Azle ISD
Health Services
Tracheostomy Care

A tracheostomy is performed if enough air is not getting to the lungs, if the person cannot breathe without help, or is having problems with mucus and other secretions getting into the windpipe because of difficulty swallowing.

A tracheostomy is a surgical opening in the neck into the trachea (i.e., 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 tube may be inserted through the stoma into the trachea. Some students may not need a tracheostomy tube. There are 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 (i.e., 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.

Tracheostomy tubes cause no discomfort to the student.

There are a number of different procedures that are required when caring for a student with a tracheostomy, these are:
- Tracheal suctioning – See Suctioning for procedure details
- Manual resuscitation
- Emergency changing of tracheostomy tube and/or ties
- Administration of supplemental oxygen – follow doctors orders for flow and method of delivery

Do not use powders; aerosols (i.e., room deodorizers, etc); small particles, such as sand, glitter, lint, chalk dust; small pieces of food and water; or glue or chemicals with strong fumes near a student with a tracheostomy.

Students who may have accidental contact with any of these potential hazards should have a protective covering for the tracheostomy.

**Suggested 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 (i.e., chalk dust, sand, glitter, etc.). The air the student breathes enters the lungs directly without being filtered, humidified, and warmed by the nose and mouth. Regular tracheostomy care prescribed to maintain the student’s health and function 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.
Manual Resuscitation

Procedure:

1. Wash hands
2. Assemble needed equipment: Oxygen source with appropriate tubing, if needed, Manual resuscitator (Ambu Bag), Adaptor for tracheostomy tube
3. Explain procedure at student’s level of understanding.
4. Check that resuscitator is functioning properly. Place adaptor, which is connected to the bag, against a gauze pad or a gloved hand. Squeeze bag to be sure it is functioning (if it is functioning, slight resistance will be felt).
5. Position student per student specific guidelines.
6. Attach resuscitator bag to tracheostomy tube. Hold tracheostomy tube with one hand to prevent accidental dislodgement while attaching adaptor to it.
7. If the student is able to breathe independently, coordinate the manual breaths with his own breaths. Give a breath by squeezing the resuscitation bag as the student begins to inhale i.e., chest begins to rise. If you feel resistance and/or the student looks distressed, be sure you are giving breaths with the student’s own effort and that the tube is patent.
8. If the student is unable to breathe on own, squeeze the resuscitation bag at a regular rate to deliver prescribed breaths per minute. If student has no breathing rate prescribed, a standard range of breaths per minute is: 16-20 for children; 12-16 for adolescents and adults.
9. Remove resuscitation bag from tracheostomy tube. Hold tube with one hand to prevent pulling on or dislodging it.
10. Wash hands and document indication for procedure, how the student tolerated it and any problems, how the student was after procedure.