The Adult with A Tracheostomy

You have a tracheostomy (trach), a surgical incision (opening) made into the trachea or windpipe (figure 1). A small plastic tube called a trach, is placed into the opening to keep it from closing. The opening in the neck is called a stoma.

You will breathe air through this opening instead of your nose or mouth. This also means that the ability to talk or speak aloud may be lost. The length of time a trach is required varies from days to years, depending on the reason it was required. Your doctor will discuss with you how long you can expect to have a trach tube.

You have a tracheostomy because:
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Before you go home, you will need to learn trach care:

1. You should watch the nurses first, and then begin to do your own care.

2. It is important that you and a significant other begin learning trach care.

3. The social worker will talk with you about any supplies or home health care services you need when you go home.
as soon as possible.

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Definitions

**Trachea** - breathing tube from the outside air to your lungs (the breathing tube or windpipe)

**Esophagus** - the tube that goes from your mouth to the stomach (the food tube)

**Tracheostomy** the surgical opening that is made through the lower neck and trachea to make breathing easier.

**Stoma** - opening in the neck that forms an additional path for airflow to the lungs usually bypassing the mouth and nose.

**Outer Cannula** - the external tube that is inserted into the trachea through a surgical opening. It provides an artificial passage for breathing and may hold a removable inner cannula.

**Inner Cannula** - removable inner tube that acts as a passageway for airflow and secretion removal.

**Trach Plate** - swivel neck plate that contains information on tube size and product information. The neck plate with the tracheostomy ties properly attached helps secure the tube in your stoma.

**Obturator** - solid tube with rounded end used to reinsert tracheostomy tube. Each new tracheostomy package contains your obturator.
Suctioning the Tracheostomy

You will need to suction the trach to keep the airway clear of mucus. Suctioning allows you to breathe more easily. You need to suction when:

1. You are having trouble breathing.
2. You hear secretions (mucous) bubbling in the airway that you cannot cough out.

Supplies

Suction machine with tubing
Suction catheter kit (includes catheter, gloves, rinse container)

Use size 14 FR. catheter for size 8 and 6 tracheostomy.

Use size 10 FR. catheter for size 4 tracheostomy.

Sterile normal saline/water (for catheter rinse)

Clean container for normal saline/water.

*Note: If you do not have sterile normal saline, you can use tap water.

Normal saline vials

PROCEDURE:

3. Turn suction machine on. The suction pressure should not be more than 80-120mm mercury; adjust the gauge as needed.

4. Open the suction catheter kit.

5. Remove the rinse container and fill with normal saline/water.

6. Put on gloves. If you do not have gloves wash your hands with hot soapy water.

7. Suction some saline/water through the catheter to make sure the catheter is clear and the machine is working. You will need to put your thumb over the opening of the tube to get suction.

8. Wet the tip of the catheter with normal saline or water.

9. Take 3-4 deep breaths to give your lungs more oxygen before suctioning.

10. If mucus is too thick to be suctioned by catheter, open normal saline vial and squirt saline into trach tube to help thin the mucus.

11. Without applying suction, insert the catheter into the trachea slowly and
1. Wash your hands.
2. Gather your supplies.
   Smoothly. Insert catheter, stopping when you cannot move it any more or you gag. (Figure 2).

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12. Place thumb over opening at the top of the catheter and twirl catheter as you pull it back from the trachea. (This should take about 5-10 seconds). Wait about 30 seconds between suctioning in order to catch your breath. (Figure 3).

13. Suction saline/water through the catheter to clear secretions between trach suctionings.

14. Repeat steps 9-13 as necessary.

15. Suctioning of the trachea will cause coughing. This is normal. Coughing helps to loosen mucus so it is easier to suction out.

16. Look at secretions (mucus). Check the color, smell, thickness or thinness, and how it may have changed.

17. Throw away saline/water from rinse container. Container may be rinsed with hot soapy water and reused.

18. Suction catheter may be reused, only if it is cleaned with hot soapy
18. Wash your hands.

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**Inner Cannula Care**

You will need to clean the inner cannula at least two times a day in the morning and at bedtime. It will need to be cleaned more often if:

a. there is a lot of mucus
b. tube is plugged with dried mucus.

**Supplies:**

Trach care kit (includes pipe cleaners, brush and solution trays)
Hydrogen peroxide
Water or saline

**Cleaning Procedure**

1. Wash your hands.
2. Gather supplies.
3. Open trach care kit and prepare: Fill one tray with hydrogen peroxide and one with water or saline.
4. Hold outer cannula of trach and turn lock of inner cannula to unlock.
5. Pull inner cannula out with steady up and out motion.
6. Place in hydrogen peroxide to soak for one minute.
7. Rinse with water or saline.
8. Hold the tube up to the light and look through it to make sure it is clean.
9. With steady in and down motion put inner cannula back and re-lock into place.
10. Wash hands.
11. Trach care kit may be reused if brush and solution tray are washed with hot soapy water.

**Skin Care**

You need to keep the skin around your trach clean and dry. This is an area that can become red and raw. It is also important to keep the trach ties clean and dry. Clean the skin around and under the trach plate at least twice a day. If you have more drainage:

a. Clean area more often and/or
b. Fold a 4X4 pad and put it under ties and trach to catch mucus and protect skin. This 4X4 needs to be changed whenever it gets moist. Do not cut 4X4 because loose strings may
7. Use pipe cleaners and brush to clean inside of tube.

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Supplies:

- Saline or tap water
- Q tips
- Clean cups
- Trach ties or trach tube holder
- Hydrogen peroxide [½ strength mix ½ cup water ½ cup peroxide; use only if crusted areas]
- Clean cloth or 4X4 gauze pad
- Scissors

1. Wash your hands.
2. Gather all of your supplies.
3. Suction trach if needed.
4. Pour saline or water in a cup. Pour ½ strength peroxide in another cup if needed.
5. Clean around trach plate. Be careful to keep liquid out of trach. Make sure to clean the crust from under trach plate.
6. Dry the neck well using 4X4 or clean cloth.
7. If you do not have peroxide or normal saline, clean around trach plate with soap and water.

Trach Tie Change

The trach ties need to be changed once a day or as needed. You will need to change the ties more often if:

2. Gather all of your supplies. (You will put on new ties before removing old ties). See page _____ for method to attach ties to tube.

3. If suctioning or site care is needed, complete before changing ties.

4. Put new ties in trach plate. Tie trach ties. You should be able to put one finger between ties and your neck.

5. Cut the old ties and throw them away.

Methods to Change Trach Ties

There are two ways to change your trach ties. Do the one that is best for you.

One tie method

1. Cut one tie.
2. Cut angle on each end of tie.
3. Thread one end of tie from the bottom to top of opening in trach plate - - catch with tweezers and pull through
4. Pull long end of tie around the neck and thread the same way through the other opening and tie as usual (Figure 4).
a) the ties are wet or dirty
b) the ties are frayed
c) the ties have become loose

1. Wash your hands.

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**Slip Tie Method**

1. Cut two pieces of tie.

2. Cut angle on one end of each piece.

3. Cut a small (½ inch) slit one inch from angled end of each tie.

4. Thread angled end of tie from bottom to top of opening in trach plate - pull through with tweezers. Pull straight end through slot.

5. Repeat process for other side.

6. Tie and knot as usual. (Figure 5).
Trach Tube Change and Reinsertion

Follow these simple steps to reinsert or change your trach.

1. Wash your hands.

2. Gather supplies.
   (including spare trach, trach kit).

3. Perform skin care to stoma site before reinserting trach.

4. Take the obturator and insert it into the outer cannula of spare trach.

5. Reinsert the trach tube with obturator into the stoma. (Figure 6) You may grease the end of the trach tube with water soluble gel, K-Y jelly or sterile surgical lubricant. **Do not use vaseline or petroleum jelly!**

6. Hold the trach plate in place and remove the obturator. (Figure 7) Secure the trach in place.
with trach ties or other tracheostomy tube holder, as recommended by nurse. (See page 9, for trach tie methods).

7. Reinsert the clean inner cannula. (See page 6, inner cannula care). (Figure 8)

* Note: After changing trach, clean, dry and place spare trach in ziploc bag.

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**Single Cannula Tracheostomy Care**

Occasionally, you will have a single cannula tracheostomy. This trach has no inner cannula for cleaning. The entire trach needs to be removed for cleaning once daily. It will need to be cleaned more often if:

1. There is a lot of mucus.
2. If tube is plugged with dried mucus.

**Supplies:**

Trach care kit  
Pipe Cleaners  
Brush  
Solution Trays  
Sterile Water or Saline  

You may use soap and water if normal saline is not available.

**Cleaning Procedure**

1. Wash you hands.

6. Clean inside of tube with pipe cleaners to remove old mucus.
7. Rinse with water or saline.
8. Replace trach ties.
9. Insert obturator into trach. (water soluble lubricant optional).
10. Replace trach with obturator into stoma.
11. Remove obturator.
13. Wash hands.

* Note: When you change your trach, clean, dry and place spare trach in a ziploc bag.
2. Gather equipment.

3. Open trach care kit and prepare: Fill each tray with tap water or saline.

4. Untie trach ties and remove entire single cannula tracheostomy tube with smooth outward motion.

5. Place in tap water or saline to soak for one minute.

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**Humidification for Tracheostomy**

Moist air is provided for an adult with a tracheostomy in order to:

1. Thin mucus to make it easier to clear from lungs and air passages.

2. Prevent breathing in air filled with dust and lint.

Tracheostomies receive humidity with a trach collar attached to oxygen or air or a cool mist humidifier. Each of these devices must be cleaned or changed at least once a day. They need to be cleaned or changed more frequently if:

1. They become covered with mucus.

2. They are dropped on the floor or become dirty.

Check with the respiratory therapist in the hospital and with your home equipment provider about how to clean and change these devices.

2. Powders, bleach, ammonia, and aerosol sprays have some particles or fumes that can get into the lung and cause breathing problems also.

You can use a mask over your stoma or a lint free handkerchief.

3. Fine hair from pets may cause irritation to your trach or cause increased coughing. If possible, pets should not be in the house.

4. Keep your house clean to prevent dust and lint from floating into the airway passages.

5. Do not put cotton-tipped swabs or any other items into tracheostomy. (They could break or could be stuck in trach and result in a clogged airway.)
supplier if they have further instructions. An ultrasonic humidifier is a good one for home use.

**Safety**

Remember, normally you breathe through your nose but now air goes in and out through the direct opening into the trachea. Be careful to protect the airway tubes and lungs.

1. Smoke will irritate the lungs and cause you to have more difficulty breathing.

6. You may take a tub bath but always keep the water out of the trach/stoma. A shampoo should be done at a different time than bath time to keep water from getting in trach. Do not swim.

7. To keep food and liquids from falling into the tracheostomy, use a cloth (no plastic) covering when eating.

8. If stomach contents come up into your mouth, wipe out all contents you can, then suction mouth and trach at once.

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9. When you are outside and it may be windy/hot/cool/dry, a handkerchief or scarf wrapped loosely around the neck will warm and filter the air and help keep the moisture in.

10. Tape emergency phone numbers to each phone. Include numbers for 911 or EMS, the local doctor, and other local health workers who will be helping you.

11. Make sure that any person who will care for you knows:
   a) routine care including procedures.
   b) this page of safety points and
   c) emergency care

12. Always keep trach, scissors, and obturator within easy reach.

**Airway**

b) Remove outer cannula, if still unable to breath.

c) replace with the extra trach from bedside or kit.

d) tie new trach in place.

e) suction again if needed.

f) If problem persists, go to the hospital.

*Re-check ties and adjust after emergency over.

**Important Points**

1. Return to normal activities and hobbies as your physical condition allows.

2. Most adults with tracheostomies can speak once the swelling is gone. Place your finger over your trach and you can speak.
1. If you can not breathe easily:

   Suction the trach
   
   a) put 2-3 cc saline in trach.
   
   b) suction the trach as usual

   If the trach is blocked with mucus
   (you cannot get air in or mucus out):

   a) **remove the inner cannula** and see if breathing gets better

3. Eat a healthy diet.
   Supplement with ensure/carnation instant breakfast drink or any other high calorie drink.

4. Many people fear the bed sheets/pillows may cover their tracheostomy while sleeping. Your body naturally changes positions or startles you awake if a pillow or sheet gets in the airway.

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**Supplies:**

Obtain the following (Be sure you have enough supplies to last until your next appointment).

Spare Trach [your trach size ___ cuffed/uncuffed; fenestrated/non-fenestrated]

Saline
Water
Hydrogen peroxide
Cotton swabs
Trach tapes
Tracheostomy tubes
4 x 4's Gauze
Tweezers
KY jelly
Suction catheters
Trach care kits
Cool mist humidifier
Trach vent

*Be sure to have enough supplies until your next appointment.

If you are having problems during the week day call (706)721-3505 (ENT Clinic) After 5:00 p.m. and during the weekend call (706)721-3893 and ask for ENT resident on call if the following occurs:

   A change to much more difficult breathing
   Wheezing that is new or different.
   Fever of 101°F or above
Increased cough
Thick mucus
Change in the color or odor of mucus
Blood in mucus
Pain, redness, rash, or unusual drainage at trach site
Loss of appetite
Irritable or sluggish or confused behavior.
A trach change due to mucus plug.

Anytime you have questions or concerns, you should talk to your doctor.

Return appointment ________________________________

Other Instructions: ________________________________________
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References:


Shiley Tracheostomy Products. (1993). Tracheostomy Tube Adult Home Care