Tracheostomy Care and Suctioning Return Demonstration

Student Name:	Student Signature:		
Evaluator Signature: 1 st attempt	Date:	□ Satisfactory*	□ Unsatisfactory^
Evaluator Signature: 2 nd attempt	Date:	□ Satisfactory*	□ Unsatisfactory^
Evaluator Signature: 3 rd attempt	Date:	□ Satisfactory*	□ Unsatisfactory^

** Critical Behaviors that need to be stated or done in order to pass the skill.

PERFORMANCE BEHAVIORS	S*	U^	COMMENTS
Assessment			
1. Avoid distractions			
2. Check patient's chart for			
a. Active physician's order for tracheostomy care and suctioning			
b. ** Allergies			
c. Administer pain medications, if available for newly inserted trach			
<u>Planning</u>			
3. Identify expected outcomes: know actions, special nursing considerations and patient assessments			
4 Gather necessary equipment			
a. Tracheostomy cleaning kit			
b. 14F Suction catheter and backup catheter			
c. Normal saline or sterile water			
d. Hydrogen peroxide			
e. Extra pair of sterile gloves			
f. Bath towel, blue pad, or prepackaged drape			
g. Bandage scissors, hemostat			
h. Extra trach of same size with obturator, trach insertion tray			
i. Ambu bag/resuscitation bag			
j. Stethoscope & pulse oximeter			
k. Personal Protective Equipment (PPE)			
1. Oral swab			
Implementation			
6. Upon entering			
a. ** Perform hand hygiene			
b. Be aware of your spatial safety, have call light within reach			
c. Identify self			
d. ** Identify patient using two patient identifiers			
e. Assure privacy			
f. Explain what is about to occur			
g. Allow for patient questions			
h. Raise bed to comfortable height			
i. Don clean gloves and PPE if applicable			
7. Place patient in semi or high Fowlers position.			
8. Position self at the head of the bed appropriately. This will enable you to use your dominant hand for			
suctioning.			
9. ** Perform necessary focused assessments to confirm the need for trach suction. Auscultate			
lungs, apply pulse oximeter and note oximeter reading, assess skin integrity, site drainage, and pain.			
10. Place bath towel, blue pad, or prepackaged drape under tracheostomy and across chest.			
11. Prepare equipment and supplies			
a. Turn on or increase oxygen			
b. Turn on continuous suction (100-120 mm Hg for adults, 80 -100 mm Hg for pediatrics)			
c. ** Open sterile tracheostomy kit and sterile suction catheter kit with aseptic technique			
d. Don sterile gloves			
e. Remove drape and place on overbed table to be used as sterile field			
f. Place suction catheter onto sterile field			
g. Remove sterile supplies from tray and place on sterile field			
h. Arrange sterile 4X4s, trach dressing, brush, cotton-tipped swabs on sterile field in order of use			

PERFORMANCE BEHAVIORS	S*	U^	COMMENTS
i. Pour cleansing solution (equal parts hydrogen peroxide and sterile normal saline/water) into			
individual containers. j. Pour rinsing solution (sterile saline or water) into the two other containers			
12. ** Keep dominant hand sterile throughout procedure.			
13. Unlock and remove patient's inner cannula with non-dominant hand, place it in basin with			
hydrogen peroxide cleaning solution.			
 14. Prepare to suction a. ** Pick up sterile suction catheter with dominant (sterile) hand b. With your non-dominant hand, pick up the suction tubing and connect to suction c. **Aspirate sterile rinsing solution through catheter by occluding suction control with thumb (This is to lubricate the catheter. Do not put any sterile water in the trach). 			
15. Hyper-oxygenate patienta. Have the patient take several breathsb. If the patient is unable to take a breath have a second person hyper-oxygenate the patient with an ambu bag			
 16. Suction the patient a. Remove thumb from suction control to stop occlusion b. Insert catheter into tracheostomy with sterile, dominant hand until resistance is met or patient coughs, then pull back 1cm c. Upon removal, apply intermittent suctioning while you roll the catheter between your thumb and forefinger 			
 d. Encourage the patient to cough during suctioning e. ** Suction patient for a maximum of 10 seconds f. ** Reapply oxygen, assess pulse oximeter, encourage deep breathing and allow patient to rest between each suction episode g. Rinse catheter with sterile saline/water. Repeat if necessary. (No more than 3 suction passes) h. Hyper-oxygenate patient before repeating procedure and assess pulse oximeter i. Turn off suction, disconnect suction catheter and dispose of catheter while maintaining sterility of dominant hand 			
 17. Clean and replace the inner cannula a. Pick up the plastic faceplate of the inner cannula with non-sterile, non-dominant hand and cleanse the inner cannula with sterile, dominant hand b. Use pipe cleaner to clean inside inner cannula with hydrogen peroxide using dominant hand c. Rinse inner cannula and its inner aspect thoroughly with sterile rinsing solution d. Inspect inner cannula and remove excess solution with sterile 2x2 using dominant hand to wipe from clean to dirty e. Insert inner cannula into outer cannula with non-dominant hand and lock into place 			
18. Clean skin around tracheostomy and tabs of outer cannula with cotton-tipped swabs and saline. Dry with lint-free gauze around the tracheal opening.			
 19. Replace ties and dressing a. Bring clean neck ties around back of neck b. Secure new neck tie to one side of outer cannula, then to the other side of outer cannula c. ** Once new neck ties are secure, remove old ties d. Insert fresh tracheostomy dressing under clean ties and faceplate 			
<u>Evaluation</u> 20. ** Auscultate breath sounds, assess respiratory effort and oxygenation.			
 Offer oral care Dispose of used equipment Document procedure a. Respiratory assessments before and after suctioning, size of catheter used, characteristics of secretions obtained, number of suction passes required 			
 25. Before leaving room a. ** Reposition patient for comfort and safety b. ** Lower bed c. ** Raise appropriate side rails d. ** Leave call light and belongings in reach e. ** Perform hand hygiene *S = Satisfactory, ^U = Unsatisfactory 			

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