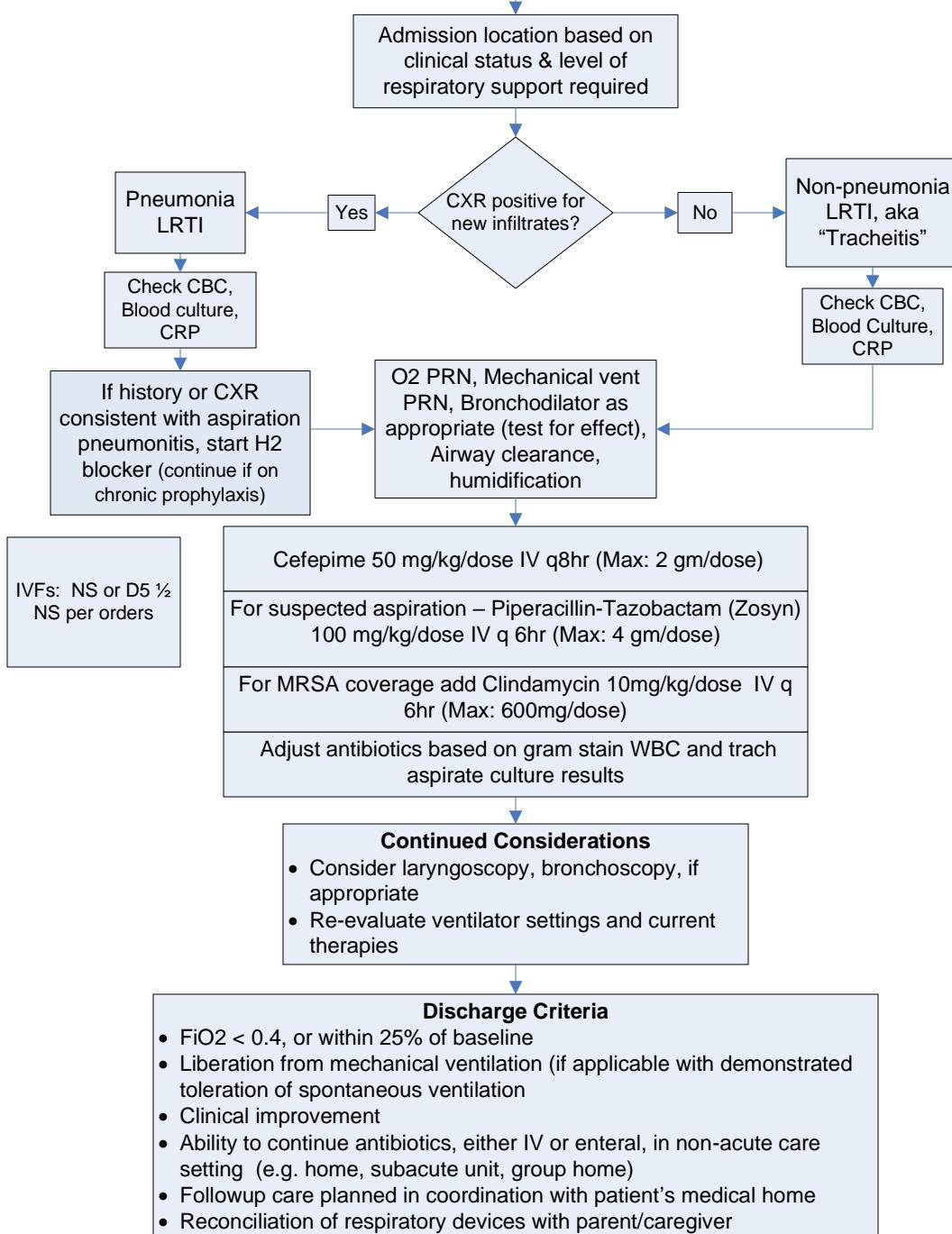


Lower Respiratory Tract Infection (LRTI) with Tracheostomy Care Guideline

Inclusion Criteria: Established tracheostomy, evidence of lower respiratory tract infection, all ages, all locations
Exclusion Criteria: Non-established ("fresh") tracheostomy site

Assessment: Vital signs, SaO₂, blood gas if 1) baseline SaO₂ <90%, 2) increased O₂ requirement, 3) increased ventilator support from baseline, or 4) change in respiratory, cardiac, or neuro status

Interventions: CHANGE TRACH, then obtain trach aspirate for culture and Gram stain (including quant. WBC), 2 view CXR, MRSA/VRE screening cultures, check previous MRSA status and culture results, notify Trach Specialty Nurse upon admission



At High Risk For:

- Trach/airway plugging
- Device-related pressure injuries

Recommendations/ Considerations

- Use previous culture results if known
- Steroids are not recommended
- Empiric antibiotic coverage for hospital acquired Gram negative pathogens including *Pseudomonas* and Gram positive pathogens, including MRSA coverage if recent positive history or strongly clinically suspected.
- For ventilated/critically ill patients, consider H2 blocker if not being fed enterally or on steroids
- Pulmonary consult for persistent clinical evidence of airway obstruction; consider granuloma as source
- ENT consult for trach site granulomas
- Care planning and interventions should be implemented as appropriate.
- Use Mepilex transfer dressing around trach, if needed.

Patient/Family Education

- Trach care
- Suctioning technique
- Review signs and symptoms of respiratory distress with parents/ care givers
- Tracheostomy Home Care Instructions - located on PAWS

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