

# TRACHEOSTOMY

## HEMOCARE GUIDELINE<sup>®</sup>

### INTRODUCTION

Taking your child home following a tracheostomy can be a frightening experience. This information has been put together to help you in making this experience easier. As soon as possible following the tracheostomy, you will gradually be taught how to care for your child while in hospital. We suggest that both parents or 2 adults need to be involved in the training program and where possible, other family members should be encouraged to help out, in order to provide the backup and support you need from time to time. When you feel confident, you will be encouraged to take your child out on a "day leave" (gate pass) for outings to enable you to become more confident as you will have the opportunity to make your own decisions about what needs to be done. The final stage will be a 'Care By Parent' mode on the ward for 3-5 days prior to discharge where the carers take full responsibility in caring of your child.

The estimated length of stay in the hospital can vary according to your child's medical condition, learning needs, preparation of home equipment and supplies and the availability of home support ( for ventilated children ).

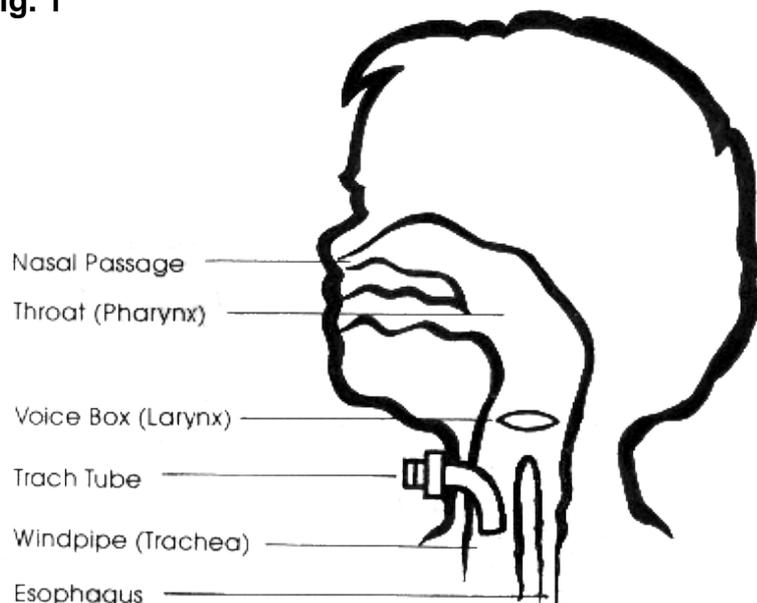
Remember that it is quite normal for you to be frightened and even angry, when you child has a tracheostomy, but these feelings will in time disappear as you gain confidence in looking after your child. It is important that you treat your child as normal as possible and not different from other children. The only real difference is the way he or she breathes. Remember to spend as much time with your other children, so they don't feel left out. Be patient and remember that they also need lots of love and care. Explain to them what has happened to their other sibling.

There may be times when you feel that you are unable to cope. Remember that if you feel you need help and have any questions regarding your child's tracheostomy care, do not hesitate to contact your physician, tracheostomy nurse or hospital. You will find that a special section has been included at the end of this booklet listing the contact numbers of relevant staff of the hospital who may be able to help you should the need arise.

### WHAT IS A TRACHEOSTOMY?

A tracheostomy is a surgical opening into the trachea (windpipe). It consists of making a small cut (incision) on the front of the neck, just below the Adam's apple (larynx). A small opening is then made into the windpipe and a tracheostomy tube, usually made of plastic is inserted into the opening. The tube is held in place by cotton tapes or hook and loop tape ties, which are knotted securely. A tracheostomy is an alternative way of breathing, usually needed to bypass an obstruction in the upper airway, to help remove mucus and to help support ventilation.

**Fig. 1**



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## THE TRACHEOSTOMY TUBE

Tracheostomy tubes used vary in type and shape. The tubes we use most often in the hospital are the plastic (disposable) tracheostomy tubes (Shiley, Bivona, and Portex). Your ENT surgeon will decide what type and size of tube your child will need. The type of tracheostomy tube chosen will be based on:

- Your child's age
- The size of your child's airway
- Special needs your child may have.



### 1.1 Shiley Tracheostomy Tube

The Shiley tracheostomy tube is the most common tube used in the hospital. It is made of polyvinyl chloride (PVC) a special type of plastic. It has a 15 mm attached connector to allow ease of connection during resuscitation. It consists of two pieces, an outer piece and an introducer. Some however, have an inner cannula (not available in smaller tubes).

## TRACHEOSTOMY CARE

### Diet and Feeding

There are usually no restrictions unless otherwise specified by your doctor. Diet and nutritional needs should be based according to the child's age. Children with a tracheostomy can usually eat normally. But in some medical conditions the child may need to be tube fed.

The tracheostomy tube is placed in front of the oesophagus (swallowing tube) so most children will not have any problem feeding. However, some children, because of their medical conditions may have problems with eating, drinking, choking or coughing after

swallowing. Discuss your child's specific feeding needs with your doctor, dietician and speech therapist.

Sometimes food or drink may drip into the tracheostomy, so it is important to be careful and be on your guard. For infants, a 100% cotton bib can be used during feeding as it may be helpful in preventing food from spilling into the tracheostomy. If the child vomits, again it may drip into the tracheostomy. If this occurs, gently suction immediately. Try to avoid suctioning immediately after any feed as this may cause vomiting.

## Bathing

While your baby is still small, it is normally easier to bath them, but as they grow up and start splashing around during bath time, water can easily enter the tracheostomy. It may be easier to use shallow water for tub baths to prevent this. When washing hair, tilt head back and use a shower hose. If water does get into the tracheostomy, suction immediately. Remember not to leave your child alone in the bathtub. Older children should also be supervised. Place a TRACH-VENT™ (Swedish nose) over the tracheostomy tube to prevent water splashing in.

## Aerosol Sprays or Powders

Avoid the use of aerosols or powders in the company of your child. Aerosols and powders used may be inhaled into the tracheostomy and cause a burning feeling or breathing problems.

## Skin Care

Skin around the tracheostomy site and underneath the tapes must remain clean and dry. If fluid collects around the tube it can cause infection or skin rashes, & skin breakdown.

Keep the area around the tracheostomy opening (stoma) clean by using a cotton bud soaked in normal saline solution (salt solution), or warm water with neutral soap, and dry well. Children who have a new tracheostomy can have increased secretions & may require more frequent cleaning. Sometimes the neck underneath the tracheostomy tapes may become red and excoriated. The area may be cleaned with normal saline when this occurs. . If skin problems persist such as redness, rash or an unusual smell is noted, call the Clinical Nurse Consultant for advice on treatment.

Sometimes it may be necessary to apply a dry non-adherent dressing (tracheostomy collar) between the skin and the tracheostomy tube to absorb the secretions and prevent chapping of the skin, but this must only be applied after thorough assessment by treating clinicians and the Clinical Nurse Consultant will help organise this for you. Ensure that when a collar is used, that it does not flop over the tracheostomy tube opening and block the airway.

## Clothing and toys

Your child can wear any kind of clothing as long as it is loose around the neckline. Turtle necks or skivvies for example may cover the tracheostomy opening and cause obstruction of the airway. Similarly, avoid fuzzy clothing, necklaces, strings, woolly blankets and stuffed animals as fibres from these articles can get into the tracheostomy.

## Play, Sports & Social Activities

We encourage you and your family to normal family activities as soon as you get your child home from the hospital. Before discharge you will be encouraged to take your child on "day leave" to get used to activities other than the hospital routines. It may be difficult to take your child out the first time, but you will find that the second time is a lot easier.

Sporting activities are encouraged based on your child's tolerance. Contact sports however, are not recommended. Constant supervision during play activity is necessary especially while at the beach, in sandy or dusty areas. A very fine chiffon scarf can be tied around your child's neck and over the tracheostomy tube to prevent them from inhaling dust. You may need to suction more often in a dusty environment. Using the TRACH-VENT™ (Swedish nose) may help filter dust. A damp piece of gauze secured by tapes may also be used over the tracheostomy to help filter dust.

## Humidification

The nose warms, moistens and filters the air we breathe. With a tracheostomy, the air your child breathes goes directly into the lungs bypassing the nose. Dry air can make your child's secretions thicker and block the tracheostomy tube. There are different ways that you can prevent this.

- You may use a nebuliser of normal saline if the secretions are really thick. This is usually helpful when given just before your child sleeps. **Never leave the child alone with nebulizer as the liquid may tip into the tracheostomy tube which is a risk of 'aspiration'**
- When at home, and you need "fast mist," turn on the shower in the bathroom and let the room get steamed - up. Then take your child in to inhale the warm moist air.
- Humidifiers, which warm and moisten the air, are available in the hospital. If needed, the nurses can run a flow of air through a tracheostomy mask over your child's tracheostomy tube, when they are admitted in the hospital.
- Extra humidification may be needed when in an air - conditioned atmosphere, or when travelling in an aeroplane.

## Communication and Speech

Voice or sound is produced when air flows through the vocal cords (voice box) causing them to vibrate and flap. As this part of the upper airway is by-passed when one has a tracheostomy tube, your child may be unable to produce a clear sound. Remember that

your child learns to communicate by hearing, so it is essential that you speak to your child as normally as you can. The Clinical Nurse Consultant will discuss ways that you can do to help your child to be able to communicate better.

- For small infants, using a bangle or bracelet in one arm or leg with several little bells may be sufficient to get your attention as they usually get restless when they are experiencing difficulty or in need of something (when hungry, wet, cold, in pain, can't breathe)
- Some children may be able to use a speaking valve (Passy Muir™ speaking valve) that can be connected to the tube like the TRACH-VENT™ or Swedish nose.
- Speaking valves should not be worn when asleep, as they do not provide humidification.
- **Note: when using speaking valves with cuffed tracheostomy tubes it is essential that the cuff be deflated while the speaking valve is in situ. If the cuff is inflated while the speaking valve is in situ the child will not be able to exhale.**
- Older children can be taught to breathe around their tracheostomy tube by putting their finger over the tube when they wish to talk. Blocking off the tube forces the air to be directed towards the upper airway. Similarly, writing, use of sign language or use of electronic communication boards can be useful to some children.
- A speech pathologist is available in the hospital to assist you if required. The Clinical Nurse Consultant can make the appropriate referral after discussion with your doctor.

## POTENTIAL PROBLEMS YOU MAY EXPERIENCE AT HOME

### Blockage of the Tracheostomy Tube

Thick secretions can block the tracheostomy tube. You need to be particularly vigilant when your child is sick (colds, flu, chest infection, as they tend to have more secretions produced during this time.

Dryness of the tracheostomy tube is also a risk and will need extra humidification treatment ie extra normal saline nebulizer

Your child will usually show some signs either before or when the tube is already blocked that you need to be aware of so you can do something about it. Some of the changes or signs that you may observe happening is as follows:

- Your child may dramatically change colour. They may turn red first, then white and then blue.
- You may hear dry whistling sound from the tracheostomy tube
- They may start to be restless with increased respiratory rate (faster breathing) or laboured breathing.
- They may appear to be coughing more and gagging.
- You may have difficulty passing a suction catheter through the tracheostomy tube
- The chest may retract or sink in as they breathe which persist after suctioning.

- Noticeable mouth breathing with no air exchange coming out of the tube. You may also notice that their nostrils are flaring as they try to breathe.

## What to do if the tube is blocked

- Try to suction first. If you can't pass the suction catheter, change the tube immediately.
  - **Optional:** A small amount of normal saline may help to loosen up the mucus plug, however you should only do this if you have been taught how to by your CNC. It is important that you only use 0.2 - 0.3 ml of saline, delivered through a 1ml syringe – too much fluid may cause the blockage to be sucked in to the lungs, which can cause pneumonia (infection of the lungs). This will cause your child to cough and may be unpleasant or frightening for them.
- If this does not clear the blockage, you need to change the tube immediately. Prior to discharge, you will have been taught how to change the tube by a nurse, and practiced doing so several times. Instructions for changing the tube are on page 9 of this homecare guideline.
- If after the tube change your child remains blue and is having difficulty, ring 000 and ask for an ambulance as your child has a tracheostomy and needs emergency assistance.
- If your child stops breathing, you need to commence rescue breathing and/or C.P.R. (Cardio-pulmonary resuscitation). You will be given Basic Life Support training prior to discharge from hospital.

**See section on page 9 “How to Change Tracheostomy Tube”**

## Accidental dislodgement of the tracheostomy tube

Your child's tracheostomy tube may come out accidentally. This usually happens when:

- Your child pulls it out
- Another child/person pulls it out
- The tracheostomy tapes/hook and loop tape straps holding the tube in place is loose

Familiarise the child, their brothers and sisters, & other adults with the tracheostomy, to help prevent them from touching or pulling it.

Ensure that the tracheostomy tapes are tight enough to prevent accidental dislodgment. When tied properly, only your little finger should fit in between the tape and your child's skin. As it is hard for a child to keep still, when attending to tracheostomy care, it is important that the tracheostomy tube is held firmly to prevent movement and dislodgment. For example, while cleaning the skin underneath the tracheostomy flange and around the tube, hold the sides of the tube firmly to prevent undue movement.

**You need to do an emergency tube change when the tube has come out.** First, try to calm your child down. You should be able to insert the spare tracheostomy tube easily. If you are unable to get the new tube down, re-position your child by slightly hyper-extending the neck (putting a rolled towel or nappy underneath the shoulders is usually enough) and try again. If you are still unable to insert the tube, insert a size 12 -Y suction catheter into the tracheostomy opening and hold it in place. Doing this will dilate/open the stoma/hole

and provide an airway for your child which may help your child to calm down, allowing easier insertion of the spare tube. Try again to insert the spare tube once the child has settled. Ask someone to call an ambulance if you are still unable to replace the tube. Leave the size 12 -Y suction catheter in place taping it securely.

If you are able to successfully change the tube, but remain worried about your child, do not hesitate to call the Clinical Nurse Consultant or your doctor to seek further reassurance or advice. Sometimes, due to trauma of repeated insertion, the stoma or hole may bleed slightly. This problem usually resolves quickly and may not need any treatment.

## If the secretions change

Tracheal secretions are usually white - creamy in colour. The consistency or thickness may range from being loose to slightly thicker especially when the child wakes up in the morning.

If the secretions become yellowish and turn green (and may also develop an unusual odour), keep a close observation of your child as a chest infection may be developing. Take your child to your local doctor particularly if fever develops. You may need to use more saline into the tracheostomy tube to loosen up thick secretions. You may also need to suction more frequently especially if the secretions become thick and sticky.

If the secretions become slightly blood - stained do not worry. They may be breathing air that is too 'dry' or they are being suctioned too vigorously that the tracheal lining is being traumatised by the passage of the suction catheter. Try to be gentle as possible when you are suctioning to prevent trauma to the trachea. During suction, the length of the suction catheter that enters the tube must only approximate the length of the tracheostomy tube (shallow suction), to minimise irritation to the tracheal lining.

**However, bright red blood coming from the tracheostomy tube can be serious and can be caused by severe irritation or ulceration of the airway. Your child needs to be seen by a doctor immediately.**

## EQUIPMENT AND SUPPLIES FOR HOME

- Appropriate tracheostomy tube size
- Smaller tracheostomy tube size
- Y-suction catheters
- Size 12 Y-suction catheter (short) for use as *tracheal dilator*
- Spare tracheostomy tubes (need 4 tubes/month)
- TRACH-VENT™ or 'Swedish nose'
- KY lubricant jelly
- Normal saline
- 1mL syringes (CHW)
- Laerdal portable electric suction unit

- Mini-pump/foot pump
- Suction tubing
- Scissors
- Spare hook and loop tape ties/cotton tapes

## TRACHEOSTOMY TUBE CHANGE

### What you will need

- Spare tube
- Clean hook and loop tape ties/cotton tapes
- K.Y.lubricant jelly
- Rolled towel or nappy
- Assistant
- Suction unit
- Suction catheter
- Cream or ointment as instructed
- Scissors
- Tweezers (SCH)

At least two people should assist you with the procedure. Your assistant is preferably somebody who has been trained or educated by the Clinical Nurse Consultant.

A community nurse may be organised through the hospital to assist you with routine tube changes especially if you are unable to get another person to help. For others who live outside the metropolitan area, tube changes may be attended through the local hospital closer to your home. This is organised by the hospital's Clinical Nurse Consultant before discharge.

It is also possible that your local doctor can assist you in the doctor's surgery or rooms.

### Procedure

- Both you and your assistant should wash your hands
- The assistant can suction your child
- Open the tracheostomy tube packet and lubricant
- Insert the introducer into the tube.
- Ensure that you don't touch the part of the tube that goes inside your child's neck.
- Pick the tube by holding the 'wings' or the flange.
- Attach the tapes to both sides of the flange if using cotton ties
- Small children or babies may need to be wrapped to keep their arms still during the procedure
- The assistant sits your child up while holding the tracheostomy tube firmly in front.
- You now cut the tapes at the back of the neck, moving them forward to both sides of the neck. Or cut the tape ties on the sides of the neck if the child is lying down

- If using hook and loop tape ties the assistant holds the tube firmly while you remove the ties
- Clean the neck well and apply an appropriate solution or cream if (red, broken down or excoriated)
- Lie the child down and place in a slight hyper-extended position using the rolled towel or nappy under the shoulders.
- Pick up the new tube in one hand and put a small amount of the KY jelly on the tip – if required.
- Your assistant can now remove the old tube on the count of 3
- You immediately insert the new tube directing it back and downwards in one smooth movement.
- Hold the tube in place and remove the introducer. Remember that your child will not be able to breathe while the introducer is in place.
- Coughing is normal with tracheostomy tube changes, hence having your suction unit available is important

**Check that your child is breathing after you remove the introducer before tying the tapes.**

- Your assistant gets the tapes and runs them down both sides of your child's neck, if using hook and loop tape ties your assistant reapplies them while you hold the tube in place
- Sit the child up while continuing to hold the tube in place.
- Tie the tapes at the centre of the back of the neck using a reef knot (right tape over left then under, left tape over right then under )
- The tapes should be tight enough to fit one small finger under the knot. Re-check the tightness of the tapes once the child has settled (i.e. about one hour after the change).
- Suction the tracheostomy tube

## TRACHEOSTOMY TAPE CHANGE

If using hook and loop ties/tapes it is necessary to clean and change them every day

### What you will need

- Clean hook and loop tape ties
- Rolled towel or nappy
- Assistant
- Suction unit
- Suction catheter
- Cream or ointment as instructed

At least two people should assist you with the procedure. Your assistant is preferably somebody who has been trained or educated by the Clinical Nurse Consultant.

## Procedure

- Wash your hands /assistant washes hand
- The assistant can suction your child
- Small children or babies may need to be wrapped to keep their arms still during the procedure
- Lie the child down and place in a slight hyper-extended position using the rolled towel or nappy under the shoulders.
- Your assistant holds the tracheostomy tube firmly in place
- You remove the old tapes
- Clean the neck well and apply an appropriate solution or cream if (red, broken down or excoriated) remember to dry the neck after cleaning
- You now reapply the clean tapes
- The tapes should be tight enough to fit one small finger under the knot. Re-check the tightness of the tapes once the child has settled (i.e. about one hour after the change).

## CARE OF THE HOOK AND LOOP TAPES

You will be supplied with an allotted amount of tapes for the year, it will be necessary for you to wash them and reuse them

They should be washed in warm soapy water taking care not to scrub or wring the tapes as this may lead to the fabric and the hook and loop tape wearing and not functioning properly

Ensure that the hook and loop tape remains in good condition if it is lifting at the ends your child may be able to pull this off or it may catch on their clothing leading to the possibility of the tube falling out, the tapes should be checked regularly to ensure they are secure and not catching on clothing.

## SUCTIONING A TRACHEOSTOMY TUBE

### Equipment

- Y-suction catheter
- 1mL syringe
- Normal Saline
- Small bowl of sterile water
- Laerdal suction unit/mini-pump

## **Handy Hints**

- During power failure, the back-up mini-pump or foot-pump may be used in place of the Laerdal suction unit.
- You may prepare your own supply of sterile water by boiling tap water for 5 - 10 minutes, then pour over into clean bottles previously sterilised (boiling the empty cleaned bottles for 5 minutes). Store the sterile water in the fridge and label it with the day's date. Discard the solutions and repeat the sterilisation process every three days. Note that water must be cool before use.
- Suction catheters are disposable, or used for one episode of suctioning only, but if your child has a cold and requires frequent suctioning within the 2 hour period (eg. every 15 - 30 minutes), the catheter may be re-used. You can put the suction catheter back into its packet after rinsing and suctioning with the sterile water. Discard after the two-hour period.
- If the catheter falls on the floor or becomes dirty (has touched a surface) throw it away.
- For some children especially those that are Oxygen dependent may need to have pre-oxygenation before and in-between each suction.
- Suction catheters are to be inserted into the tracheostomy tube using the 'Shallow technique' (approximating the length of the tracheostomy tube and only up to 2mm beyond). This is to prevent trauma and irritation of the tracheal lining and the carina.
- The suction catheter should only remain inside the tracheostomy tube approximately 6-8 seconds, as suctioning takes out not only the secretions but the child's oxygen as well.
- Suction only when necessary. Remember that the more suction you do, the more secretions are produced. However, it is best to suction before your child feeds, before they sleep and upon waking up. If your child is less than a year old, it may be necessary to suction at least every 4 - 6 hours when they are asleep to ensure the tube is not blocking.

## **Signs that the child needs suctioning**

- restlessness irritability
- noisy/rattling breathing
- secretions bubbling out of the tube
- change in child's colour (turning red on the face, becoming blue or pale)
- flaring of the nostrils

## **Procedure**

- Wash and dry hands thoroughly.
- Take suction catheter and connect to suction tubing.
- Turn on suction machine.

Insert the suction catheter gently until you have reached the approximate length of the tracheostomy tube. Then place your thumb over the thumb control of the catheter to create suction. Each suction should take no more than 6-8 seconds (about the time the child would take if they hold their breath)

Flush suction catheter by suctioning sterile water through the catheter.

Repeat suctioning as needed until the airway is clear. Allow your child to take a couple of breaths between suctioning.

- Clean the area around and under the flange of the tracheostomy tube using a cotton bud moistened with normal saline, if you notice that dried secretions have accumulated.

## SUPPORT SERVICES AVAILABLE

### Clinical Nurse Consultant CHW, Westmead

- The primary support person who will work very closely with your doctor for the care and management of your child. Contact your hospital (02) 9845 - 0000 then page 6928 or leave a message at (02) 9845 1019 between 8:00 - 4.30 p.m.
- After hours, contact the hospital on 98450000 and ask for the Ear Nose and Throat registrar.

### Clinical Nurse Consultant SCH, Randwick

- The primary support person who will work very closely with your treating doctor for the care and management of your child. Contact your hospital (02) 9382-1111 then page 47165; or leave a message at (02) 9382-1264 between 8:00 – 4.30 p.m.
- After hours, contact the hospital switch 029382-1111 and ask for the Ear Nose and Throat registrar on duty for children.

### Appliance Centre/Help Centre

- This department that can provide the equipment and supplies by hiring or through ENABLE NSW if you are eligible. The hospital's tracheostomy care nurse will give you the information regarding this and assist you with the required documentation. Phone No: (02) 98452563

#### If hiring:

- Laerdal suction unit - a deposit is required is required and a service charge
- Mini-pump/foot pump - a deposit is required and a service charge
- Deposits are refundable when you return the machines. The service charge will cover for all maintenance/service required to be done on the machine and is not refundable.
- The other supplies (disposables) can also be purchased from the Appliance Centre. See separate list from the Clinical Nurse Consultant.

### Inhalation Therapy Department

Provides oxygen cylinders if required, usually after referral from the Respiratory Support Service.

- Cleans hired suction equipment.
- Works closely with Bio-medical Engineering Dept. in providing support and maintenance for equipment used.

## **Biomedical Engineering Department**

- Provide support, repair and maintenance for equipment used.
- Provide an emergency supply or replacement for equipment being repaired.
- When your suction unit breaks down, ring the Clinical Nurse Consultant (weekdays 8:00am – 4.30pm) to get advice on what to do. In the meantime, if the breakdown happens after hours or on weekends, you may use the mini-pump/foot-pump for suction.

## **Health Support Services NSW (ENABLE )**

- Provides a limited allocation of specialised equipment and appliances to assist patients with independent living in the community. The N.S.W. Department of Health funds this program.
- The hospital's Clinical Nurse Consultant will assist you in preparing the documentation required and advise you regarding accessing the services. You need to have a Health Care Card and make a co – payment of \$100 (payable once a year) to ENABLE
- The costs of the supplies for the tracheostomy care are approximately \$550 - \$600 per month. ENABLE may not be able to supply you with all the items requested, if you have a private health cover, some amount may be reimbursed through them after buying your supplies. You need to approach your specific health fund regarding your entitlements.

## **Social Work**

The hospital's social worker may be able to provide assistance and advice with any financial difficulties. They can provide information with regards to, Child Disability Allowance, respite care agencies, community home care support and other Centrelink assistance.

## **Centre Care**

- Is an organisation that runs play groups with Physiotherapist's, Occupational Therapists, Speech Therapists and teachers.
- Contact their head office on (02) 92833099 for information

## WHEN TO CALL THE EAR, NOSE AND THROAT (ENT) SURGEON OR CLINICAL NURSE CONSULTANT

**Any change in your child's condition related to the tracheostomy should be reported.**

- change in colour (child turns pale, dusky, blue)
- increase in the amount or change in the colour/thickness of secretions
- increase in frequency of suctioning needed
- signs of breathing difficulty or distress
- wheezing or congested breath sounds
- Increasing irritability and agitation, which are possible signs of poor air exchange.
- Blood- stained secretions, which persists despite gentle suctioning with normal saline drops.
- Fever that persists over 24 hours
- Continuous bouts of coughing.
- Drops of bright red blood or old dark blood when suctioning.
- Accidental dislodgment of the tracheostomy tube
- Problems during tube changes eg. unable to insert tracheostomy tube, bleeding during tube change, change in child's colour during or after tube change
- Formula or food coming out of the tracheostomy
- Reddened skin around tracheostomy tube(may be an infected tracheostomy site)

**REMEMBER: IF IN DOUBT CALL**

## CARE AND MAINTENANCE OF THE SUCTION UNIT

- Ensure unit is kept upright at all times.
- Suction unit must be plugged to the electricity outlet at all times to ensure battery is charged.

### Cleaning the suction unit

It is important to keep your unit clean and free of any old fluids - if you are using it regularly then it **must** be done every 24 hours or if irregularly after each use.

Please check the instruction manual for your unit on how to take the unit apart for cleaning - if unsure ask a nursing staff member for advice before you are discharged.

1. Turn off the power and unplug from the power point
2. Take the pieces apart & empty - this includes the plastic container and tubing
3. Using household bleach solution (1 part bleach and 9 parts water) rinse the plastic holding container and tubing thoroughly
4. Rinse with warm water to remove the household bleach solution from the tubing and container
5. If the tubing is brittle or very discoloured it is important to replace it
6. Dry the equipment and place it back in the machine

## LEARNING CHECKLIST FOR CARING FOR YOUR CHILD WITH A TRACHEOSTOMY

Before your child goes home, you and another caregiver will need to learn and feel confident with the following – tick the box  as attended for both the primary carer and the co-caregiver.

### Primary Caregiver

- Understand that 2 adults should be trained in tracheostomy care for the child
- Understands and can explain why your child needs a tracheostomy
- Type and size of tracheostomy your child uses
- Why, when and how to suction the tracheostomy
- Why, when and how to clean the skin around the tracheostomy
- Why, when and how to change the tracheostomy tube
- Humidification
- Supplies to have with your child at all times
- Potential Emergencies and how to help your child
- How to do rescue breathing and CPR
- Understands the signs of respiratory distress and how to help your child
- Activities the child can do and activities to avoid
- The use of equipment
- How to give oxygen through the tracheostomy tube (if required)
- Has a copy of the following Homecare Guidelines:
  - Suctioning your child at home
  - Handwashing
  - Basic Life Support for a child with a tracheostomy
- Gate Pass/Rooming-in
- Discharge supplies available Know about how ongoing supplies are organised
  - ENABLE NSW
  - Others
- Follow – up organised \_\_\_\_\_

## Co-Caregiver

- Understands and can explain why your child needs a tracheostomy
- Type and size of tracheostomy your child use
- Why, when and how to suction the tracheostomy
- Why, when and how to clean the skin around the tracheostomy
- Why, when and how to change the tracheostomy tube
- Humidification
- Supplies to have with your child at all times
- Potential Emergencies and how to help your child
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