



## Our Hospice of South Central Indiana Nursing- Clinical Guidelines

### Tracheostomy Care and Management

**Guideline I: Cleaning inner cannula (Disposable and non-disposable)**

**Guideline II: Cleaning the stoma and outer cannula:**

**Guideline III: Suctioning Tracheostomy**

**Guideline IV: Accidental decannulation**

1. Review or obtain provider's order.
2. Gather and prepare necessary equipment and supplies.
3. Wash hands thoroughly prior to and after contact with the patient.
4. Confirm the patient's identity.
5. Provide privacy.
6. Explain procedure to patient and/or caregiver.
7. Raise the bed to waist level, elevate the head of bed to 30-45 degrees, unless contraindicated.
8. Put on gloves and, as needed, other protective equipment.

### Guideline I: Cleaning inner cannula (Disposable and non-disposable)

Supplies	Gloves	Tracheostomy Care Tray	Tracheostomy Tube with Inner Cannula	Normal Saline or sterile water	Hydrogen peroxide (if needed)
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1. Remove the oxygen trach collar, if applicable, over cannula.
2. Open tracheostomy care tray and inner cannula (if disposable).
3. Remove soiled dressing and discard.
4. Remove gloves, perform hand hygiene, and put on sterile gloves.
5. With your nondominant hand, disconnect the humidification device if applicable, and unlock the tracheostomy tube's inner cannula.
6. Remove the inner cannula
7. Place the oxygen device or humidification device over or near the outer cannula.
8. Disposable inner cannula:
  - a. Inspect the secretions, and then discard the cannula properly.
9. Non-disposable inner cannula:
  - a. Place it in the container of sterile normal saline solution or sterile water.
  - b. Use your dominant hand to quickly scrub the cannula with a sterile nylon brush or sterile pipe cleaner provided in kit.
  - c. Inspect the cannula for cleanliness. Repeat the cleaning process, if needed. Remove excess liquid from the cannula.
10. With dominant hand, reinsert the cleaned or new inner cannula and lock it in place. Ensure that it's secure and reconnect the humidification device, if applicable.
11. Remove and discard your gloves.
12. Continue to Guideline II.



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<b>Guideline II: Cleaning the stoma and outer cannula</b>		
<b>Supplies</b>	Tracheostomy Care Kit	sterile water or normal saline
<ol style="list-style-type: none"> <li>1. Put on clean gloves.</li> <li>2. Moisten a sterile gauze pad with sterile normal saline solution or sterile water. Squeeze excess liquid from the pad and wipe the patient's neck under the tube's flanges and tracheostomy ties.</li> <li>3. Assess the stoma site and surrounding skin.</li> <li>4. Use a sterile cotton-tipped applicator and a sterile gauze pad to clean the stoma site and the tube's flanges, wiping only once with each applicator or gauze pad. Loosen dried secretions with a sterile cotton-tipped applicator or sterile gauze pad containing diluted hydrogen peroxide solution, if needed.</li> <li>5. Rinse debris with sterile gauze pads dampened with sterile saline solution or sterile water.</li> <li>6. Dry the area thoroughly. Apply a skin barrier as needed.</li> <li>7. Remove the tracheostomy ties, stabilizing the flanges and apply new ties, if needed.</li> <li>8. Apply a new tracheostomy dressing.</li> <li>9. Discard used supplies in appropriate receptacles.</li> <li>10. Remove and discard your gloves and other personal protective equipment worn.</li> <li>11. Perform hand hygiene.</li> <li>12. Document procedure and patient's response in the medical record.</li> </ol>		

<b>Guideline III: Suctioning a trach</b>			
<b>Supplies</b>	Suction Catheter Tray	Normal saline or sterile water	Suction Machine
<ol style="list-style-type: none"> <li>1. Assess the patient's breath sounds, respiratory effort, ability to cough, breathe deeply and their general appearance.</li> <li>2. If the patient has a fenestrated inner cannula in place, change to a non-fenestrated cannula for suctioning.</li> <li>3. Remove gloves and perform hand hygiene.</li> <li>4. Open normal saline or sterile water.</li> <li>5. Using sterile technique, apply sterile gloves. Designate your nondominant hand as your nonsterile hand.</li> <li>6. Using your nondominant hand, pour a small amount of sterile solution into the sterile container.</li> <li>7. Pick up the sterile suction catheter with your dominant (sterile) hand. Coil the catheter around your hand. Attach the catheter to the tubing using your nondominant hand.</li> <li>8. Turn the suction on and use the lowest possible pressure (less than 120 mmHg) needed to effectively clear secretions.</li> <li>9. Lubricate the outside of the catheter with the sterile solution using your sterile hand. While in the sterile solution, occlude the suction control valve with the thumb of your non-sterile hand. Suction a small amount of solution through the catheter.</li> <li>10. Prior to insertion, ask the patient to take two to three deep breaths, if able.</li> </ol>			



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11. Insert the suction catheter into the catheter tube until minimal resistance or patient coughs. Do not apply suction while inserting the catheter.
12. Withdraw the catheter while applying suction and rotating the catheter between your fingertips. Ensure the suctioning event last no longer than 10-15 seconds.
13. Reapply oxygen, if indicated, between suctioning passes and rinse the catheter tip in the sterile solution using suction to clear the catheter of secretions.
14. Assess the patient's response to suctioning
15. Repeat suctioning if clinically indicated using steps above. Encourage patient to cough between suctioning attempts.
16. Reapply oxygen source or humidification device if indicated.
17. Assess the secretions.
18. Turn off suction apparatus.
19. Assess respiratory status.
20. Discard used supplies in appropriate receptacles.
21. Remove and discard your gloves and other personal protective equipment worn.
22. Perform hand hygiene.
23. Document the procedure and patient's response in the medical record.

**Guideline IV: Accidental decannulation**

1. If accidental decannulation of a tracheostomy tube occurs, try to reinsert tube immediately.
2. If unsuccessful, attempt to insert a smaller size tracheostomy tube if available.
3. Use the obturator as the inner piece of the tracheostomy cannula to help with the reinsertion.
4. If unable after two attempts, contact medical provider.

**Pediatric Trachs, Fresh trachs, and Trachs without an inner cannula- Call the provider for guidance.**

**References:**

Lippincott Solutions CRH Tracheostomy Care and Management

<https://procedures.lww.com/lnp/view.do?pld=8775898&hits=crh,tracheal&a=true&ad=false&q=crh%20tracheal>

Lippincott Solutions CRH Tracheal Suctioning Non-Closed System

<https://procedures.lww.com/lnp/view.do?pld=8775899&hits=crh,tracheal&a=false&ad=false&q=crh%20tracheal>

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**Historical Reviews & Revisions:**

Reviewed	Reviewer's Name(s)	Changes Made?
5/8/2025	Dr. Anderson, Amy Lowe, Clinical Dir, Shannon Johnson, Clinical Compliance	New, approved