

Tracheostomy Tube
Pediatric Homecare Guide

TRACOE®



What's Inside

This booklet provides information on how to care for your tracheostomy tube. You will find tips on how to suction, change ties, change tubes and care for the skin around the opening in your neck. Also included are basic safety tips, a problem-solving guide, and an easy-to-understand glossary of the technical terms you may hear.

Review Safety Tips And Notes

Throughout this guide there are a number of safety tips and notes designed to warn about conditions that could adversely affect you, and others that caution about situations that could damage your *Bryan Medical®/Tracoe®* tracheostomy tube. Take a moment to review these tips and notes before you begin your tracheostomy tube homecare.

Read Before Using This Homecare Guide

This manual is intended as a guide only and should not replace institutional policies or physicians' orders.

This guide and the product usage directions are intended for use with Bryan Medical®/Tracoe® tracheostomy products only. Use of these guidelines with other tracheostomy products is not recommended. Always follow your doctor's or hospital's directions if they differ from those found here.

Warning: *Bryan Medical®/Tracoe® tracheostomy tubes are sterile if not opened, damaged, or broken. DO NOT RESTERILIZE Bryan Medical®/Tracoe® tracheostomy tubes.*

Note: *Federal Law restricts Bryan Medical®/Tracoe® tracheostomy tubes for sale by, or on the order of, a physician.*

Important Phone Numbers

Doctor _____

Homecare Provider _____

Homecare Supplier _____

Emergency _____

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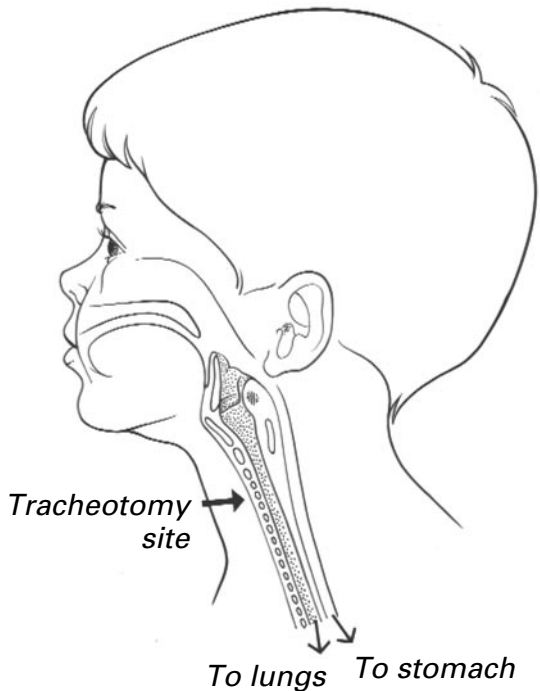
YOU CAN DO IT!

A tracheostomy is not a common occurrence, so it's normal to feel a little frightened at first. That's why *Bryan Medical*[®] created this guide: to answer parents' common questions as they learn how to care for their child's tracheostomy.

You will receive training for tracheostomy care while your child is still in the hospital. It is important to participate actively, ask lots of questions, and take notes. Practice makes perfect. The more time you spend, the more comfortable you'll be caring for your child.

It is a good idea for several family members to take the training so that they also know how to care for your child's tracheostomy.

Your doctor, nurse, or therapist are your best sources for advice. But this guide will provide helpful hints and reminders so that things go smoothly once you and your child return home.



WHAT IS A TRACHEOTOMY?

A tracheotomy is a surgery in which a doctor places a tube for breathing into a child's trachea (windpipe). The reasons may include bypassing a blockage in the airway, to assist patients who cannot cough out the mucus from their lungs, and to aid patients who need to be on a ventilator (breathing machine) for a long time.

The surgery usually is done in an operating room under a general anesthetic. The drawing on the facing page will help you see where the surgery is actually performed. As you can see, the tracheotomy tube is placed below the larynx (voice box). Because of where the tube is placed, most children do not lose the ability to speak once the tracheotomy tube is inserted. However, speech may not be possible in some children after surgery due to swelling around the tracheotomy tube; the size of tracheotomy tube needed for the child to breathe easily, or if there is already a blockage in the airway.

Although the tracheotomy tube is placed in front of the esophagus (swallowing tube), most children are able to eat normally. However, some children, because of their other medical conditions or feeding history, may have problems eating, choking or coughing after swallowing. Discuss your child's specific feeding needs with your doctor, nurse, dietician, or therapist.

Depending on the reason your child needs the tracheotomy, it may be temporary. Most conditions which require tracheotomies in children can be outgrown or surgically corrected. However, a tracheotomy may be needed for a long time. Discuss your child's condition with your doctor to understand better how long your child will require a tracheotomy.

HUMIDIFICATION

Purpose

Your nose warms, moistens and filters air that you breathe. With a tracheostomy tube, the air your child breathes goes directly into the lungs through the trach tube. There are a few ways to add extra humidity to:

- prevent your child's trach tube from clogging off with mucus.
- prevent dry air that may cause more coughing and blood tinged mucus.

A mist collar keeps:

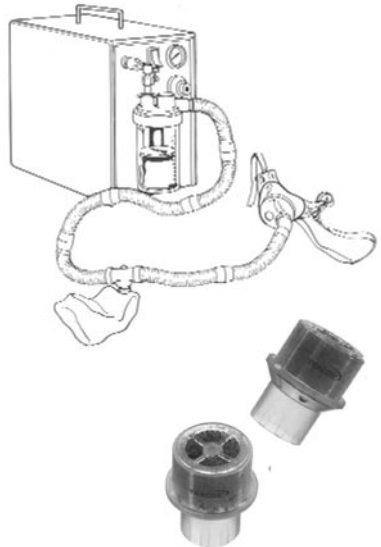
- the airway warm and moist.
- mucus loose.

An artificial nose helps:

- hold your child's own warmth and moisture in the airway.
- filters small objects from the airway.

A room humidifier helps:

- add extra moisture to the room.



When

Adding humidity to the airway should be part of your child's daily routine.

Mist Collar

A **mist collar** should be worn when:

- your child is asleep.
- oxygen is being used through the trach tube.
- it is needed for thick or blood tinged mucus.

Always be sure that your mist is working and there is enough water supply needed to make the mist.

Artificial Nose

An **artificial nose** can be worn:

- during the day when off the mist setup.
- especially when outside on cold or windy days.
- when the “noses” are changed daily or as needed when damp or soiled.

Room Humidifiers

Room humidifiers are sometimes used:

- by older children who do not like mist collars.
- seasonally when the air is drier.

Humidifiers should be cleaned thoroughly to prevent mold and spore growth.

TIPS:

What to use if your child is refusing to wear a mist collar or “artificial nose”:

- A loose fitting cloth bib without plastic backing.
- Sterile water drops with or without suctioning.
- Set up a play or quiet area close to the mist machine.
- A room humidifier is sometime approved for older children.

TIPS FOR DAILY LIVING

Mealtime

Your child will eat just like other children; you just need to be careful so foods and fluids “don’t go down the wrong way.”

When bottle feeding an infant, don’t prop the bottle or otherwise feed the child while he or she is lying down. Liquid can get into the lungs this way. Hold the infant in a nearly upright position during feeding. Lay the infant on his or her side after eating. This way if vomiting occurs, there is less risk of the child getting it in his lungs and choking.

Watch toddlers during meals so they don’t get food in the tracheostomy tube. You may wish to loosely cover the tracheostomy tube opening for extra safety.

Bath Time

Children love to take baths. Your child will too, with you watching over him or her.

Always prepare a shallow bath. Use care to prevent bath water from getting in the tracheostomy tube because it goes directly to the lungs. For extra safety, attach a trach mask or an artificial nose.

When it’s time to shampoo, do it with your child lying on his or her back, with his or her head over the sink.

Getting Dressed

You can dress up your child almost anyway you wish; just be careful the clothing does not block the tracheostomy tube.

Avoid: Crew necks, turtlenecks, buttons in back, necklaces, shoulder straps, and cloths that shed fibers or lint.

Use: V-neck tops and clothing that buttons in the front. Cotton bibs are preferred over plastic ones.

Playtime

Toddlers can enjoy most normal kinds of play, but they must be supervised. Also, you will want to select toys carefully.

Avoid: small toys or toy parts that could fit into the tracheostomy tube. Also, stay away from sandboxes and contact sports.

In cold or dusty weather, use a loose scarf, mask, or artificial nose to warm the air and keep dust out of the tracheostomy tube.

Illness

While no one likes to be ill, it can be especially challenging for tracheostomy patients. Preventing illness is best, so make sure your child eats healthy foods. Also, keep your child up-to-date on all shots and vaccines and keep him or her away from others who are sick.

If illness occurs, keep a close eye on your child. If your child is vomiting, has diarrhea, or a fever, you may have to suction more frequently and give your child more fluids. Also, if vomiting occurs, loosely cover the tracheostomy tube with an artificial nose, bib, or scarf to keep vomit out. If you think vomit may have entered the tracheostomy tube, suction immediately. If you see bits of food, call your doctor immediately.

Getting Away

Taking care of a child with a tracheostomy can require much of your time. Be sure to plan extra time for yourself, your spouse, and your other children.

If you are going out, you must use a babysitter trained in tracheostomy care. It is a good idea to train a grandparent or other family member, or a neighbor. Some parents swap babysitting with other parents whose children have tracheostomy tubes.

SAFETY TIPS

- Follow your doctor's or hospital's directions for care. *If instructions in this guide are different from your training.*
- Only people who have been trained by a healthcare professional should perform tracheostomy care.
- Always have extra tracheostomy tubes on hand for an emergency (same size and one smaller).
- Do not resterilize tracheostomy tubes.
- Do not put the tracheostomy tube any place where the temperature is over 120°F.
- Watch for signs of infection. Notify your physician if you discover:
 - red, inflamed skin at stoma.
 - foul-smelling mucus.
 - bright red blood in mucus.
- Take only a few seconds to suction. Take a short break before you suction again.
- Use care when bathing your child:
 - Use shallow water.

If Your Child Uses A Ventilator

Routinely check the ventilator safety and auditory alarms to be sure they are working properly.

Be sure the ventilator tubes are properly placed so that they don't pull out the tracheostomy tube.

Don't twist or pull on the tracheostomy connector any more than you must. This may cause discomfort to your child or disconnect the ventilator tubes.

GRASP THE TRACHEOSTOMY TUBE to hold it in place when connecting or disconnecting the ventilator or humidification tubing.

ADVANCED SIGNS THAT YOUR CHILD NEEDS SUCTIONING

Purpose

To remove mucus from your child’s tracheotomy tube and windpipe, and to allow easier breathing. Mucus is the body’s normal method of cleaning the airway. During the first few weeks after a tracheotomy, your child may form a large amount of mucus because of the surgery on the airway, and the tissue’s normal response to the new tube. In many children, the amount of mucus should decrease over time.

When To Suction

You should learn your child’s normal breathing pattern so that you know what you see, feel, and hear when he or she needs suctioning. Signs which may indicate the need to suction may include:

- Rattling mucus not cleared with coughing;
- Fast rattling;
- Bubbles of mucus at tracheotomy opening.

Advanced signs that your child need to suction may include:

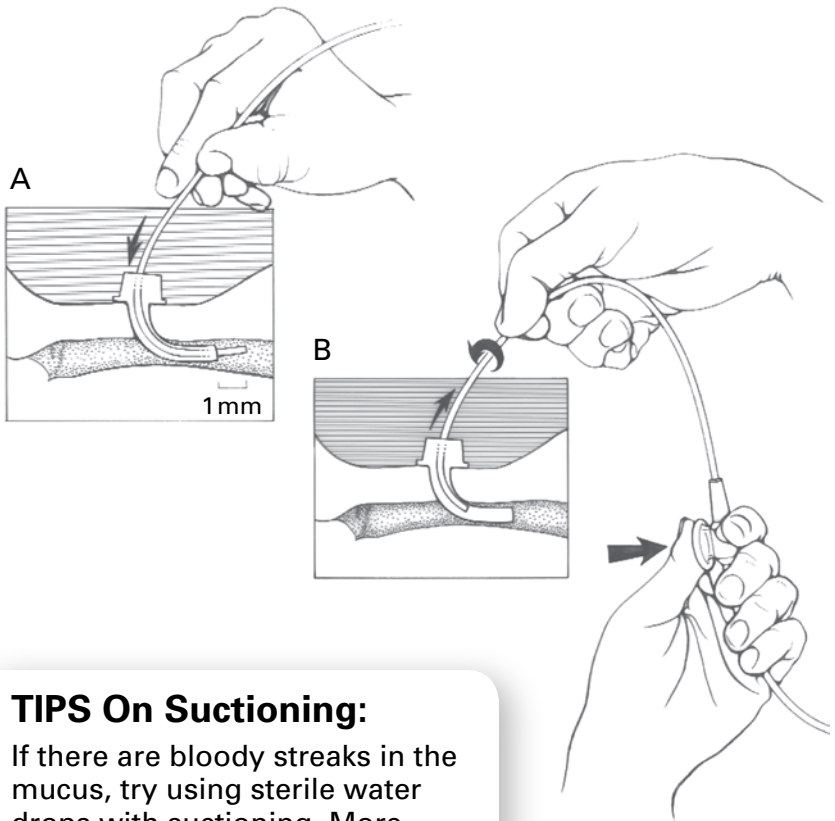
- Frightened look;
- Flared nostrils;
- Restlessness;
- Pale or bluish color (over skin, nails, mouth);
- Clammy skin;
- Fast, noisy, hard breathing;
- Dry, whistling sound.

How To Suction

- Wash and dry hands.
- Set up equipment.
- Pour rinse water into cup.
- Connect suction catheter to suction machine tubing.
- Turn on suction machine.
- Place tip of suction catheter into water to moisten it and test to see if suction machine works.
- Put small drops of sterile water into tracheotomy tube.
- Using a tissue, wipe away any mucus which is coughed out.
- Ask your child to take three deep breaths (or with breathing bag, give child 3-5 breaths).
- Using the obturator as a guide, measure how far to insert the suction catheter. (Many catheters have markings on them to make measuring easier.)
- Without applying suction pressure, gently insert the suction catheter into the tracheotomy tube just past the end of the tracheotomy tube. (Deeper suctioning may be needed and can be done safely if your child has a poor cough or is not clearing the mucus from the airway. Your nurse will review when and how to use deeper suctioning.)
- Put your thumb over the opening of the suction catheter to create a vacuum.
- Use a gentle circular motion while removing the suction catheter so that the mucus is removed well from all areas. This step should take 5-10 seconds.
- Rinse the suction catheter.
- Watch your child's color and breathing effort.
- Let the child catch his breath (or repeat bag breathing) between suctioning attempts.
- Repeat suctioning until your child's respiration's sound is clear and the suction catheter returns with little or no mucus. (Limit the passes of the suction catheter to 3 times whenever possible to prevent tissue trauma.)

NOTE: Always follow your doctor and or facilities' recommendations.

- Dispose of suctioning supplies and turn off suction machine (If you are going to reuse catheters at home, you may want to place used catheter in a plastic bag until you have time to clean them.)
- Wash and dry hands.



TIPS On Suctioning:

If there are bloody streaks in the mucus, try using sterile water drops with suctioning. More time on the mist machine may also help decrease blood in the mucus. If the blood in the mucus does not get better within 24–28 hours, notify your doctor. **If you see bright red blood your child needs to be seen right away by your doctor.**

TRACHEOTOMY TUBE CHANGE

Purpose

To prevent mucus plugs in the tracheotomy tube and to keep the tracheotomy tube clean.

When To Change

Change the tracheotomy tube every 1-2 weeks. It is helpful to have 2 people present to change the tracheotomy tube. In an emergency, you must be prepared to change the tube by yourself.

Supplies

Current size and one size smaller tracheotomy tube; tracheotomy ties; water based lubricant; scissors; hemostats (or blunt tipped tweezers); supplies for suctioning; tissues; breathing bag.

How To Change

- Wash and dry hands.
- Prepare ties and tie to flanges, place tracheotomy tube on clean surface. Avoid touching the cannula on any unclean surface.
- Prepare suctioning equipment.
- Suction your child's tracheotomy tube.
- Place the child on his/her back with a small roll under his/her shoulders. (*Check with your doctor or nurse before placing your child in this position.*)
- One person cuts or loosens the ties, holding the tracheotomy tube in place and calms the child.
- The second person moistens the tip of the tracheotomy tube with lubricant.
- The first person removes the old tracheotomy tube when the second person is ready.



- The second person inserts the tracheotomy tube in one smooth curving motion, directing the tip of the tracheotomy tube toward the back of the neck.
- Remove the obturator, holding the tracheotomy tube securely. Feel for air movement with your fingers.
- Changing the tracheotomy tube will cause the child to cough. Have tissues ready to wipe secretions or prepare to suction and **DO NOT LET GO OF THE TUBE!**
- Tie the tracheotomy ties only allowing room for one finger between the neck and the ties.

If The Tube Does Not Pass Easily

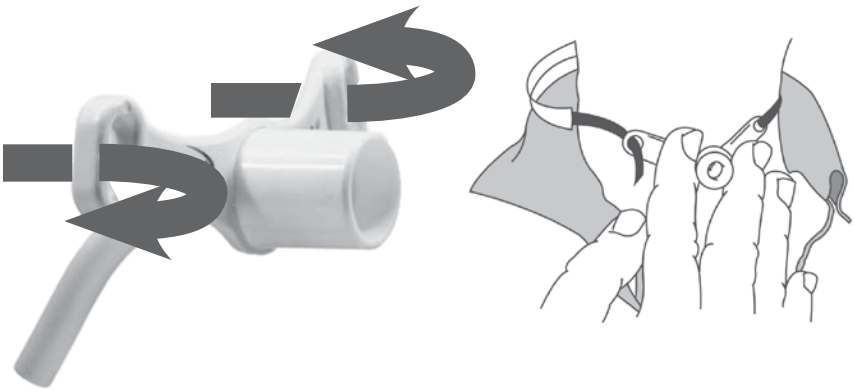
- **DO NOT FORCE THE TUBE!**
- Hold the tube in place, remove the obturator, and let the child relax and breathe.
- Try to insert the tube again.
- Reposition the child so the head is back and the stoma can be seen.
- If child is not in distress, remove the tube, relubricate, and try again.
- If unable to place same size tube, insert the size smaller trach tube.
- Ask someone to call for emergency help if not able to replace the trach tube.
- Call your doctor for advice if only the size smaller trach tube can be placed.

TIPS:

It is helpful to have emergency tubes set up with ties, and in a small plastic bag, ready to go should an emergency occur.

HOW TO CHANGE SELF-FASTENING TIES

- Remove the old ties, while the second person holds the flange of the tracheotomy tube.
- Slip the self fastening tab through the opening of the tracheotomy flange, folding it back onto the cloth material to fasten it securely.
- Repeat this step on the other side.
- With the child's head flexed forward slightly, bring the two ends together, fastening the third self fastening tab to the material.
- Check that self-fastening ties are secure, only allowing one finger to fit between the tie and the neck.



TIPS:

- If using self-fastening ties you must check the self-fastening ties often throughout the day to make sure the Velcro is secure.
- If cleaning and reusing Velcro ties, make sure that the Velcro hold is still strong. They should be washed in mild soap and water, and line dried.

NOTE: Manufacturers recommend that neckties are single use items.

CLEANING AROUND THE OPENING

Skin care should be done at least twice a day: once in the morning and once at night. If you smell an odor around the neck or opening, clean the area every 8 hours until the odor is gone.

In between skin care time, keep the neck and area around the opening clean and dry. Do not use powders or lotions. Your child could breathe them into their lungs. Watch for red, irritated areas. If excessive redness or pimples occur around the opening, call your doctor, reduce humidity, and use only sterile water for cleaning. If your doctor orders an ointment, spread it on according to their instructions.

Supplies

Water and hydrogen peroxide, mixed half and half; cotton swabs; towel or small blanket, rolled up.

How To Clean Around The Opening

1. Wash your hands.
2. Mix four (4) tablespoons of hydrogen peroxide solution with four (4) tablespoons of water. Empty the solutions into a clean basin or container.
3. Place a rolled up towel or blanket under your child's shoulders to expose the stoma area.
4. Dip a cotton swab into the hydrogen peroxide and water mixture.
5. Roll the cotton swab between the tracheostomy tube and the skin around the opening. Clean from the stoma outward. This removes wet or dried mucus.
6. Repeat steps 4 and 5, using a fresh cotton swab each time, until the entire area around the opening is clean.
7. Rinse the area using clean cotton swabs, dipped in clean water only. Then let it air dry.

MUCOUS PLUGGING AND ASPIRATION

What Is A Mucous Plug?

Mucus can collect in the tracheotomy tube or airway and cause a “plug,” making it difficult for your child to breathe easily.

Ways To Prevent A Mucous Plug

- Make sure your child drinks, or gets plenty of fluids through his or her feeding tube.
- Use a mist collar with the tracheotomy tube with sleep, or if mucus is thick or blood tinged.
- Use an artificial nose when mist is not in use.
- Encourage coughing out secretions.
- Periodic suctioning.
- Use sterile water drops to help loosen mucus with or without suctioning.
- Performing routine tracheotomy tube changes.

Signs That A Trach May Be Plugged

- Fast, noisy, hard breathing;
- Dry whistling sound from the tracheotomy tube;
- Restlessness;
- Clammy skin, sweating;
- Complaints from your child that he or she cannot breathe;
- Difficulty passing a suction catheter through the tracheotomy tube;
- Blue color around lips, nails and skin;
- No breathing and your child does not wake to your touch or calling his or her name.

How To Remove A Mucous Plug

- Try to suction the tracheotomy tube.
- Place sterile water drops into the tracheotomy tube, and try to suction again.
- Repeat sterile water drops into the tracheotomy tube and push the drops down to the plug with puffs of air from your breathing bag attached to the tracheotomy tube. Try to suction again.
- Change the tracheotomy tube if you cannot pass a suction catheter.
- Call 911 and start rescue breathing and/or CPR if trach tube change is not effective.

What Is Aspiration?

The passage of solids, liquids, or saliva into the airway instead of into the esophagus.

What Children Aspirate

Some children with tracheotomies eat normally. Yet others have other medical issues that may add to their having trouble chewing and swallowing, either before and after a tracheotomy tube is placed, or both. Another small group of children, especially older children, may have a tendency to aspirate. Special therapists and treatments can help children who have trouble with chewing and swallowing.

Signs That Your Child May Be Aspirating

- Choking or coughing with swallowing;
- Watery trach secretions, especially after swallowing;
- Drooling or holding saliva and fluids in the mouth;
- The color of the food or liquid that your child is swallowing is coughed from the tracheotomy tube;
- Your child may have frequent lung infections.

How To Prevent Aspiration

- Thickening liquids with artificial thickeners or foods like pudding, baby foods, cereals, jello and yogurt (thicker liquids are usually easier to swallow than thin liquids);
- Chewing and swallowing slowly;
- Sitting upright while eating or drinking;
- Following doctors orders on eating/feeding.

How To Handle Aspiration

- Watch your child eat and drink;
- Suction the tracheotomy tube using sterile water until the tube is clear of the fluid or food your child was eating;
- Change the tracheotomy tube if it is plugged with fluid or food;
- Call your doctor if your child is showing signs of aspiration (your doctor can arrange tests to check for aspiration);
- Work with swallowing therapists, if indicated.

TIPS:

Remember, your child can aspirate when vomiting too. If your child does vomit, try to keep it out of the tracheotomy tube by turning the child's head to the side and suctioning the trach. Place babies on their side to sleep.

TYPES AND PARTS OF TRACHEOTOMY TUBES

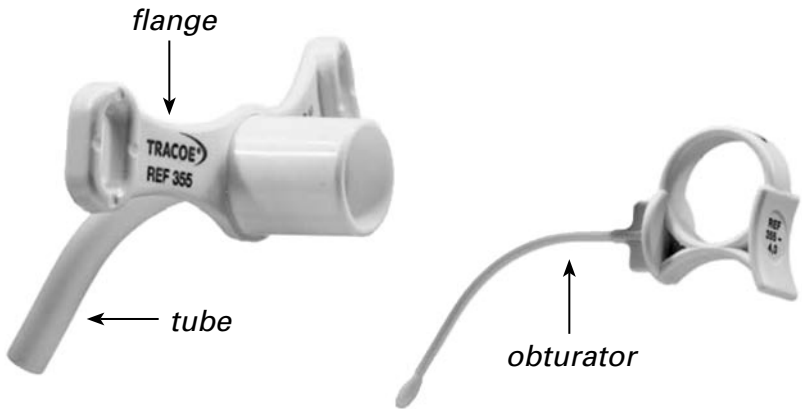
There are many types and brands of tracheotomy tubes. The tubes also come in many sizes. Your doctor will decide the type and size of tube your child will need. The type of tracheotomy tube your child receives can be based on:

- Your child’s breathing problem;
- Your child’s age;
- The size of your child’s airway;
- Special needs your child might have.

Synthetic Tubes

Most synthetic tubes generally have the same basic parts:

- The tracheotomy tube or cannula;
- The flanges or face plate where the ties are secured;
- The obturator or guide for inserting the tube.



Flanges rest on the neck with **tracheotomy ties** attached on both sides.

An **obturator** is a guide placed inside the tube when the tube is being inserted. The obturator is removed immediately after the tube is placed.

LEAVING HOME

Your child doesn't have to be stuck in the house. You may take him or her with you shopping, to the park, or on visits to friends and family. Whenever you go out, prepare a travel kit.

Supplies

Spare tracheostomy tubes (with obturators and ties, same size and one smaller); scissors; portable suctioning device with suction catheter; sterile water; tissues; bulb syringe; breathing medications (if child uses); manual resuscitation bag (if ordered).

If It's Cold Out

If it's below freezing outside, don't let your child breathe cold air directly through the tracheostomy tube. This can be bad for his windpipe and cause problems.

Use a scarf, kerchief, or single layer of gauze tied loosely around the neck. If you have an artificial nose, use that. Artificial noses warm the air as your child breathes in. They also keep dust and dirt out on dusty or windy days.

Going To School

If your child is school age, he or she may attend. But, it's important to contact the school nurse to make special arrangements ahead of time, so that the school can provide the proper care.

Going Out To Play

Your child can play with other children. But, you should supervise the play. Contact sports or rough games are not a good idea for children with tracheostomies. Do not let your child play in pools, sandboxes, or areas where small particles could get inside the tracheostomy tube.

LEARNING TO SPEAK

At first your child may not be able to make a sound. Don't worry. As swelling decreases, he or she may begin to make sounds. In the meantime, watch his or her face. Your child can tell you a lot with their looks.

How much sound your child is able to make depends on his or her age, the tracheostomy tube, their breathing patterns, etc. Some children can produce sound around the tube. Others may use devices called speaking valves that help control the airflow so they can speak.

Your child will need special care so that they will be able to speak properly as he or she grows. Be sure to show your child things. Say their names. Read to your child. Point to pictures and say what they are. Talk to your child. Tell him or her what you are doing.

At nine months, children can learn sign language. If you sign to your child, always say the word out loud while you sign.

For additional information about your child's speech, consult your doctor or speech pathologist.

How Do I Know If My Infant Needs Me?

Any non-speaking child, especially if he or she is less than a year old, should be closely monitored. If you are worried that you won't know when your infant needs you, let your baby sleep in the same room with you. Better yet, put an intercom in your child's room. Always check on your child frequently during the day.

SOLVING PROBLEMS

Symptom	What May Have Happened	What To Do
<p>Your Child:</p> <ul style="list-style-type: none"> • Is restless; • Is crying; • Has a scared look on his or her face; • Is making a bubbling or wheezing sound; • Can't cough out mucus; • Has a pale color, or blue, dusky color around mouth and nose; • Is flaring nostrils; • Is having trouble eating; • Looks hollow in the neck; • Has the skin on chest sucked in. 	<p>Build-up of mucus.</p>	<p>Suction. If symptoms remain after suctioning, call your doctor.</p>
<p>Yellow or green mucus, bad smelling mucus, or bright red blood comes out when you suction.</p>	<p>Infection</p>	<p>Call your doctor.</p>
<p>Tube comes out of the opening in the neck.</p>	<ul style="list-style-type: none"> • Pulling or weight at connector. • Tracheostomy ties too loose or tied the wrong way. 	<ul style="list-style-type: none"> • Hold the neck plate while removing ventilator tubing to reduce pulling. Move ventilator (if used) and tubing so it doesn't pull on the tracheostomy tube. • Put the tube back into the opening and retie the ties.

Symptom	What May Have Happened	What To Do
<p>Unable, or difficult to pass suction catheter through tracheostomy tube.</p>	<ul style="list-style-type: none"> • Mucus plugging tube. • Catheter too large for tube size. 	<ul style="list-style-type: none"> • Change the tube. • Contact your home healthcare supplier.
<p>When you change diapers:</p> <ul style="list-style-type: none"> • You notice your child has stopped wetting or is wetting a lot less. • Dark urine with a strong ammonia smell. 	<p>Dehydration</p>	<p>Call your doctor.</p>
<p>Tracheostomy tube, or any part of the tube is broken, or doesn't work.</p>	<ul style="list-style-type: none"> • Faulty tube. • Tube was cleaned using improper cleaning agents. • Pulling, or weight at connector. 	<ul style="list-style-type: none"> • Replace the tube. • Always use only those cleaning agents recommended by the tube manufacturer. • Hold the neck plate with one hand while removing ventilator tubing to reduce pulling. Move ventilator and tubing so it doesn't pull on the tube.

What If the Power Goes Out?

The best way to deal with this is to have a plan.

Before the power goes out, notify the power and phone companies, in writing, that your child uses a tracheostomy tube. Ask for a priority in restoring service.

You can purchase a special light that goes on if the power goes off. Use this to alert you.

You can go to a friend's house or family member's home. Also, you might go to a hospital or fire house where there will be an emergency generator.



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