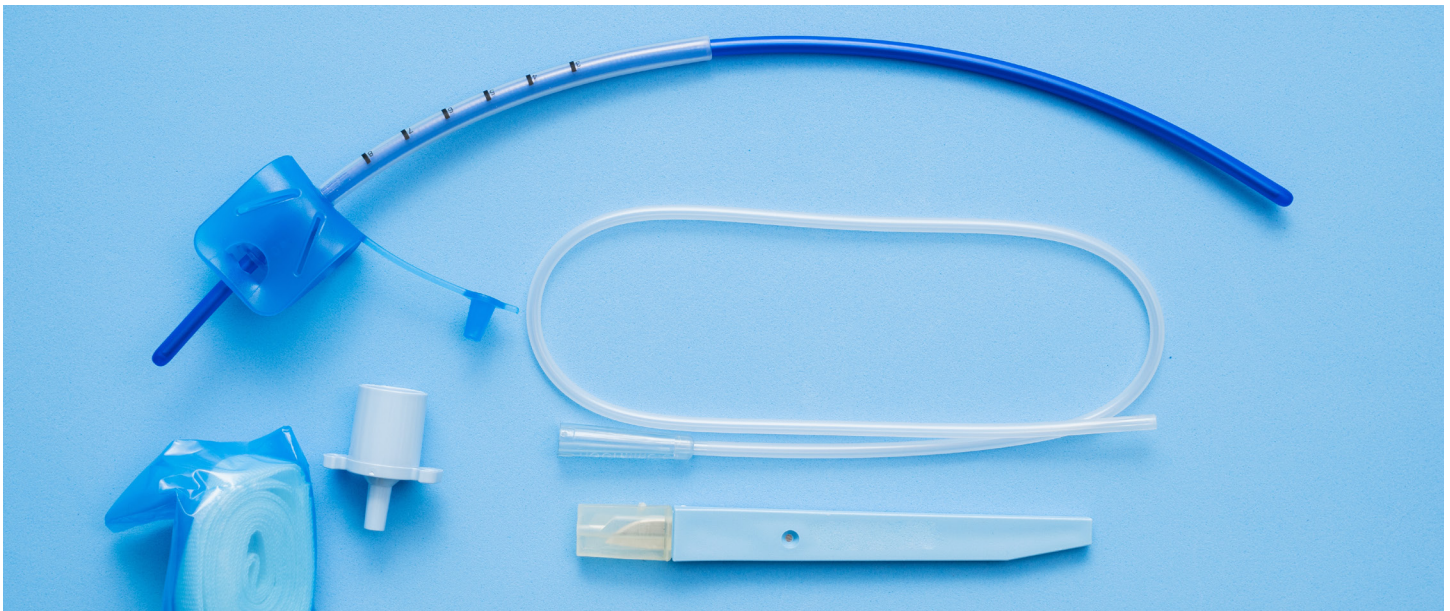


CARING FOR TRACHEOSTOMY PATIENTS IN THE HOME SETTING

Some home care patients have more complex health issues and need a higher level of care, particularly those that require respiratory management. Medically fragile patients requiring ongoing tracheostomy care are often discharged to a home setting. In these cases, it is important to have a strong plan of care that limits the possibility of complications.



CAREGIVER AND PATIENT TRAINING

Here are some examples of problems encountered by home care staff:

- A nurse was about to suction a toddler with a tracheostomy and noticed the tube was dislodged. She was unable to reinsert the tube, leading to a hypoxic event that resulted in permanent brain damage.
- While a nurse was providing trach care to a post stroke patient, the patient coughed and the trach tube popped out. The LPN was unable to re-insert the tube and the patient expired.

CAREGIVER AND PATIENT TRAINING

It is critical that caregiver and patient training begin as soon as possible once it is clear a long-term tracheostomy will be needed. Training should include basic airway

anatomy, tube description and operations, symptoms of respiratory and upper airway distress, signs and symptoms of aspiration, suctioning technique, tracheostomy tube cleaning and maintenance, emergency decannulation and reinsertion procedures, and tube change procedures (Lewarski, 2005). Pediatric patients should also be included in training sessions in order to lower any anxiety related to the procedure(s). Make sure to document all training.

IMPORTANT RISK CONTROL MEASURES TO CONSIDER

- Training and assessment of the competencies and skills of staff that are providing trach care in the home setting is vital. This training and skills verification should be documented.
- Competencies should include the procedures to follow in the event of an accidental de-cannulation.

There should always be a backup tube available in the event of an emergency, and it is recommended that the backups include a tube that is one to two sizes smaller in the event the primary tube cannot be quickly reinserted (Lewarski, 2005).

- Trach ties changes and tube changes are two person procedures due to the risk of complications, such as accidental decannulation.

ADDITIONAL RESOURCES

The following resources provide additional information specific to pediatric tracheostomy patients.

- Pediatric Tracheostomy Care: What Home Care Nurses Need to Know <https://www.americannursetoday.com/wp-content/uploads/2015/03/ant3-Pediatric-Home-Trach-225.pdf>
- Care of the Child with a Chronic Tracheostomy <https://www.atsjournals.org/doi/full/10.1164/qjrcm.161.1.ats1-00>

SUMMARY

Training of caregivers, and verification of their competency in special procedures such as tracheostomy care, is a first step in minimizing the risk of complications. Developing an individualized plan of care for each patient and being prepared to respond in the event of an airway emergency will help avoid negative patient outcomes.

REFERENCES

- Lewarski, J.S. (2005). Long-term care of the patient with a tracheostomy. Respiratory Care. Retrieved from <http://www.rcjournal.com/contents/04.05/04.05.0534.pdf>