



**NURSING CARE PLAN No 20
TRACHEOSTOMY**

Full Name:

Address: **Addressograph**
.....

HCR.....

Care Plan No 20		TRACHEOSTOMY		Issue Date: June 2018 Review Date: June 2021															
<p>..... has tracheostomy</p> <p>Related to (<i>circle</i>)</p> <ul style="list-style-type: none"> • Upper Airway Obstruction • Long Term Ventilation • Secretion clearance 		<p>..... will receive safe and appropriate care related to her / his tracheostomy.</p> <p>Complications will be detected and managed appropriately.</p>																	
Commencement Date Signature Grade	No	NURSING INTERVENTION		Discontinued Date, time, Signature, grade															
	1	Safe Environment																	
		<ul style="list-style-type: none"> • Ensure the tracheostomy equipment and supplies are available as per OLCHC SOP (2015) • Complete the tracheostomy safety checklist (2016) each shift • Ensure the tracheostomy bedhead sign is completed and displayed on the bed head OLCHC SOP (2017) 																	
	2	Maintain a patent airway																	
		<ul style="list-style-type: none"> • Suction the tracheostomy tube as clinically indicated <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #fff2cc;"> <th style="width: 33%;">Catheter Size</th> <th style="width: 33%;">Insertion depth</th> <th style="width: 33%;">Pressure</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Provide Humidification by using:</p> <ul style="list-style-type: none"> • Heat & Moisture Exchangers: Humid Mini Vents / Thermovents (<i>circle</i>) • Administer nebulisers as prescribed • Heated Humidity: continuous or intermittent (<i>circle</i>) <p style="margin-left: 40px;">Time started _____</p> <p style="margin-left: 40px;">Time completed _____</p> <ul style="list-style-type: none"> • Change the tracheostomy tube as directed <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #fff2cc;"> <th style="width: 50%;">Name of tracheostomy tube</th> <th style="width: 50%;">Size of tracheostomy tube</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		Catheter Size	Insertion depth	Pressure							Name of tracheostomy tube	Size of tracheostomy tube					
Catheter Size	Insertion depth	Pressure																	
Name of tracheostomy tube	Size of tracheostomy tube																		
	3	Prevention of infection																	
		<ul style="list-style-type: none"> • Attend to stoma site care as per OLCHC Guidelines (2015) • Change the tracheostomy tube holder as per OLCHC Guidelines (2015) <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <tr> <td colspan="3" style="text-align: center;">Frequency of stoma care and tube holder change (<i>circle</i>)</td> </tr> <tr> <td style="text-align: center;">DAILY</td> <td style="text-align: center;">ALTERNATE DAYS</td> <td style="text-align: center;">OTHER</td> </tr> </table> <ul style="list-style-type: none"> • Monitor temperature and vital signs as indicated • Record and report any signs or symptoms of infection 		Frequency of stoma care and tube holder change (<i>circle</i>)			DAILY	ALTERNATE DAYS	OTHER										
Frequency of stoma care and tube holder change (<i>circle</i>)																			
DAILY	ALTERNATE DAYS	OTHER																	

**NURSING CARE PLAN No 20
TRACHEOSTOMY**

Full Name:

Address: **Addressograph**
.....

HCR.....

Commencement Date Signature Grade	4	Aid Communication	Discontinued Date, time, Signature, grade
		<ul style="list-style-type: none"> Ascertain the mode of communication used (tick appropriate) Passy Muir Speaking Valve (Standard) _____ Passy Muir Speaking Valve (Modified) _____ Lamh Sign Language _____ Communication app _____ Other _____	
	5	Nutrition	
		<ul style="list-style-type: none"> Oral feeding should be started when possible Liaise with Speech and Language Therapist Refer to Careplan 19 (ineffective hydration and nutrition) 	
	6	Psychosocial Needs	
		<ul style="list-style-type: none"> Provide age appropriate explanations to the child and family Liaise with the play therapist Provide support, reassurance and address any concerns expressed Liaise with Medical Social Worker Liaise with Psychology 	
	7	Discharge and Education	
		<ul style="list-style-type: none"> Encourage the involvement of the child, parents and family in tracheostomy care Ensure parents/carers complete the tracheostomy education workbook prior to discharge Liaise with the Airway CNS Contact PHN and community personnel early to ensure that supplies, equipment and supports are in place prior to discharge Liaise with the discharge coordinator if the discharge is protracted 	

Developed by Siobhan Fitzgerald, Clinical Nurse Specialist, ENT Dept

Issue Date: June 2018

Review Date: June 2018