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TRACHEOSTOMY HOME CARE (10/20)

YOUR TRACHEOSTOMY TUBE: Size: _____

A **tracheostomy** is the surgical creation of an opening into the windpipe or trachea through the neck for the insertion of a tracheostomy tube to allow the passage of air so you can breathe.

There are many types of tracheostomy tubes:

UNCUFFED tracheostomy tubes are most commonly used. Uncuffed tracheostomy tubes allow for speech when the tube is plugged because the air can flow through your mouth and nose. Sometimes your doctor will recommend occluding the tracheostomy tube with a special plug or your finger, which allows you to breathe and speak normally.

CUFFED tracheostomy tubes have a balloon cuff. The cuff, when inflated, creates a seal to stop air from going through your mouth and nose. You will breathe through the tracheostomy not through your mouth and nose. You will not be able to talk.

Some tracheostomy tubes do not have **inner cannulas**. Some tracheostomy tubes have **fenestrations** or air holes that allow air to go through your vocal cords and through your mouth and nose.

This handout is a guide for the patient who has received individualized tracheostomy home care instructions. If you have questions or concerns regarding your tracheostomy, contact your physician.

SUCTIONING

Suctioning your tracheostomy is very important for your health. Not enough suctioning is the number one cause of infection for people with a tracheostomy tube. Correct suctioning keeps the tracheostomy tube clear of secretions so mucus does not build up in the airway increasing your risk for developing pneumonia.

YOU SHOULD SUCTION YOUR TRACHEOSTOMY: _____

Assemble Your Supplies:

1. Suction machine.
2. Suction catheters: **size** _____
3. Normal saline and a 5cc syringe or a prepared normal saline lavage.
4. Tap water in a clean cup.

How to Suction:

1. Wash your hands with antibacterial soap and water.
2. Open the suction catheter package carefully. **DO NOT TOUCH** the tip of the catheter. Touch the thumb control vent at the end of the catheter
3. Attach the thumb control vent to the tubing on the suction machine
4. Turn on the suction machine - test for suction through the catheter
5. Take three to four slow deep breathes
6. Instill 3cc – 5cc normal saline into the tracheostomy tube
7. Guide the catheter into your tracheostomy tube until it stops or until you begin to cough.
8. Apply suction by covering the thumb control vent while slowly withdrawing the catheter.
9. Relax and take 3 - 4 slow deep breaths.
10. Suction tap water through the catheter to rinse the secretions.
11. Insert catheter again if needed. **
12. Clean the suction catheter and tubing.
13. Wash your hands.

* A single suctioning should take no longer than 10 seconds. Suction catheters can be reused if cleaned.



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****Suctioning may be repeated as needed until the airway is clear of mucus.**

NORMAL SALINE

Putting normal saline into a tracheostomy tube helps to stimulate coughing and also adds moisture to the tracheobronchial tree. The normal saline can be added by using a syringe or a medicine dropper, or you can use commercially, prepackaged small containers of saline. The recommended amount of saline to instill each time you suction is 3cc-5cc.

The frequency of instillation of the normal saline will vary from person to person. Use the normal saline regularly to prevent the formation of large mucus plugs. Also pay attention to the conditions of the secretions such as thickness, odor, and color.

NORMAL SALINE SHOULD BE INSTILLED: _____.

TO MAKE YOUR OWN NORMAL SALINE

1. Boil 8 ounces of tap water for 5 minutes.
2. Add 1 teaspoon of table salt to the boiled water.
3. Store the salted water in a clean, covered container.
4. Change the solution **daily**.
5. Allow the salted water to **cool completely** before you use it.

HYDRATION

- Drinking more water or adding more water to your tube feedings will help to decrease the thickness or stickiness of your secretions.
- If you notice an increase in the thickness or stickiness of your secretions attempt to increase your fluids if your diet allows.
- **FLUID RESTRICTIONS:** _____
- You may also try the suggestions found in the "Humidification" section

HAND WASHING

Hand washing decreases your risks for getting an infection and for spreading germs. You must wash your hands **BEFORE** and **AFTER** all tracheostomy care.

WASHING YOUR HANDS:

1. Wet your hands with warm water.
2. Lather and scrub your hands together for 10-20 seconds using an antibacterial soap.
3. Rinse your hands with warm water.
4. Dry your hands with a clean cloth or a paper towel.
5. Turn off the water with the cloth or paper towel.

MOUTH CARE

You will have decreased ability to taste and smell. You will not be aware of mouth odor. Perform mouth care twice a day:

1. Brush your teeth using a soft bristle toothbrush.
2. Brush after each meal and as needed.
3. Rinse your mouth with a mouth rinse or wash.
4. Moisturize with mouth moisture.

ACTIVITY



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Your usual activity can be resumed as soon as your doctor gives the "OK". Unless your job is very dusty or has extreme temperature changes you may be able to continue at your present place of employment. Your tracheotomy prevents you from water activities because of the potential for drowning.

CLEANING YOUR SUCTION CATHETERS

SUPPLIES:

- Water
- Antibacterial soap
- Clean cloth or paper towels
- White vinegar
- Bowl for soaking catheters
- Storage container or zip close bag

CLEANING YOUR CATHETER:

1. Arrange your supplies.
2. Prepare a clean work surface close to you with the clean cloth or paper towels.
3. Wash your hands with an antibacterial soap and water.
4. With warm soapy water rub the outside of the catheter with your hands.
5. Rinse well with cool water - attach to suction machine to remove all the soap if needed.
6. **Soak the catheter for 30 minutes** in a solution of 2 parts white vinegar and 2 parts water.
7. Rinse well with cool water - shake catheter to remove excess water.
8. Air-dry on a clean cloth or several layers of paper towels.
9. When catheter is dry store in a clean, dry, covered container or zip close bag.

* If you do not clean your catheter immediately after suctioning, rinse the catheter with cool water to remove the secretions. You can clean the catheters after you have collected several used catheters. Several commercial cleaning products are available for plastic catheters.

CHANGING THE TRACHEOSTOMY TUBE

CHANGE YOUR TRACHEOSTOMY TUBE: _____

SUPPLIES:

1. New or cleaned tracheostomy tube
2. The obturator
3. Clean tracheostomy ties
4. Water soluble lubricant (KY lubricating jelly, Surgilube, etc)
5. Mirror

PREPARE THE TRACHEOSTOMY TUBE:

1. Arrange your supplies.
2. Prepare a clean work surface near you with a cloth or paper towels.
3. Wash your hands with an antibacterial soap and water.
4. Place the inner cannula of the new or cleaned tracheostomy tube on the clean work surface.
5. Place the obturator into the tracheostomy tube.
6. Moisten the tip of the obturator and tracheostomy tube.
7. Insert tracheostomy ties into the slots of the tracheostomy tube.
8. Place tracheostomy tube on the clean work surface.

PROCEDURE:

1. Prepare tracheostomy tube and inner cannula.



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2. Suction.
3. Loosen the tracheostomy ties around your neck while holding the neck plate.
4. Extend your neck, take a deep breath, hold your breath, and remove the tracheostomy tube.
5. Immediately insert the clean tracheostomy tube into the tracheostomy with a forward and downward movement.
6. When tube is in place remove the obturator and tie the tracheostomy ties.
7. Insert your inner cannula.
8. Wash your hands.
9. Clean the used tracheostomy tube and inner cannula if appropriate.
10. Store the cleaned tubes in a dry container or zip close bag.
11. ALWAYS CARRY THE OBTURATOR WITH YOU.

CLEANING THE REUSABLE INNER CANNULA

The **inner cannula** should be cleaned: _____ per day.

SUPPLIES:

- Inner cannula
- Hydrogen Peroxide
- Trach brush or pipe cleaners
- Water
- Two clean containers or bowls
- Dry clean storage container or zip close baggie

PROCEDURE:

1. Arrange your supplies.
2. Prepare a clean work surface close to you with a clean cloth or papertowel.
3. Fill one bowl with hydrogen peroxide and one bowl with clean water.
4. Wash your hands with antibacterial soap and water.
5. Suction.
6. Hold the neck plate - remove the inner cannula from your tracheostomy
7. Place the inner cannula into the hydrogen peroxide.
8. Scrub the inside of the inner cannula with the trach brush or pipecleaner.
9. Rinse with the water - shake to remove excess water.
10. Check closely for remaining mucus - reclean if necessary.
11. Store clean unused inner cannulas in the zip close baggie or dry storage container.

*Disposable inner cannulas are replaced every day and are not cleaned.

CHANGING THE TRACHEOSTOMY TIES

The tracheostomy ties hold the tracheostomy tube in place. The ties are changed whenever they become wet, soiled, frayed, or loose, and whenever the entire tracheostomy tube is changed.

PROCEDURE:

If you use a Dale tube holder with Velcro fasteners:

1. Wash your hands.
2. Thread the long narrow fastener tabs through the openings on each side of the neck plate.
3. Secure each of the Velcro fasteners tabs to the soft material on the band, according to the illustrations on the package.
4. Adjust the neckband so that it is not too tight or too loose around your neck. You should be able to get one finger underneath the neckband. Secure the wide Velcro fastener tab to the soft material on the band. Press the Velcro tab to be sure it is secure.
5. Cut off excess length and /or width.

For further instructions refer to the package directions



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If you use double loop of twill tape:

1. Wash your hands.
2. Estimate the length of tape you will need by encircling your neck with tape and then generously doubling that amount.
3. Insert the tie through the opening in the neck plate and bring it around to the opposite side of the neck
4. Insert this same end through the other opening in the neck plate and pull it through.
5. Adjust the tape until it smooth.
6. Make sure the new tie is not too tight or too loose.
7. You should be able to slip one finger underneath the tie.
8. Secure the tie in a double or triple knot at the side of the neck.
9. When the new tie is in place, remove the old ties.

SUGGESTIONS:

1. It is best to have two people to change the tracheostomy ties. However, if one person is changing the ties alone, the clean ties should be in place before the soiled tie is removed.
2. Tracheostomy ties should never be tied in a bow - the ties should be secured in a double or a triple knot.
3. Tie the tapes at the side of the neck rather than in the back to reduce pressure on the skin.
4. Ties can be made of twill tape, seam bias tape or some other durable material.

HUMIDIFICATION

Normally, the air we breathe is filtered, warmed, and humidified by the nose and the mouth. People with a tracheostomy tube need to humidify the air they breathe. The amount of additional humidity needed will vary according to your environment and the time of year. Humidifying the air will help to liquefy your secretions and help keep your airway clear.

IF THE SECRETIONS FROM YOUR TRACHEOSTOMY ARE:

- Thick and dry.
- Difficult to cough up.
- Pink or blood tinged.

You need more humidity or moisture in the air you breathe.

TO INCREASE THE HUMIDITY:

- Utilize a cool mist room humidifier at your bedside.
- Increase the humidity of your home.
- Instill normal saline into your tracheostomy to add moisture and stimulate a cough.
- Drink plenty of fluids.

CLEANING THE COOL-MIST HUMIDIFIER:

You can acquire a respiratory infection from a humidifier that has not been cleaned regularly.

Daily:

1. Empty and clean the tub with hot soapy water. Rinse well with water
2. Refill with fresh tap or distilled water.

Weekly:

1. Wash and rinse the tub of the humidifier.
2. Fill the tub with white vinegar and water.
3. Turn the humidifier on for one hour in an unoccupied room.
4. Empty the tub and wash all the parts of the humidifier with hot soapy water.
5. Rinse with water.



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6. Refill the tub with clean tap or distilled water.
7. Turn the humidifier on for one hour in an unoccupied room
8. Empty the tub - air dry.

****Refer to the manufacturers instructions for further cleaning instructions***

LARYNGECTOMY

A laryngectomy is a surgical removal of the larynx or voice box. The trachea (windpipe) is surgically attached to the skin of your neck. The new permanent opening is called a “stoma”. You now have a separation between your nose and mouth (upper respiratory tract) and your trachea and lungs (lower respiratory trach).

1. You will need to suction every _____.
2. Before suctioning, always instill **3-5 cc** of normal saline first into the stoma.
3. Wash around the stoma to remove crust 2-3 times per day using soap and water.

SPEECH PATHOLOGIST

- The Speech Pathologist will assist you with your communication options.
- The Speech Pathologist will be available to help you relearn to swallow, if needed.
- The Speech Pathologist may need to fit you with a stoma vent, button, or laryngectomy tube.
- Your Speech Pathologist is _____.

NOTIFY YOUR DOCTOR

Notify your doctor if you have:

- Difficulty breathing or noisy breathing that sounds obstructed
- Persistent mucous plugs
- Blood tinged secretions from your tracheostomy
- Chest discomfort
- Unusual increase in the amount of secretions from you tracheostomy
- Persistent fever
- Thick, foul smelling secretions from your tracheostomy
- Decrease in the size of your stoma
- Difficulty swallowing or eating

EMERGENCY INFORMATION

Talking on the telephone maybe difficult - **establish a method to call for help.**

Place emergency numbers near the telephone:

Ambulance

Fire Department

Visiting Nurse

Doctor

Relative /Neighbor

Purchasing a **Medic Alert bracelet/necklace** is recommended to let everyone know you breathe through an opening in your neck.

Medic Alert Foundation International
PO Box 1009
Turlock, CA 95381-1009



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THIS PAGE IS FOR MEDICAL PERSONNEL USE ONLY

Dr. _____

Please indicate the Tracheostomy Home Discharge needs of your patient

SUPPORT SERVICES:

_____ Home Health Referral	_____ Oxygen for transportation
_____ Skin Care/Ostomy Referral	_____ Speech Pathologist

EQUIPMENT:

_____ Bedside humidifier

_____ Portable Suction Machine

_____ Home oxygen - _____ **Liters per minute**

_____ Trach collar _____

_____ Replacement tracheostomy tubes **Size** _____ **Quantity** _____

_____ Disposable Inner Cannula – **Size** _____

_____ Passy Muir Valve

_____ Artificial Nose

_____ Other _____

PROCEDURES:

Frequency of trach suctioning: _____ **times per day or every** _____ **hours**

Replacement of disposable inner cannula: _____ **times per day**

Clean reusable inner cannula: _____ **times per day**

Change the tracheostomy tube: _____ **times per month**