LOS ANGELES UNIFIED SCHOOL DISTRICT Office of the Chief Medical Director District Nursing Services

# TRACHEOSTOMY TUBE REPLACEMENT EMERGENCY PROCEDURE ONLY

## I. GENERAL GUIDELINES

### **PURPOSE**

To maintain an open airway for student with tracheostomy tube.

- A. GENERAL INFORMATION
  - Tracheostomy tube will only be replaced in an emergency. Whenever possible tracheostomy tube replacement will be performed by the School Nurse if:
    - a. Tracheostomy tube has come out
    - b. There is an obstruction of the tracheostomy tube (by mucous plug or foreign object).
  - 2. A replacement sterile tracheostomy tube and obturator of appropriate size <u>must be kept with student at all times. Licensed Healthcare</u> Provider may order a replacement set 1 size smaller.
  - 3. Licensed Healthcare Provider's authorization is to <u>state degree of</u> <u>tracheostomy dependency</u>.
  - 4. Call paramedics if:
    - a. There is a problem with tracheostomy tube replacement.
    - b. Student is in respiratory distress.
  - 5. Parents must be notified after tracheostomy tube replaced.

### B. <u>PERSONNEL</u>

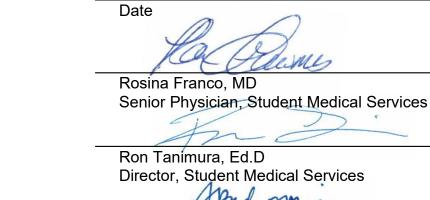
- 1. School nurse or school physician.
- 2. Designated school/district personnel with CPR certification under indirect supervision of School Nurse.
- C. <u>EQUIPMENT</u>
  - 1. Provided by parent:
    - a. Sterile tracheostomy set (appropriate size)
    - b. Tracheostomy set one (1) size smaller if ordered
    - c. Velcro collar or twill tape
    - d. Resuscitation bag with adapter
    - e. Sterile disposable suction catheter of appropriate size.
    - f. Boiled/Distilled/Sterile water.
    - g. Water soluble lubricant
    - h. Towel
    - i. Fenestrated gauze squares ( if ordered)

- 2. Provided by school:
  - a. Blunt scissors if using twill tape
  - b. Aluminum foil
  - c. <u>Non-waxed</u> paper/plastic cups
  - d. Disposable non-latex gloves
  - e. Tissue or gauze squares
  - f. Plastic bag for disposal of waste
  - g. 2 small plastic bags for return of dislodged tracheostomy tube

### II. PROCEDURE

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
<ol> <li>If licensed Nursing personnel is not available, CALL 911 and proceed with Tracheostomy Tube Replacement protocol.</li> </ol>	REMAIN WITH STUDENT
2. Wash hands <b>if possible</b> .	May use hand sanitizer if available.
3. Assemble equipment, on aluminum foil if possible.	
4. Reassure student during procedure.	A calm, assured approach promotes student cooperation and ease of tracheostomy tube insertion.
5. Gently position student with head tilted back as far as possible.	Place a rolled towel under the shoulders to extend the neck.
6. Open sterile tracheostomy set.	
7. Put on gloves.	
8. Insert the obturator into the tube and apply water soluble lubricant or water.	Hold obturator in place with thumb.
9. Use fingers of non-dominant hand to open stoma by spreading the skin.	Stand at student's side.
10. Place the tip of the new tracheostomy tube with obturator into opening, and insert.	Gently follow curvature of trachea until tube is completely in place.
<ol> <li>Hold firmly in place with one hand on wings of tracheostomy tube and immediately remove obturator using the other hand.</li> </ol>	

	ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
12.	<ul> <li>If unable to insert the new tracheostomy tube</li> <li>a. Reposition student's neck to ensure that it is properly extended. Make second attempt to reinsert tracheostomy tube.</li> <li>b. If unable to insert tracheostomy tube on second attempt, repeat using tracheostomy tube one (1) size smaller, if ordered.</li> <li>c. If still unable to insert tracheostomy tube: <ul> <li>i. Disconnect suction catheter from the suction machine</li> <li>ii. Keep chin pointing up</li> <li>iii. Insert catheter into stoma approximately 1 to 1 ½ inches.</li> </ul> </li> </ul>	This keeps the stoma from closing and allows some air to flow into the airway. If mucous accumulates around stoma, wipe with tissue.
13.	If able to insert new tracheostomy tube, listen and feel for air exchange; suction if needed	Use resuscitation bag, if needed to give puffs of air.
14.	Secure tracheostomy tube in place with Velcro collar or twill ties.	Twill ties should be tied with a double knot. One finger should fit between the ties of collar and neck.
15.	Clean skin around tracheostomy stoma if needed and reapply fenestrated gauze if ordered.	Only ordered fenestrated gauze is to be applied to prevent aspiration of gauze lint.
16.	Dispose of waste materials. Used tracheostomy tube should be returned to parents in double bag.	Universal Precautions require that all waste materials be double bagged.
17.	Remove gloves and wash hands.	
18.	Document procedure including reason for replacement and response of student.	School nurse, physician or designated school personnel are required to document electronically on health record.
19.	Notify parents after tracheostomy tube replacement procedure.	Parents must provide another sterile replacement tracheostomy set prior to return to school.



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#### **REFERENCES:**

California School Nurses Organization. The Green Book: California Guidelines for Specialized Physical Healthcare Procedures in School Settings, Section 3, 2nd Edition (4/11). Sacramento, CA.

APPROVED:

Porter, Haynie M, Bierle T, Caldwell T, Palfrey J, (2001) Guidelines for Care Children and Youth assisted by Medical Technology in Educational Settings.