Home Care Instructions for the Infant/Child with a Tracheostomy

Your child has a tracheostomy, also called a trach, which is a surgical opening made in the trachea (windpipe). A plastic trach tube is put into the opening to keep it from closing. The opening in the neck is called a stoma. Your child will breathe air through the opening in his neck instead of his nose or mouth. This means that your child cannot talk or cry out loud. The length of time a trach is needed is different for every child. Some children outgrow the need for a trach. Other children need to have surgery before the trach tube can come out. A few children need a trach tube permanently.

To take care of your child at home, you will need:
1. Two (2) people to learn how to care for the trach.
2. To plan a time with the primary nurse when those two people can come to the hospital and learn to care for the trach. You need to feel comfortable with your child's care at home.
3. To spend one week at the hospital on 4 CMC with your child completely taking care of him/her. You will have a nurse assigned to you. Each caregiver will have to spend one 24-hour period taking care of the child alone.
4. To work with the people (home nurses, respiratory therapist, physical therapist, ect.) taking care of your child to help your child resume “normal” activities. If he or she is able, you can help with the new activities.

Feeding
A baby with a trach should be held while feeding. Do not prop the bottle up or give an older child the bottle. Be sure you burp your baby well and put him or her in an infant seat or on his or her right side after feeding. Do not let your child take a bottle to bed for naps or at night. This is dangerous for a child with a trach as liquids from the bottle can get into the trach.

When feeding your child, use a lint free cloth bib over the trach to keep food from dripping into the trach site. Older children should eat a well balanced diet. Soda, candy and salty snacks food should only be for special treats. Do not give your child small hard foods that could plug the trach such as nuts, candy and rice. Give your child plenty of liquids to drink. This will keep the mucus thin and easier to suction.

Clothes and bedding
New clothes and bedding should be washed before using them to remove loose lint and threads. Use a gentle soap. Your child can wear any washable clothing that does not cover the trach.

Well child care
Your child will need to be followed by your local doctor and / or health department for well and sick care. The parents/caregiver needs to ask the baby’s primary care physician about his or her diet, development activities, immunizations and let the physician know of any changes in your child’s condition.
Safety

- **Air** Normally air is cleaned by the nose when breathing. Now that air goes in through the trach instead of the nose. Care must be taken to protect the airway tubes and lungs. **The child should not be around anyone who smokes.** Smoke can irritate his or her lungs and will cause him or her to have difficulty breathing.
- **Toys** Check toys and other items for size. **Do not** give your child small items such as peas, nuts or pins as they could get stuck in the trach and plug the opening.
- **Water** Your child may have a tub bath, but keep water out of the trach. **Do not** shampoo the hair in a bath tub full of water because water can get in the trach. Your child may play in a wading pool. Never leave your child alone in the bath tub, wading pool, or near any water.
- **Emergencies** If your child spits up, quickly wipe out his or her mouth then suction the trach and the mouth right away. Tape emergency phone numbers to each phone in the house. The list should include 911, local doctor and other local health workers who will be helping you. Make sure that any person(s) who will care for your child knows how to care for the trach. They will need to know routine and emergency care including safety.

**Suctioning the trach**
You will need to suction the child’s trach to keep the airway clear of mucus. Suctioning the trach helps your child breathe more easily. You will need to suction the trach when:
1. he or she is having trouble breathing.
2. he or she has fast breathing not caused by being very active.
3. he or she has mucus bubbling in the trach.
4. he or she is very restless.
5. his or her nostrils become larger when breathing.

**Supplies for suctioning**
- Suction machine with tubing
- Suction catheter kit (size FR catheter)
- Sterile normal saline/sterile water (to rinse catheter)
- Normal saline (vials) (to put in the trach when suctioning)
- Ambu bag with or without oxygen (as you were taught)

**Tracheostomy site cleaning**

**Skin care**
The area of skin around your child’s neck is an area that can become easily irritated. It is very important that you keep the skin and the trach ties clean and dry. You should clean around the trach at least twice a day, once in the morning and once at night. If there is a lot of drainage, you may have to clean the area more often.

**Supplies for skin care**
- Saline or water
- Cotton tip applicators (q-tip)
- Disposable cups (plastic or paper)
- 4x4 lint free gauze or clean soft cloth
Trach tie change
The trach ties need to be changed once a day. You will need to change the ties more often if the ties are wet, dirty and when the ties become frayed or loose.

Supplies for trach tie change
- Trach ties
- Bandage scissors
- Tweezers (to help pull the trach tie through the hole in the trach wing)

See the pictures (TRACHEOSTOMY SITE CLEANING) on how to clean the skin and trach ties.
Tracheostomy Site Cleaning

1. Wash hands.
2. Wash tweezers.
3. Put on gloves.
4. Suction if needed.
5. Assemble supplies.
7. Undo trach ties on one side. Helper must hold the trach in place.
8. Using an outward rolling motion, clean trach site (stoma) with cotton swab dipped in saline.

Velcro Trach Ties
Lint Free Gauze
Gauze Pad
Tweezers
Saline or mild soapy water

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If dried crusts are present, clean with saline or mild soapy water.

Attach trach ties to trach wings (flange).

If needed, fold gauze and place on both sides of trach opening.

Repeat cleaning on the other side of trach. (steps 7-12)

Place gauze pad under trach wings (flange).

Check to see if one finger fits snugly between neck and trach ties.

Never cut gauze to place around the trach site, fibers may become loose and inhaled by your infant.
Tracheostomy tube change

Supplies

- Clean trach tube with guide (obturator) the same size as the child has in the neck.
- Trach ties
- Bandage scissors
- Water, saline or water soluble lubricant (KY jelly or Surgilube)
- Suction equipment
- Ambu bag

See the pictures (TRACHEOSTOMY TUBE CHANGE) on how to change out the Trach.
Tracheostomy Tube Change

1. Wash hands.
2. Wash tweezers.
3. Put on gloves.
4. Assemble supplies.

- Cuffed Trach
- Non-Cuffed Trach
- Velcro Trach Ties
- Blanket
- Syringe
- Gauze Pad
- Gauze
- Lubricant

5. Handle new trach only by wings (flange), obturator, and outside tube.

6a. If trach is cuffed, inflate with air using syringe, check to see it remains inflated.
6b. DEFLATE CUFF.

7. Attach trach ties to one side of trach.
8. Dip trach into package of lubricant.
Emergency care
If an emergency happens, you must be ready to act quickly. Knowing what to do and how to do it will help you. You will have a chance to practice emergency steps before you take your child home.

What to do if your child stops breathing
1. Suction the child at once. Put four to six drops of normal saline in the trach, breathe with the ambu bag and suction the trach again.
2. If your child does not begin to breathe after the trach tube has been changed and is clear of mucus, continue to breathe your child using the ambu bag or use mouth to trach breathing.
3. If your child does not have a pulse, begin CPR and call 911 or your local ambulance number.

Breathing
Ambu to trach
1. Attach the ambu bag to trach
2. Give two breaths with the ambu bag just until you see the chest rise. You will be taught the proper amount to squeeze for your child’s lung size.
3. If your child does not breathe by him or herself, begin rescue breathing (CPR).

Mouth to trach
1. Hold your child’s forehead in position to allow you to reach the trach and still allow the airway to open.
2. Put your mouth over the trach and give two breaths (rescue breathing).
3. If your child does not breathe by him or herself, begin CPR. If your child vomits, wipe out their mouth and suction the trach and mouth right away.
4. Call the emergency numbers given to you. Post the emergency numbers next to the phone.

General Information
Suction instructions
- Suction at least every _____ hours.
- Insert the suction catheter _____ inches.
- Use # _____ suction catheters.

Trach tube
- Your size trach is a #_____.
- Your trach does/does not have an inner cannula.
- Clean the inner cannula ____ times a day.

Travel kit
You will need to carry a travel kit when you leave home. The kit should contain:
- A guide that fits the trach tube in place.
- Scissors and tweezers.
- Extra trach tube and ties (same size as the one in place).
- Portable suction and suction catheters.
- Normal saline and water in small containers.
- Ambu bag (resuscitation bag).
• Emergency telephone numbers.
• A hospital discharge summary or history and physical.
• A list of the to go bag items.
• Water soluble lubricant.
• Home orders.

If you will be using a home nursing service, they will supply the travel kit. These supplies can be purchased at drug and medical supply stores.

Humidifier attachments
Warm moist air is provided to a child with a tracheostomy to keep mucus thin so it is easier to clear the lungs. Air would usually be warmed and filtered through the nose if your child did not have a trach. Some trachs worn by the children have humidified oxygen or air given with a trach collar to keep the air warm and filtered. Other children may be able to wear a small filter device that fits over the opening of the trach tube. Popular brand names are Portex or Humidivent. These filters must be changed at least once a day. The filter should also be changed if it gets dirty, becomes covered with mucus or gets dropped on the floor. Check with the respiratory therapist in the hospital and with your home health equipment supplier for more information.

Cleaning tracheostomy tubes at home
These are the two types of tracheostomy tubes used at this hospital:
• Shiley Tubes are (made of plastic).
• Bivona Tubes are (made of silicone).

When the tube is changed in the hospital, a new sterile tube will be used every time. However, at home you may clean your child’s tracheostomy tube to re-use.

Shiley Tracheostomy Tubes
Supplies:
• The dirty trach tube and obturator
• Soap and water
• White vinegar
• A clean plastic zip lock bag
• Paper towels
• A piece of tape and a pen

Instructions
• Wash the trach tube and obturator in soapy water making sure to clean off all of the mucous residue, especially the inside of the tube (you can use the obturator to help with this).
• Examine the clean trach tube for any defects, cracks or breaks. If there are any of these, the tube must be discarded.
• Rinse the tube and obturator with water. In a small bowl, put a 1:1 mixture of white vinegar and clean water and let the tube and obturator soak for 2-3 hours.
• Carefully pick up the obturator and the tube by the wings and place them on a dry paper towel. Cover them with another dry paper towel and let them sit overnight.
• Pick the tube up by the wings and place it in the zip lock bag. Place the obturator in the zip lock bag with the trach tube. Write your child’s name and the date you cleaned the trach and obturator on the bag.

Bivona Tracheostomy Tubes
Supplies:
• The dirty trach tube and obturator.
• Soap and water
• A pot of boiling water
• A clean plastic zip lock bag
• Paper towels
• A piece of tape and a pen

Instructions
• Wash the tube and obturator in soapy water making sure to clean off all of the mucous residue, especially the inside of the tube (you can use the obturator to help with this).
• Examine the clean tube for any defects, cracks or breaks. If there are any of these, the tube must be discarded.
• Rinse the tube and obturator with water.
• Boil a pot of water on the stove. REMOVE the pot from the stove and place the tube and obturator in the pot. Use caution not to burn your hand. (NEVER PUT THE TRACHEOSTOMY TUBE OR OBTURATOR IN THE BOILING POT DIRECTLY ON THE STOVE).
• Allow the water to cool completely.
• Carefully pick up the obturator and the tube by the wings and place them on a dry paper towel. Cover them with another dry paper towel and let them sit overnight.
• Pick the tube up by the wings and place it in the zip lock bag. Place the obturator in the zip lock bag. Write your child’s name and the date you cleaned the trach and obturator on the bag.

Discharge Instructions
Call your doctor if your child has:
• More problems breathing than usual.
• Breathing sounds that are new or different.
• A fever over 101 degrees.
• More coughing than usual.
• Thick mucus.
• Changes in the color or smell of the mucus.
• Bloody mucus.
• Pain, redness, rash or drainage that is not normal at the trach opening.
• Loss of appetite.
• Less energy or is fussy and unable to console.
• Mucus that plugs the trach causing you to change it.
• Any emergency measures you had to perform.

Remember, you know your child best. Anytime you have questions or concerns you should talk to your doctor.
9 Place folded blanket under infants shoulders. Correct position of infant’s head and neck with helper holding infant comfortably.

10 Remove trach ties from both sides. Helper must hold trach in place.

11 If trach is cuffed, deflate cuff with syringe.

12 Helper removes trach with downward and outward motion. Have new trach ready.

13 Insert new trach gently in downward and inward motion.

14 REMOVE OBTURATOR!
A. Listen for breathing  
B. Watch for chest rise  
C. Observe color

If needed, suction and give 3-4 breaths with the ambu bag.

Secure trach ties.

If trach is cuffed, inflate to minimal level.  
(No more than 2 ml.)

Place gauze pad under wings (flange).

Check to see if one finger fits snugly between neck and trach ties.

Tape obturator to bed in baggie. Have new trach tube in package readily available.