

PATIENT INFORMATION

ADULT MINI-TRACHEOSTOMY

PATIENTS/CARERS INFORMATION AND ASSESSMENT PACK

Name of Patient:.....

Date of insertion:.....

Type of Tracheostomy:.....

Recommended Suction catheter size: 10 (Black)

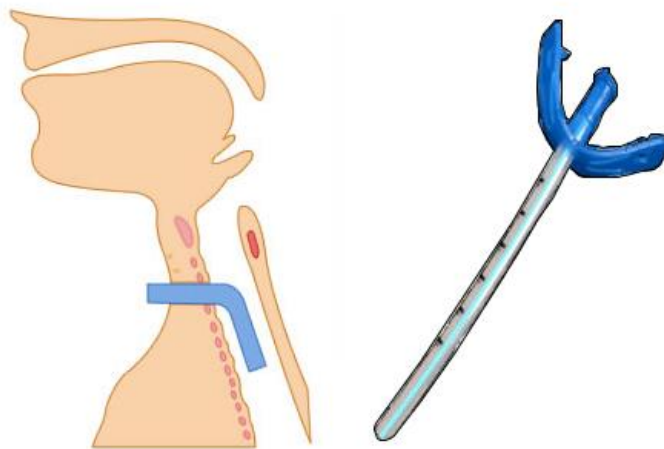
What is a Mini-Tracheostomy?

A Mini Tracheostomy is a small tube which is surgically placed into the neck and is used to remove excess mucus from the upper airways by insertion of a catheter and application of suction to clear the secretions. They are normally inserted because the patient has difficulty in clearing their secretions by coughing alone.

Many problems can cause too much mucus to collect in the airway and clearing these may help the patient to breathe better.

When using a Mini-tracheostomy you should be aware that this is not a tube for the patient to breathe through and should be kept capped off at all times, when not being used to suction via.

Diagram of a Mini-tracheostomy tube / in place:



Caring For the Mini-Tracheostomy

1. Mini -tracheostomy stoma care, dressings and mini-tracheostomy tapes:

Change the mini-tracheostomy stoma dressings at least once a day or more often if it becomes soiled. Mini-tracheostomy tapes require changing at least once a week or more often if soiled.

Procedure: 2 carers present (if required)

- Wash hands/apply gloves
- Prepare necessary equipment:
 - Emergency box (in case of accidental dislodging/blockage)
 - Suction machine on and ready to use with appropriate suction equipment (a cough may be induced with this procedure)
 - Clean dressing & tapes
- 1 carer to hold the mini-tracheostomy securely in place throughout the procedure
- Neck slightly extended to allow easier access to the stoma
- Used/soiled tapes to be removed by undoing Velcro each side of the mini-tracheostomy base plate and dressing removed and disposed of.

- Keeping the mini-tracheostomy in place Assess the stoma site (around the mini-tracheostomy) if red, inflamed, sloughy /showing signs of infection, then inform GP
- Clean area with cooled boiled water and dry with sterile gauze
- Barrier cream can be applied if necessary & prescribed
- Apply clean dressing from the bottom upwards around the mini-tracheostomy ensuring the 2 ends meet at the top.
- Velcro the new tape holder into position either side of the tracheostomy base plate and the securely fastened around the neck
- Ensure correct fit – loose enough to fit 2 fingers between patients' neck and tapes.

2. What is Mini-tracheostomy Suctioning:

Airway suctioning is a way of removing excess mucus from the back of the throat and upper airway by insertion of a catheter via the mini-tracheostomy tube and application of suction to clear the secretions. Many problems can cause too much mucus to collect in the airway and clearing these may help the patient to breathe better.

Introduction/Preparation:

When to Suction:

- Where possible suction should be avoided and secretions should be cleared by encouraging coughing, use of nebulised saline and if taught Chest Physiotherapy techniques.
- Where there are signs of excessive secretions in the upper airway (e.g. Visible secretions around mini-tracheostomy, audible secretions at back of throat, sensation of secretions at back of throat) which cannot be cleared from the tube by coughing alone
- Where secretions are causing the patient to become distressed and making breathing difficult e.g. Coughing/choking/difficulty getting air in.

When Not to Suction:

- Active bleeding from tracheostomy
- Severe wheeze
- Not routinely

Possible Complications of Suctioning:

- Trauma and damage to the lining of the airway/wind pipe
- Introduction of Infection through poor hand hygiene/technique
- Decreased oxygen levels in the blood
– causing shortness of breath

- Plugging of secretions, blocking off airway
- Vomiting/gagging
- Prolonged coughing leading to rise in Blood Pressure/pulse rate
- Patient distress/anxiety

Do you need suction? – Ask yourself the following:

- Understanding of what is 'normal' for the patient/yourself.
- What are your/their secretions like normally
 - volume and colour
 - has this changed?
- Is your/their breathing speed normal?
- Is your/their breathing effort more than normal?
- Can you feel any secretions on their/your chest?
- Are you/they flushed/ Pale/grey/blue in colour?
- Do you/they have any pain/ are they irritable, uncomfortable?
- What are your/their Oxygen saturations – 'Sats' (if available)
- Is oxygen needed?

Things to consider after suctioning:

- Position – side lying or sat upright if possible if at risk of vomiting
- Give a nebuliser to loosen secretions - if required
- Give oxygen if patient known to get short of breath when suctioned.
- Wash hands
- Apply a clean pair of non-sterile gloves

Equipment required for suctioning:

- Suction machine – always leave in a clean, working state. Check suction pressure is correct
- Oxygen available if required
- Suction catheters
- Clean gloves
- Cooled boiled water to flush/clean through the suction tubing
- Tissues

Suction Technique via a Mini-tracheostomy:

- Position the patient comfortably with neck extended slightly beyond neutral.
- Give oxygen if needed.
- Turn the suction unit on at the switch.
- Check that the suction pump is working well, by occluding the end of the suction tubing with your thumb to ensure you feeling a suction pressure. If not see: Suction unit 'Trouble shooting' section.
- Ensure suction pressure is set correctly as advised by the hospital (**15-18 Kpa or 112 – 135 mmHg**)
- Open the size 10/black sterile catheter and connect to the end of the suction tubing.
- Apply another of clean (non sterile) glove over the glove that's present already on your dominant hand (double glove technique)
- Remove the catheter from the cover, with your double gloved hand, try to avoid letting the end of the suction catheter touch the surrounding environment to ensure as clean a technique as possible.
- Remove the cap of the mini tracheostomy using your non double gloved hand.
- With NO suction applied, slide the catheter gently into the mini tracheostomy tube until resistance is felt. And no more than 15cm. The patient will probably cough prior to this point.
- When you feel resistance, withdraw the suction catheter slightly (≈ 1 cm to avoid trauma) and then apply suction by putting your thumb over the suction catheter hole.
- Keeping suction applied, withdraw the suction catheter slowly, making sure that available secretions are cleared effectively, without rotating the catheter. This should take no longer than 15 seconds
- If resistance/tugging is felt when withdrawing the catheter out, take off the suction and withdraw slightly before reapplying.
- Once catheter is out, wrap the catheter around the double gloved hand and remove the glove keeping the catheter inside. Do not re-use.
- Replace the cap on the mini tracheostomy.
- Dispose of waste correctly.
- Reassess how you/they feel, do they feel they/you feel your chest is clear. Note the amount/colour of secretions cleared
- Apply oxygen if needed/prescribed
- Wash hands and flush/clean suction tubing once finished with, with cooled boiled water.

Things to consider after suctioning:

Was your suction technique effective?

Do you need to repeat it?

What else could you do to make the suction more effective?

- Effectiveness – secretions removed, Reassess adult, ?Indications for further suctioning
- Different position?

- Chest Physiotherapy techniques?
- Better humidification?
- Could a nebuliser help

3. Type of Secretions – looking out for chest infections:

Secretions can be an indicator that you/they may have a chest infection. It is important to keep an eye on what is *normal* for you/them

If you notice any changes in your/their secretions e.g.:

- Thicker/harder to clear secretions
- More secretions present – increased need for suction
- A change in colour – darker/green/orange/yellow
- Smelly secretions

....Normally coupled with other changes e.g.:

- Irritable
- Sleepy
- Feels Hot/flushed has a Temperature
- Coughing more
- Difficulty breathing/ more short of breath

If there is any change in what is normal for you/them then this may mean that a chest infection is present and you should make an appointment to see your GP as soon as possible, to see if antibiotics are required.

If required your District Nurses can obtain a sputum specimen by attaching a sputum 'trap' in between the suction tubing and the suction catheter and suctioning as normal. This can then be sent off to be tested to see if antibiotics are required.

4. What to do in an Urgent situation:

What should I do if the Mini-tracheostomy becomes blocked?

- Attempt to pass a suction catheter and apply suction.
- If you are unable to pass the suction catheter fully then the tube is blocked and the mini-tracheostomy will need to be replaced promptly.
- If during normal working hours 0830-16.30 Contact Head and Neck CNS on 01905 763333 ext 39151
- If outside normal working hours attend A&E with your spare mini-tracheostomy for them to replace.

What should I do if the Mini-tracheostomy becomes dislodged or falls out?

- Open your emergency tracheostomy box
- Keep calm as they will still be able to breathe, but immediately:
- Try to put the whole tube back into the hole if advised and taught how to do so.
- If you can't do this, call 999/attend A&E and use the tracheal dilators to hold the hole open – take your spare unopened mini-tracheostomy with you.

***Please Note** as you are not using the Mini-tracheostomy to breathe through this is not an emergency situation, but still requires prompt action so your breathing is not effected by a build-up of secretions.

5. Cleaning/maintenance of equipment:

Please refer to manufacturers guidelines if any concerns or contact the Head & Neck ward at WRH if any issues with this equipment - 01905 760545

1. **Your Suction unit model**
2. **Set to pressure:**

3. **Cannisters:** these are usually non disposable

- Use disinfectant to wash the cylinder of the suction unit, and let it dry naturally after use



4. Troubleshooting – Suction unit:

Problem	Action
Unit does not turn on	Ensure battery charged Check power connections if running from wall outlet
Pump runs, but no vacuum	Check that the tubing is connected properly Check tubing connections for breaks or leaks Check for leaks or cracks in the bottle assembly Ensure bottle is not full
Low vacuum pressure	Check system for leaks Use vacuum adjustment knob to increase vacuum level Push vacuum adjustment knob and then release

6. Useful contact numbers: (Please ensure this is completed prior to discharge)

- Head and Neck CNS – Direct dial - 01905 761440
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7. Mini-tracheostomy equipment needed for home:

1. One weeks supply of **consumables** to be sent home with patient from the ward. When home these then should be topped up through the District Nurses/GP.

- Suction catheters size 10
- Yankeur suction tubes (if appropriate)
- Box of gloves
- Nebulizer chamber and tracheostomy mask with tubing
- Tracheostomy tapes
- Tracheostomy stoma dressings
- Barrier cream (if prescribed)

2. **Non consumable** Mini -Tracheostomy equipment sent home with patient from the ward.

Contact the Head & Neck ward at WRH if any issues with this equipment
- 01905 760545

- Nebuliser unit
- Suction machine and tubing
- Tracheal dilators

3. **Emergency equipment** to be sent home and kept separately to other equipment -this should be taken everywhere with the patient and kept fully stocked at all times

- Spare Mini-tracheostomy tube
- Water soluble lubricating gel
- Sterile dressing pack
- Size 10 suction catheters
- Tracheostomy tapes
- Trache dressings
- (Tracheal dilators – see non consumables list)
- Gloves

Adult Mini-tracheostomy care and suctioning Assessment

- This assessment should be used in conjunction with the Trusts 'Adult Altered Airway Patients – Discharge guideline and Pathway'
- The Assessor should be an appropriately trained RGN with suction experience /Senior Physiotherapist
- Complete both **Theory and Practical Skills Assessment** before signing off

NAME OF PATIENT	
NAME OF CARER	
ASSESSOR	
DESIGNATION OF ASSESSOR	
DATE OF ASSESSMENT	

Theory Assessment

QUESTION	ANSWER
1. How often do the tracheostomy tapes need to be changed and why?	
2. How many people are needed to change the tracheostomy tapes and why?	
3. How do you know that the tracheostomy tapes are tight enough?	
4. How often should the tracheostomy stoma site and dressing be cleaned/ changed?	
5. How would you clean a tracheostomy stoma site?	
6. What might you see if the stoma site was infected and who would you report it to?	
7. Name 3 possible complications of tracheostomy care?	
8. What signs would indicate that the tracheostomy tube was blocked?	

9. What would you do if the tracheostomy tube was blocked?	
10. What would you do if the Mini-tracheostomy tube became dislodged/fell out?	
11. How often should the whole Mini-tracheostomy tube be changed?	
12. How would you safely dispose of soiled Mini-tracheostomy dressings/tapes/inner tubes?	

PART 2 – SUCTIONING	ANSWER To be completed by the learner prior to practical assessment.
1. How would you assess that suction is required?	
2. What are the precautions to consider prior to suctioning?	
3. What else could be done prior to suctioning to aid sputum clearance?	
4. What should the suction pressure be set at?	
5. How long should the procedure last?	
6. Name 3 possible complications of suctioning?	
7. How would you identify the signs of infection and what action would you take?	
8. How would you assess the effectiveness of your suction and the need for further suction?	
9. If your suction did not clear the secretions what could you do to make it more effective?	
10. How do clean/maintain the suction unit?	

Practical Skills Assessment

PRACTICAL ASSESSMENT CRITERIA - STOMA CARE/DRESSINGS/TAPES	PRACTISED & OBSERVED (Initial and Date)	FINAL ASSESSMENT COMPLETE
1. Checks emergency equipment.		Y / N
2. Checks suction equipment is working and set at the correct pressure.		Y / N
3. Ensures all equipment required is present.		Y / N
4. Ensures patient comfort throughout		Y / N
5. Uses universal infection control and hand hygiene practices.		Y / N
6. Maintains patient's privacy & dignity and the child is adequately prepared.		Y / N
7. Explains procedure to patient and gains consent as appropriate. Reassures patient throughout the procedure		Y / N
8. Carries out the tapes change procedure safely and effectively using a clean technique and 2 persons present		Y / N
9. Carries out the stoma cleaning and dressing change procedure safely and effectively using a clean technique		Y / N
10. Disposes of soiled dressings/tapes/inner tubes and glove appropriately.		Y / N
11. Ensures equipment is cleaned/maintained appropriately and left ready for next use		Y / N
12. Disposes of clinical waste appropriately		Y / N

ASSESSMENT CRITERIA - SUCTIONING	PRACTISED & OBSERVED (Initial and Date)	FINAL ASSESSMENT COMPLETE
1. Explains procedure to patient and gains consent as appropriate. Reassures patient throughout the procedure		Y / N
2. Carries out the suction procedure safely and effectively using a clean technique taking no more than 15 seconds. Replaces cap		Y / N
3. Disposes of soiled suction catheter and glove appropriately.		Y / N
4. Replaces oxygen /humidification if appropriate.		Y / N
5. Flushes suction tubing with cool boiled water.		Y / N
6. Takes appropriate observations and reassesses on completion of the procedure.		Y / N
7. Ensures the patient is comfortable before leaving the bed area.		Y / N
8. Ensures equipment is cleaned/maintained appropriately and left ready for next use		Y / N

On-going daily record – Patient Record

Date and time	Session outline	Trainer name and designation	Patient Sign
<i>e.g.: 09-01-2020 14:00 Hrs</i>	<i>Theory on mini-tracheostomy stoma care</i>	<i>Catherine Smith – Head and Neck CNS</i>	

Altered Airways Training - Final Assessment

Patients/Carers should have completed all aspects of Mini-tracheostomy care as per the 'Adult Altered Airway Patients – Discharge guideline'. This final assessment is to be filed in the patients' medical notes.

Assessor/s – all Individuals involved in training programme:

Name _____	Position held _____	Signature _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Overall Assessment

I certify that the below named person, has been instructed and observed in carrying out these procedures safely and effectively.

Name _____ **Initial** _____ **Signature** _____

Position held _____

Date _____

Parent/Carer

I the BELOW named CARER/PATIENT certify that I am happy to carry out the above procedures within the assessment detailed above. I understand the scope of these skills. I will only use this training in respect of the person specifically named on the front of this form and I will not carry out procedures, which are contrary to or not covered by this training.

I will seek further training if I have any concerns about my skills. In all other respects I will seek all necessary advice guidance and further training needed from time to time in order for me to continue to operate safely within these skills

Name _____

Signature _____

Date _____

Tracheostomy Follow Up Clinic:

Worcester Royal Hospital, Linden Suite

Contact - Direct dial - 01905 760171

CNS Lead: Catherine Smith, Direct dial - 01905 761440

Please write any planned follow up appointments and Tracheostomy changes here:

Date	Time	Comments

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PET@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.