Fresh Tracheostomy Care Guideline

CHOC Children's

Inclusion Criteria:
- All postoperative fresh tracheostomy patients
- Any previous tracheostomy where the stoma has been surgically manipulated
- All transfers of fresh tracheostomy patients performed in the past 10 days

Exclusion Criteria:
- Simple tracheostomy revision

At High Risk For:
- Ripping of Stay Sutures
- Trach/airway plugging
- Device-related pressure injuries

To PICU/ CVICU/ NICU postop

Assessment/Diagnostics

- Vital signs per standard of care
- Cardiorespiratory monitoring – continuous
- Portable CXR per order
- Document trach tube size & type
- If abnormal anatomy or trach position, anatomic diagram MUST be placed at bedside
- Stay sutures must be clearly marked right and left and taped on respective sides of chest for easy access.
- Assess skin under and around trach & trach ties with each routine assessment

Interventions/Treatment

- IV fluids initially – NS or D5 ½ NS; advance feeding as clinically indicated:
  * Cefazolin 25 mg/kg/dose IV q 8hr (<40 kg); 1000 mg IV q 8 hr (>40 kg) (Max: 6 gm/day) Duration: up to 24 hours **OR**
  * Clindamycin 10 mg/kg/dose IV q6hr (<60kg); 600 mg IV q 6hr (>60kg) (Max: 4.8 gm/day) Duration: up to 24 hours **AND** gentamicin 2.5 mg/kg IV q8h < 40 kg, 100 mg IV q8h (40-60 kg) and 120 mg IV q8h > 60 kg
- Oxygen via trach collar to keep sats appropriate for baseline
- Ventilator management by ICU service including non-invasive CO_2 measurement monitoring when indicated
- Humidification via trach collar
- Notify Trach Specialty Nurse
- Tracheostomy Care per CHOC Policy: Tracheostomy tube: stoma care and tie change.
- Extra trach at bedside (same size & one smaller) and including transfers/transports, additional equipment as specified in CHOC Policy
- Hyperextension of neck for appropriate patients
- First trach change by ENT surgeon before transfer out of ICU

Continued Considerations

- Obtain Pulmonary consult prior to discharge

Recommendations/ Considerations

- Common indications for tracheostomy are: prolonged intubation, pulmonary toilet, upper airway obstruction, craniofacial syndromes, neurologic impairment, trauma, vocal cord paralysis
- Early complications may include: bleeding, tube displacement, tube blockage, subcutaneous & mediastinal emphysema, pneumothorax, and rarely esophageal perforation & nerve damage.
- Antibiotics for surgical infection prophylaxis should be continued up to 24 hrs.
- Pediatric tracheostomies are typically changed between postop day 5 to 10.
- Stay sutures are generally removed between postop day 5 to 10.
- There must be ready access to tracheostomy and intubation trays in the ICUs
- Trach patients are at high risk for device-related pressure ulcers and skin breakdown. Care planning and interventions should be implemented as appropriate.
- Use Mepilex transfer dressing around trach

Patient Education

- Trach care
- Suctioning technique
- CPR Education
- Tracheostomy Home Care Instructions located on PAWS

Approved Evidence Based Medicine Committee
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11-17-10, 1-25-11, 1-15-14, 5-17-17

Reassess the appropriateness of Care Guidelines as condition changes and 24 hrs after admission. This guideline is a tool to aid clinical decision making. It is not a standard of care. The physician should deviate from the guideline when clinical judgment so indicates.

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References
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CHOC Policy

CHOC Tracheostomy Home Care Instructions, February, 2010.