

OUR LADY'S CHILDREN'S HOSPITAL, CRUMLIN
Care plan 20

This care plan must be used in conjunction with care plan 1 & careplan 2



Care plan Problem		Tracheostomy care Goals	Issue date: January 2012 Review date: January 2015															
↑ Potential for: -Tube blockage -Displacement -Infection ↑ Altered communication ↑ Altered nutrition ↑ Parental knowledge deficit relating to tracheostomy care		1. To maintain a patent airway 2. Prevention of infection 3. To aid communication 4. Optimum nutrition 4. Education/ Discharge																
Commenced, date, time and signature	No	Nursing Intervention	Discontinued, date, time and signature															
	1	To maintain a patent airway <ul style="list-style-type: none"> Ensure tracheostomy equipment/ supplies are available as per OLCHC guidelines 2008. Change tracheostomy tube as directed _____ <table border="1" data-bbox="521 695 1096 793"> <thead> <tr> <th>TYPE OF TUBE</th> <th>SIZE OF TUBE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table> Suction tracheostomy as clinically indicated <table border="1" data-bbox="475 827 1240 926"> <thead> <tr> <th>SUCTION CATHETER SIZE</th> <th>DEPTH</th> <th>PRESSURE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> Provide humidification using <ol style="list-style-type: none"> HMEs: humid mini vents / thermovents (circle) Heated humidity: Continuous: ___ or Intermittent: ___ Time started: _____ Time finished: _____ Nebulised of 0.9% Sodium Chloride as prescribed. <ul style="list-style-type: none"> _____ is intubatable: YES / NO (circle) 	TYPE OF TUBE	SIZE OF TUBE					SUCTION CATHETER SIZE	DEPTH	PRESSURE							
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	2	Prevention of infection <ul style="list-style-type: none"> Attend to stoma site care as per OLCHC Guidelines 2011 Change tracheostomy ties as per OLCHC Guidelines 2011 _____ Observe for signs and symptoms of infection. 																
	3	To aid communication <ul style="list-style-type: none"> Liaise with child/parents as to the mode of communication appropriate. Please specify communication means: _____ _____ Liaise with Speech and Language Therapist 																
	4	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 & nutrition) 																
	4	Education/Discharge <ul style="list-style-type: none"> Liaise with Airways CNS. Early contact with community personnel. Encourage early involvement of parents and child in assisting with tracheostomy care. 																

Updated January 2012

Patient name.....

HCRN.....

Ward.....

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		<ul style="list-style-type: none"> • Document outcomes of parent education • Assist in the completion of Tracheostomy Education Programme. • Complete Tracheostomy Discharge Planner. 	
		<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

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