**Plano Independent School District**

**School Health**

**Tracheostomy Care Administrative Guideline**

**Purpose**

A tracheostomy is a surgical opening in the neck into the trachea (windpipe), which allows air to go in and out of the lungs. The opening in the neck is called a stoma. A plastic or metal tube called a tracheostomy may be inserted through the stoma into the trachea. There a different types of tracheostomy tubes that are held in place with a tie around the neck. A tracheostomy is performed because of an injury or condition that requires bypassing the normal breathing passages or because of neurological, muscular, or other conditions that make it difficult to breathe effectively or to clear secretions or mucus out of their breathing passages without assistance. A tracheostomy allows for long-term use of a ventilator or respirator (breathing machine) and provides an easy way to clear the trachea of mucus. Many students with tracheostomies are able to speak. Most are able to eat and drink by mouth but some may need dietary modifications.

**Definitions**

* **HME (artificial nose) -** a cap that can be attached to the tracheostomy tube, which may help to maintain humidity. The cap contains a filter to prevent particles from entering the airway and maintains the patient's own humidity.
* **Obturator –** a small plastic device which is used as a guide for insertion of the tracheostomy tube.
* **Passy Muir Valve -** a one-way speaking valve for use with tracheostomy tubes. Its normal position at rest is closed, so that it is open only during inhalation and closes during exhalation, allowing air to pass through the vocal folds for phonation.
* **Sterile Saline –** a solution of sodium chloride in sterile water used to liquefy secretions in trach.
* **Stoma -** an artificial opening between two cavities or canals, or between such and the surface of the body.
* **Suction Catheter -** A tracheal catheter and suction fitting used with an endotracheal set for aspiration of mucus from trachea.
* **Suction Machine –** a machine used to remove secretions or body fluids from a patient.
* **Tracheostomy –** a tracheostomy is a surgical opening into the windpipe bypassing the upper airway.
* **Tracheostomy Tube –** a tracheostomy tube is a plastic or metal tube inserted through a hole (stoma) in the neck and is held in place by ties around the neck. There are various types of tracheostomy tubes but all serve the same purpose. Tracheostomy tubes cause no discomfort to the student.

**Program Coordinator**

Coordinator for District Health

Special Education Nurse Case Manager

**Responsibilities**

* Coordinates with Plano ISD principals and/or building manager and school nurses in the selection of employees for training.
* Assure quality improvement by revising this guideline as required through the monitoring of training.
* Communicate with medical officer on issues related to care.

**Medical Control**

The medical advisor of the catheterization administrative guideline is the Plano ISD’s medical officer. The medical officer will direct the following:

* Medical direction in formulating the guideline
* Review and approve the above
* Evaluation as needed

**Applicable documents**

* Guideline
* Training checklists
* Problem List
* Physician orders
* Individual Health Care Plan

**Environment/Settings**

There is no restriction on where a student may receive tracheostomy care. Students with tracheostomies should avoid areas with a lot of dust or other airborne particles such as chalk dust, sand, glitter, etc. Regular tracheostomy care prescribed should be done at home. In an emergency, care should be given wherever the student is. It is imperative that a complete set of equipment for tracheostomy care be available for the student at all times.

**Restrictions**

All tracheostomy care such as suctioning, medication administration, cleaning and changing (except in an emergency) require a current order from the health care provider.

**Requirements**

* Current physician orders
* Consent to communicate with health care provider
* Development of IHP by RN
* Parental consent for care of student
* Supplies provided by student

**Suggested Personnel and Training**

Tracheal care for children who require daily, in-school care such as suctioning, saline installation, use of a trach collar or other regular care should be provided by a registered nurse unless state medical and nursing practice standards specify otherwise. These caregivers should have proven competency based training in appropriate techniques and problem management. After a child with a trach has been in the school setting for a year or two and it is clear that the child’s medical condition is stable or improving, it may be appropriate for the health care team and the parent to consider using a non-medical caregiver who has received appropriate training.

Some students need less frequent care or require no routine trach care at all. The decision regarding the placement of the care-giver for this student must be made by parent, the student’s physician and the school nurse, based on the student’s medical condition, tracheal care needs and adaptation to school. Other considerations should include the varied locations of the student in the school, and the school nurse: pupil ratio. A school nurse should be in the building at all times.

If the trained caregiver and back up are unable to be available on any given day, every attempt should be made to provide trained care. Family, building administrator and special education nurse case manager/coordinator for district health, should be notified of lack of availability of properly trained caregivers.

Basic skills checklists will be used in competency based training in appropriate techniques and problem management. District procedures and checklists outline specific steps to be taken. Once the procedures have been mastered, the completed checklists serve as a documentation of training.

Tracheostomy tube changes should be provided by a registered nurse unless state medical and nursing practice standards specify otherwise. These caregivers should have proven competency based training in appropriate techniques and problem management.

**Training**

* A registered nurse is the person responsible for training.
* Unlicensed personnel may be trained by an RN on delegated task as determined by the Board of Nursing.
* Training is done yearly and as needed throughout the year.
* Administrative guideline, problem list, health care practitioner orders and parent request are to be reviewed prior to training and throughout the year for review.
* Individual Health Care Plan is completed by the nurse.
* Competency checklist must be signed and dated yearly and periodically throughout the year as needed for verification of skills.
* Information is shared with other employees on a need to know basis.

**Procedural Guidelines for Tracheostomy Care**

1. **Tracheal Suctioning**

**Purpose**

Tracheal Suctioning is a means of clearing the airway of secretions or mucus. This is accomplished by using a vacuum-type device through the tracheostomy. Tracheal suctioning is performed when a student cannot adequately clear secretions. Indications for suctioning include the following:

* Noisy, rattling breath sounds
* Secretions that are visible and filling the opening of the tracheostomy
* Signs of respiratory distress (e.g., difficulty breathing, agitation, paleness, excessive coughing, cyanosis (blueness), nasal flaring, retracting)
* No air moving through tracheostomy
* Before eating or drinking, if congested
* After respiratory treatments, chest percussion, and drainage

**Staff Training and Preparation**

Tracheal suctioning should be provided by a registered nurse unless state medical and nursing practice standards specify otherwise. These caregivers should have proven competency based training in appropriate techniques and problem management. Suctioning may be performed by trained, unlicensed personnel when needed.

**All equipment for suctioning must be assembled and available for immediate use at all times and checked daily by trained caregiver.**

**Guideline for Tracheal suctioning**

1. Check doctor’s orders, IHP, PISD guidelines, and parent consent.
2. Use Universal Precautions. Wash hands before and after suctioning.
3. Identify and explain the procedure to the student at his level of understanding. Have the student do as much of the procedure as capable of, with supervision as needed.
4. Assemble all equipment: suction machine, saline solution, gloves, water to clear tubing. Have supplies within easy reach.
5. Place student in position used for this procedure, typically an upright position while at school.
6. Encourage student to cough up secretions.
7. Turn on suction machine and check for function.
8. Open suction catheter or kit.
9. Pour normal saline or sterile water into sterile container if using kit, per student IHP.
10. Put on gloves.
11. Connect suction catheter to suction machine tubing.
12. Check function of suction machine by suctioning up sterile water or normal saline per student’s IHP.
13. Insert suction catheter (to depth noted in physician orders and health plan) into tracheostomy tube.
14. Twirl catheter between fingers as it is pulled out. Each suction pass should last no longer than 3-5 seconds.
15. Repeat suctioning as needed for removal of secretions. Between passes, suction water to release secretions from catheter. Only use sterile saline if ordered and unable to remove secretions.
16. Suction nose and mouth if needed.
17. Suction catheter and tubing with normal saline until clear. Certain catheters that can be reused require suctioning saline to clear the catheter before storage.\*
18. Disconnect catheter from tubing and dispose of catheter and gloves properly.
19. Wash hands.
20. Document color, consistency, and quantity of secretions as well as respiratory status.

\*Some catheters may be reused depending on the type of catheter and its use. If using a suction catheter with a sleeve only in the tracheostomy and not also in the mouth and nose per student’s IHP, the catheter may be cleared between suctioning, stored and discarded at the end of the day.

1. **Tracheostomy Tube Change**

**Purpose**

Tracheostomy tubes are routinely changed to prevent mucus from building up within the tubing. Mucus may block the tube and prevent air from entering the lungs. The tube needs to be changed if it is blocked or accidentally dislodged. Routine tracheostomy tube changes are performed in the home. In a school setting, this procedure should only be done if a tracheostomy tube becomes plugged or blocked or comes out.

**Staff Training and Preparation**:

Tracheostomy tube changes should be provided by a registered nurse unless state medical and nursing practice standards specify otherwise. These caregivers should have proven competency based training in appropriate techniques and problem management.

**Guideline for Tracheostomy Tube Change**

**All equipment for changing a tracheostomy tube must be assembled and available for immediate use at all times and checked daily by trained caregiver.**

**If replacing the Trach tube due to dislodgement, if meets resistance after the first try, call 911. Never force the trach into place. If unable to reinsert trach, begin rescue breathing/chest compressions according to AHA guideline with bag mask until EMS arrives. If bag mask not available, use mouth barrier device to stoma method.**

1. Check doctor’s orders, IHP, PISD guidelines, and parent consent.
2. Use Universal Precautions. Wash hands before and after tracheostomy tube change.
3. Identify and explain the procedure to the student at his level of understanding.
4. Assemble all equipment: tracheostomy tube, trach ties, and gloves. (if not already assembled)
5. Place student in position used for this procedure, typically an upright position while at school.
6. Open tracheostomy tube package. Keep tube clean. Do not touch curved part of tube.
7. Put on gloves.
8. Cut old trach ties and gently pull trach tube out.
9. Insert the new tube at a right angle to the stoma, rotating it downward as it is inserted. Do not force.
10. If an obturator is used, immediately remove it after the tube is inserted.
11. Secure with trach ties, trach chain, or Velcro holder. Ties should be secure but loose enough to insert one finger between the ties and neck.
12. Never let go of the trach until the ties are secure. Trach placement may make the tube come back out.
13. Listen or feel for air movement through the tracheostomy tube. Watch for chest to rise and fall. Observe student for signs of distress (e.g., restlessness, cyanosis, shortness of breath, agitation).
14. Discard used equipment in an appropriate manner.
15. Remove gloves and wash hands.
16. Document procedure.

**Medical Director Signature:**

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Physician Signature/PISD Medical Officer