

# Tracheostomy: Tube Replacement

Tracheostomy tubes (outer cannula) that become displaced or occluded will immediately be replaced when:

1. A life-threatening situation occurs during which rescue breathing is impossible or when the pupil is in severe respiratory distress without the tube in place.
2. The pupil's prescribing physician orders this procedure to be performed and when the pupil's individualized education program (IEP) indicates the need for this procedure.

The physician's orders must state whether the pupil's condition is such that the tube should always be replaced after becoming dislodged.

If a pupil is in respiratory distress, paramedics will be called and parents notified immediately.

## I. Personnel Involved

- A. School nurse
- B. Designated school personnel, direct or indirect supervision.  
Replacement of a tracheostomy tube shall be performed only by personnel who have current training in this procedure.\* Whenever possible, tube replacement should be performed by the school nurse.
- C. School nurse as the indirect procedural supervisor (*Indirect* means that the nurse is available either on site or through telephone communication.)

## II. General Information

- A. Emergency procedures shall be fully discussed and documented on the IEP.
- B. Nonemergency procedures shall also be discussed with the parent and noted on the IEP.
- C. A sterile additional tracheostomy tube (of appropriate size) and an obturator are to be kept with the pupil at all times.
- D. If a problem occurs with reinserting the tube, the emergency medical service (911) and parent should be called to transport the pupil to a medical facility.
- E. Parents are to be notified after any reinsertion procedure.

## III. Guidelines

- A. Purpose
- B. Equipment (Parents are responsible for providing equipment.)
  1. Sterile tracheostomy tube (appropriate size) and obturator.
  2. Scissors
  3. Twill tape for tying.
  4. Suction machine, including collecting bottle, connecting tube, and adapter when needed.
  5. Resuscitation bag, when ordered
  6. Sterile disposable suction catheters
  7. Nonwaxed clean paper cups
  8. Supply of sterile normal saline solution
  9. Sterile disposable syringes for introducing saline solution into the trachea or into individual dose containers of saline.
  10. Disposable clean plastic or rubber gloves.
  11. Clean tissues or gauze pads
  12. Plastic-lined wastebasket (kept beside suction machine and used for contaminated materials)
  13. Water-soluble lubricant

\*Training means preparation in the appropriate delivery and skillful performance of specialized physical health care services...Medically related training of employed designated school personnel is that training in an approved program in standardized procedures provided by a qualified school nurse, qualified public health nurse, qualified licensed physician and surgeon, or other approved programs to enable the person to provide the specialized physical health care services necessary to enable the child to attend school. *California Code of Regulations, Title 5, Education, Section 3051.12(b)(1)(E)2.*

# Tracheostomy: Tube Replacement – Procedure

<i>Essential steps</i>	<i>Key points and precautions</i>	<i>Child specific</i>
<ol style="list-style-type: none"> <li>1. Wash hands if the pupil's status permits.</li> <li>2. Assemble the equipment.</li> <li>3. Reassure the pupil during the procedure.</li> <li>4. Position the pupil with the head tilted back as far as possible. If inserting the device is difficult, reposition the head slightly forward.</li> <li>5. Open the tracheostomy tube package.</li> <li>6. Put on gloves if the pupil's status permits.</li> <li>7. Insert the obturator into the tube and apply lubricant.</li> <li>8. Insert the tracheotomy tube with obturator into the stoma.</li> <li>9. Holding the tracheostomy tube with one hand, pull out the obturator and insert the inner cannula with the other hand.</li> <li>10. Unroll the twill tapes while the pupil or another person holds the tube in place until it has been secured with tapes.</li> <li>11. Secure the tracheostomy tube with twill tapes.</li> <li>12. Record the procedure on the SPHCS log. Inform the parent.</li> </ol>	<p data-bbox="578 264 1000 359">A calm, assured approach promotes the pupil's cooperation and ease of inserting the tube.</p> <p data-bbox="578 1167 1024 1230">Secure the knot so that it will come at the side of the pupil's neck.</p>	