed discharge plan that includes:
    - Infection status
    - Recommendation on the appropriateness of a side room **o** Monitoring plan
    - Tracheostomy weaning plan (where appropriate)
- Clear documentation regarding the medical team that will be responsible for the care of, and decision-making, in relation to the tracheostomy.
- A regular review by the ward medical team responsible for the patient.

- Patients discharged from Critical Care to ward care, where possible should have a tracheostomy tube with an inner cannula as it may facilitate staff dealing with a blocked tube (CCaNNI document).

The N.I. Critical Care Network, (CCaNNI) 'Management of patients with a tracheostomy following discharge from critical care', - highlights best practice in the following areas:

- Routine tracheostomy care
- Monitoring and Managing Cuffs
- Suctioning
- Changing the Tracheostomy Tube
- Management of complications
- Tube Obstruction/Occlusion
- Displaced tracheostomy tubes
- Down-sizing, Capping of the tracheostomy tube
- Decannulation

Ideally, discharge from critical care should occur before 5pm

5.6 Management of complications

The emergency anaesthetist must be contacted in the event of an airway emergency. Specialist advice on on-going tracheostomy management may be obtained from Critical Care or ENT. The first point of contact should be with the service that performed the tracheostomy. All advice must be documented in the patient record.

Unplanned tube changes pose an additional risk to patients. All unplanned tube changes must be reported as critical incidents and investigated to ensure that lessons are learned which will reduce the risk of future occurrences. (On the Right Trach? NCEPOD 2014)

5.7 Staff Knowledge and skills

All staff caring for a patient with a tracheostomy must possess a basic level of knowledge and skill. Ward managers will maintain records of staff attendance at relevant training sessions.

Staff providing advice on the downsizing of tracheostomy tubes, the performance of tube changes, weaning or decannulation must possess a higher level of knowledge and skill.

All staff caring for a patient with tracheostomy must complete life support training in accordance with the Trust standard (BLS / IHLS or ILS or equivalent). It is recognised that some members of staff may have training other than the above, which may be of a higher standard.

Along with the above, there will be regular tracheostomy workshops in the BHSCT, which will address the training requirements for resuscitation in patients with tracheostomies. All staff attending should complete the ELearning before attending the Trust Workshop.
LearnHSCNI | Catalogue

5.8 Tube changes

It is the responsibility of the team who performed the tracheostomy to perform the first tube change. Staff with the necessary knowledge and skills must only carry out further tube changes.

The tracheostomy tube should be secured with a collar or tapes. Changing of the collar or tapes is a two-person procedure.

5.9 Swallowing and speech / alternative forms of communication

Any patient covered by this policy, who has been identified by medical or nursing staff as having a swallowing difficulty or at risk of aspiration, should be referred to speech and language therapy (SALT).

Patients with a tracheostomy tube *in situ* who have difficulty communicating should be referred to SALT.

5.10 Speaking Valve

Speaking valves can improve communication and patient mood but have the potential to block and occlude the airway so should be initiated under the guidance of the MDT / SALT.

Speaking valves, if used, must only be used with an un-cuffed tube, or a cuffed tube with the cuff deflated. Used in combination with cuffed tubes, speaking valves increase risk even with guidance for the cuff to be deflated. If speaking valves are used on the general wards, staff must be familiar with them, the risk of blockage, and know how to remove them.

5.11 Equipment

The appropriate equipment must be available in all clinical areas caring for such patients. This should be checked regularly, documented, and signed on the tracheostomy observation chart – appendix 3.

Humidification is essential for patients with temporary tracheostomies. Inadequate humidification of respiratory gases may lead to life-threatening blockage of the tracheostomy. (ICS guidelines 2014)

Patients with a tracheostomy tube *in situ* must have airway equipment at the bedside at all times and the standard emergency resuscitation equipment close by.

5.12 Documentation

The type and size of tracheostomy tube *in situ* must be clearly documented in the patient's notes.

The NTSP bedhead sign and algorithm must be placed above the patient's bed – see Appendix 4&5

A tracheostomy care / observation / suction chart is to be used for all patients in conjunction with NEWS chart. This should be kept at the bedside and filed in the patient notes once complete.

Where appropriate, a tracheostomy weaning plan and progress record must be available for all patients with a temporary tracheostomy.

Additional documentation i.e. speech and language therapy / dietetic advice should be documented in patient notes.

5.13 Handover

Nursing and Medical staff must identify all patients with a tracheostomy at every handover / safety briefing.

5.14 Transfer and discharge Planning

A plan for safe discharge of patient with a tracheostomy to home or community care must be in place.

Before a patient can be discharged from hospital with a tracheostomy, it is important to identify who will be responsible for the day-to-day care and ongoing management of the tracheostomy tube and stoma. The following should be provided as an absolute minimum before discharge:

1. Training and education in stoma and tube care for the patient and/or carers.
2. Provision for supply of the required equipment and consumables, the equipment and supply arrangements must be in place prior to discharge.
3. What the patient or carer should do in an emergency. The local ambulance service should be notified prior to discharge of a neck breather living in their local community to set up a silent call emergency referral.
4. Who is responsible for ongoing tube changes and weaning (where appropriate) from the tube.

5. Patients / carers should be informed of the potential for development of longer term complications i.e. stenosis and to seek medical advice if concerned.
6. Guidance for carers and competency assessments can be found in the NTSP publications www.tracheostomy.org.uk

(Intensive Care Society Guidelines 2014)

6.0 MONITORING AND REVIEW

Service Managers, Ward Managers and Sister/Charge Nurses will monitor compliance with the policy.
Datix to be completed for any tracheostomy incidents.

Any incidents involving the tracheostomy tube must be reported to the Directorate Quality & Governance Manager and the Medical devices Manager & Coordinator. Retain the tube for investigation including Lot number for the manufacturer. If applicable to be reported to Northern Ireland Adverse Incident Centre (NIAIC) and Medicines & Healthcare Products Regulatory Agency (MHRA).

7.0 EVIDENCE BASE/REFERENCES

1. Reducing the risks associated with the management of a patient with tracheostomy. S&Q Learning Communication 07/09.
2. Royal Marsden Hospital Manual of Clinical Nursing Procedures 9th Ed.
3. Guidelines for the care of patients with tracheostomy tubes. St Georges Health Care 2007
4. Standards for the care of adult patients with a temporary tracheostomy. Intensive Care Society 2014
5. CCaNNI Management of patients with a tracheostomy following discharge from critical care 2017.
6. Tracheostomy care: On the Right Trach? NCEPOD 2014
7. National Tracheostomy Safety Project
8. 2021 Resuscitation Guidelines | Resuscitation Council UK
9. http://www.tracheostomy.org.uk/healthcare-staff/improving-tracheostomycare/covid-19

8.0 APPENDICES

Appendix 1 Designated Wards
Appendix 2 Routine Tracheostomy care
Appendix 3 Essential equipment to be kept at bed space.
Appendix 4 Bedhead Sign
Appendix 5 Emergency Algorithm

Appendix 6 Covid-19 Management
Appendix 7 Tracheostomy Care Document

9.0 EQUALITY IMPACT ASSESSMENT

The Trust has legal responsibilities in terms of equality (Section 75 of the Northern Ireland Act 1998), disability discrimination and human rights to undertake a screening exercise to ascertain if the policy has potential impact and if it must be subject to a full impact assessment. The process is the responsibility of the Policy Author. The template to be complete by the Policy Author and guidance are available on the Trust Intranet or via this **link**.

All policies (apart from those regionally adopted) must complete the template and submit with a copy of the policy to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

The outcome of the equality screening for the policy is:

Major impact ☐
Minor impact ☐
No impact ☒

Wording within this section must not be removed

10.0 DATA PROTECTION IMPACT ASSESSMENT

New activities involving collecting and using personal data can result in privacy risks. In line with requirements of the General Data Protection Regulation and the Data Protection Act 2018 the Trust considers the impact on the privacy of individuals and ways to militate against any risks. A screening exercise must be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this **link**.

If a full impact assessment is required, the Policy Author must carry out the process. They can contact colleagues in the Information Governance Department for advice on Tel: 028 950 46576

Completed Data Protection Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

The outcome of the Data Protection Impact Assessment screening for the policy is:

Not necessary – no personal data involved ☒
A full data protection impact assessment is required A ☐
full data protection impact assessment is not required ☐

Wording within this section must not be removed.

11.0 RURAL NEEDS IMPACT ASSESSMENT

The Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, and when designing and delivering public services. A screening exercise should be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this **link.**

If a full assessment is required the Policy Author must complete the shortened rural needs assessment template on the Trust Intranet. Each Directorate has a Rural Needs Champion who can provide support/assistance.

Completed Rural Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net Wording within this section must not be removed.

12.0 REASONABLE ADJUSTMENT ASSESSMENT

Under the Disability Discrimination Act 1995 (as amended) (DDA), all staff/ service providers have a duty to make Reasonable Adjustments to any barrier a person with a disability faces when accessing or using goods, facilities and services, in order to remove or reduce such barriers. E.g. physical access, communicating with people who have a disability, producing information such as leaflets or letters in accessible alternative formats. E.g. easy read, braille, or audio or being flexible regarding appointments. This is a non-delegable duty.

The policy has been developed in accordance with the Trust's legal duty to consider the need to make reasonable adjustments under the DDA.

Wording within this section must not be removed.

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).

06/12/2023

_____ _____

Authors **Date:**

06/12/2023

_____ _____

Director **Date:**

Appendix 1

Designated wards for care of patients with a Tracheostomy

	Specialties
Mater:	Respiratory
BCH:	Oncology Surgery
MPH:	Meadowlands RABIU
RVH: (Wards as of 2023)	Burns/plastics Coronary care ENT Neurosciences Orthopaedics 4B/4D Respiratory Stroke Surgery 6A Cardio-Thoracic

Appendix 2
Routine Tracheostomy Care

Routine care	**Suction**
Cleanse site daily & PRN - Use normal saline and aseptic technique. Check dressing if used PRN and change as necessary – use stoma dressing. Avoid using dressing if stoma dry and clean. Look for and report any evidence of infection. Check and clean inner cannula 3 hourly and PRN if in situ using sterile water at room temperature. DO NOT rinse under running tap water. Check tracheostomy tape is secure but not too tight.	Suction when clinically indicated using appropriate PPE: • Audible secretions • Palpable secretions • Respiratory distress Patients with copious secretions need frequent suction. Use the correct length and size of catheter. Use low vacuum (-100 to -150mmHg) routinely for adults. Discard single use catheter after use. Change suction bottle every 24 hours.
Humidification	**Safety**

Check system at least 2 hourly**
 	
**depending on system used in ward
	Check at start of each shift:
	
	• All beside equipment relating to tracheostomy care is available.
	• Cuff inflated or deflated – document.
	• If inflated, record cuff pressure and ensure it is within recommended limits 20-25cmH20.(ICS 2014)
	• Communication appropriate for patient
	  ○ Call bell, paper and pen, alphabet board
	  ○ Speaking valve, if permitted and appropriate*.
	• Location remains appropriate for patient.
	Regularly ensure tracheostomy tube is secure.
	Oxygen tubing must not drag on the tracheostomy tube.
	One person must take responsibility for airway management whilst moving patient.
	Note any respiratory distress.

Appendix 3

Equipment at Bedside for Tracheostomy Patient

- NURSE CALL BELL

IN EMERGENCY BOX:

- Tracheal dilators
- 2 replacement tubes - 1x same size - 1x smaller size
- 10ML syringe □ Stitch cutters
- Scissors
- Catheter mount
- Spare inner tube same size as patient
- Lubricating gel sachet

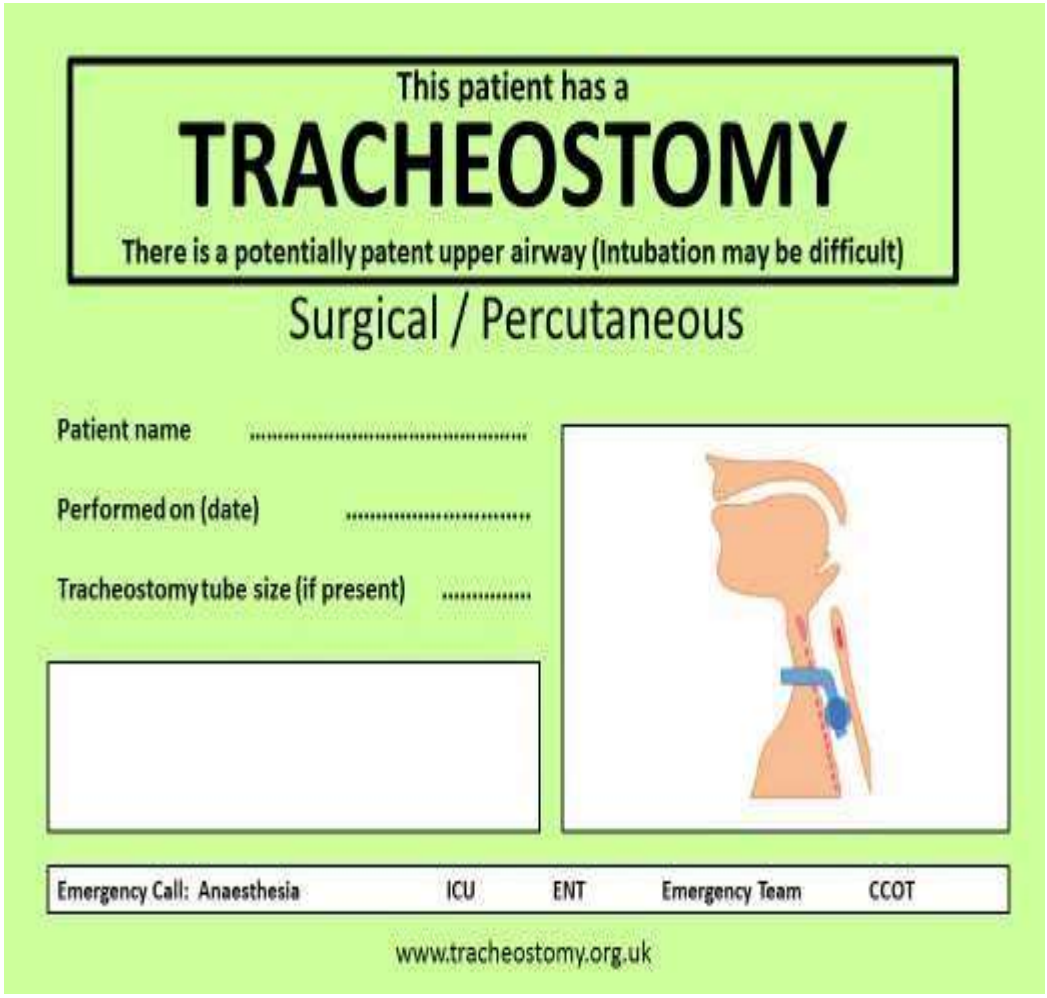
AT BEDSIDE

- Heated and humidified oxygen
- Mapleson C circuit
- Suction (set up correctly and tested)
- Yankauer sucker and soft catheters of various sizes
- Gloves
- Aprons
- Spare inner tube (correct size)
- Cleaning equipment for inner tube and stoma site

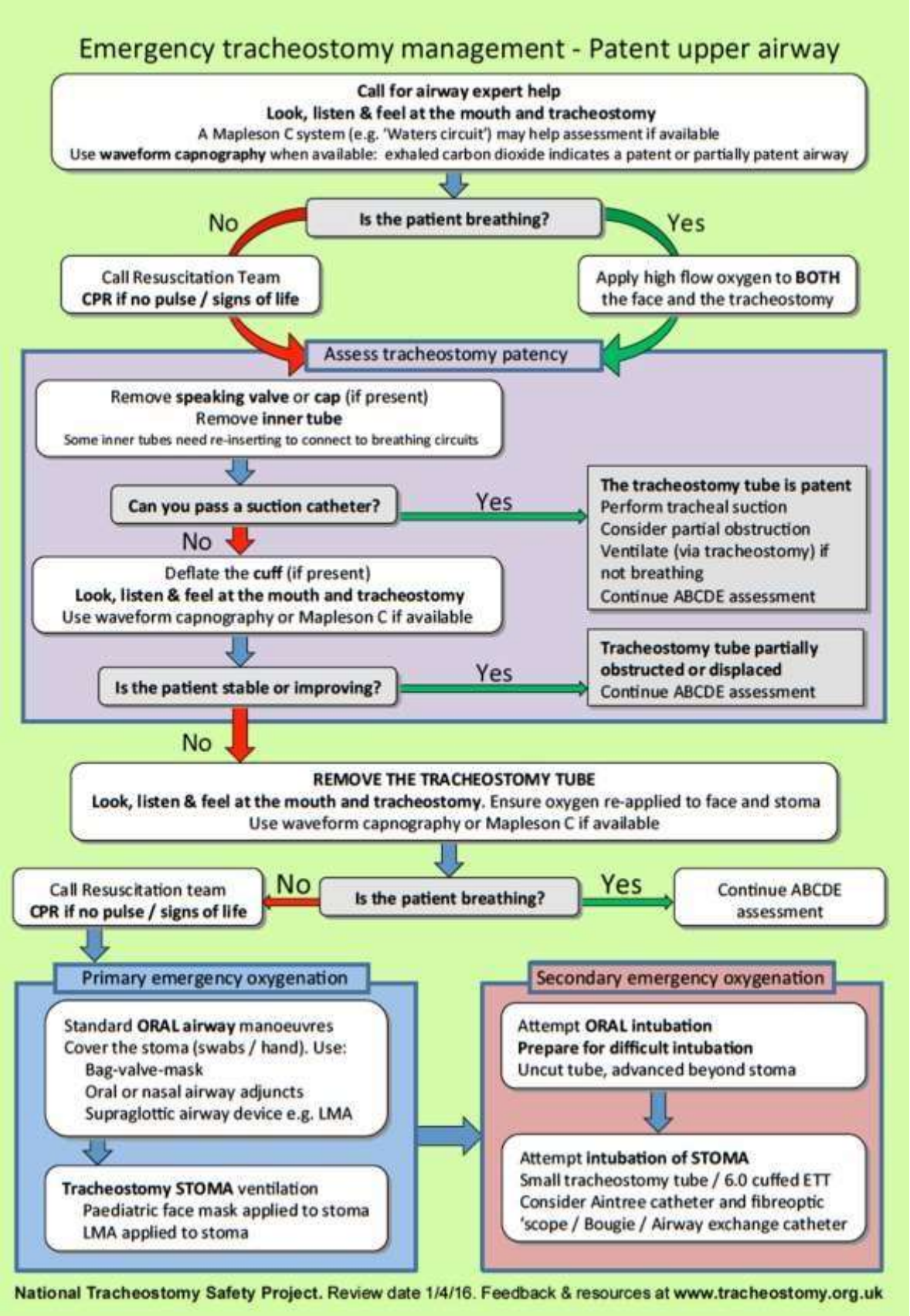
Ward number or cost code may be required to get equipment for cross charging
THIS EQUIPMENT WILL BE REQUIRED IN THE CASE OF AN EMERGENCY THEREFORE MUST BE STORED AT THE PATIENTS BEDSIDE / WITH THE PATIENT AT ALL TIMES
A DEDICATED TRACHE EQUIPMENT AREA IS SUGGESTED
RVH OUTREACH TEAM CAN BE CONTACTED ON BLEEP 2013

Appendix 4

Bedhead Sign



Appendix 5
Emergency Algorithm



Appendix 6

Covid-19 Guidance - Management of a Tracheostomy

Coronavirus is transmitted directly through surface spread from respiratory droplets, with later mucosal contact, and via direct respiratory droplet inhalation. Transmission to healthcare staff is also possible during aerosol generating procedures (AGP), which include tracheostomy insertion and subsequent management. It must be noted that the guidance in relation to the management of Covid-19 is subject to change as the current pandemic progresses. Staff are required to stay up to date with the guidance and practice within it.

Aerosol generating procedures related to tracheostomy care

- Open suction of the respiratory tract
- Tracheostomy-related insertion, decannulation and care procedures
- Induction of sputum
- Fiberoptic examination of the nasal cavity and upper respiratory tract
- Bronchoscopy
- Tracheostomy tube change
  - Care should be initially adapted to minimise airway procedures and especially AGPs, review the frequency of routine procedures such as suction and inner tube care daily.
  - Review humidification needs daily.
  - Patients with tracheostomies will need to be managed as per the IPC guidance in relation to Covid-19, this may mean the patient is nursed in a single room maintaining 1:1 observation, or that Covid-19 positive patients requiring AGPs are cohorted in a designated bay. The ward must ensure that appropriate signage is displayed clearly on the single room or designated bay.
  - Airborne precautions are required when undertaking AGPs with a patient suspected or confirmed to have Covid-19. Currently this means that airborne precautions are required for all AGPs. Please refer to IPC guidance and posters in relation to PPE required and the donning and doffing of this PPE.
  - Following an AGP the room must be left fallow before re-entering without airborne precautions, the length of fallow time will depend on the room and local guidance should be followed.
  - Early recognition of deterioration, and timely responses to emergencies.

Humidification

Humidification and removable inner cannula are routinely used during tracheostomy care to prevent tube occlusion from respiratory secretions and reduce the need for suction.

Commencing with ‘dry’ circuit containing a simple Heat-Moisture- Exchange (HME) filter (which can be changed every day or sooner if it appears blocked by secretions) combined with inner tube inspection. However, experience suggests that secretions

may become thicker over time and active, water-based ‘wet’ humidification may become necessary. Mucolytic drugs may be a useful alternative or adjunct, as can saline or hypertonic saline nebulizers. HMEs should be inspected daily and at any time when there is a deterioration in a patient’s ventilation.

Weaning
Cuff deflation and one-way speaking valves risk aerosolisation, a cautious approach to weaning must be balanced against delaying recovery and restricting communication. The weaning plan should be discussed and led by the MultiDisciplinary Team. Potentially infectious patients, who are clinically ready to commence cuff deflation trials, should be managed in dedicated COVID-19 locations by experienced staff protected by appropriate PPE.

Guidelines as per National Tracheostomy Safety Project April 2020

PHA IPC guidance for Respiratory Illnesses 03.03.23.pdf (hscni.net)

Intensive Care Society

Routine Covid testing required,

- On admission.
- If patient becomes symptomatic.
- Prior to admission to Critical Care.
- Prior to procedures or surgery.
- Contact with a known positive case during admission.
- Prior to discharge from hospital to another clinical setting.

Guidance as of August 2020.

Appendix 7

Tracheostomy Care Document

Please use this link to access the Tracheostomy Care Document