

**#59 - PROVIDING TRACHEOSTOMY CARE****(TEST)**

I acknowledge I have physically practiced and successfully learned the following skill(s):

Student: \_\_\_\_\_ Date: \_\_\_\_\_

**TIME LIMIT:35 Minutes**

\*Complete ICP before testing

	P2	P3	TEST	Points/ Comments
1. Performed hand hygiene, and provided for the patient's privacy.				*
2. Gathered the necessary equipment and supplies.				*
3. Introduced self to the patient and family.				*
4. Identified the patient using two identifiers. Compared the identifiers in the patient's MAR/medical record with the information on the patient's identification bracelet.				*
5. Connected the connecting tubing to the suction machine.				1
6. Turned the suction device on and set the vacuum regulator to less than 150 mm Hg.				2
7. Checked the negative pressure of the suction apparatus by occluding the end of the suction tubing before attaching it to the suction catheter.				1
8. If indicated, increased the supplemental oxygen therapy to 100% or as prescribed. Encouraged the patient to take two to three deep breathes.				*
9. Prepared the disposable suction catheter.				
a. Using aseptic technique, opened the sterile catheter package on a clean surface and used the inside of the wrapping as a sterile field; opened the package just enough to expose the connecting end and connected the catheter to the suction tubing.				*
b. If a sterile drape was available, placed it across the patient's chest or on the over-bed table. Did not allow the suction catheter to touch nonsterile surfaces.				2
c. Unwrapped or opened the sterile basin and placed on the bedside table. Was careful not to touch the inside of the basin. Filled the basin with sterile normal saline solution or sterile water.				2
10. If the patient had a fenestrated tracheostomy tube with a fenestrated				1

inner cannula in place, removed it, and replaced it with a nonfenestrated inner cannula.			
11. Removed gloves, performed hand hygiene, and donned sterile gloves.			*
12. Connected the suction catheter to the connecting tubing.			*
<ul style="list-style-type: none"> <li>a. With the dominant hand, picked up the suction catheter, and took care to avoid touching any nonsterile surfaces.</li> <li>b. Wrapped the suction catheter around the sterile dominant hand to help prevent inadvertent contamination of the catheter.</li> <li>c. With the nondominant hand, picked up the connecting tubing and connected it to the suction catheter.</li> <li>d. Ensured that the dominant hand did not come in contact with the connecting tubing.</li> </ul>			
13. Checked the equipment for proper functioning by suctioning a small amount of sterile solution from the container.			2
14. With the dominant hand, gently but quickly inserted the catheter into the artificial airway with the control vent of the suction catheter open.			*
<ul style="list-style-type: none"> <li>a. In patients at high risk for suction-related complications, inserted the catheter into the tracheostomy tube until it emerged out of the end of the airway.</li> <li>b. In patients not at risk for suction-related complications, inserted the catheter into the tracheostomy tube until resistance was met and then pulled back 1 to 2 cm.</li> </ul>			
15. Used the nondominant thumb and depressed the control vent of the suction catheter to apply continuous suction while completely withdrawing the catheter.			2
16. Performed one additional pass of the suction catheter if secretions remained in the airway and the patient was tolerating the procedure. Allowed a minimum of 20 to 30 seconds between passes for the patient to recover before the next pass.			2
17. Considered hyperoxygenating the patient with 100% oxygen for 30 to 60 seconds after suctioning.			2
18. Returned supplemental oxygen to the baseline level.			2
19. Assessed the volume, consistency, and color of the airway secretions. Notified the practitioner of changes in the airway secretions.			2
20. Wrapped the catheter around the dominant hand after the upper-airway suctioning was complete. Pulled the sterile glove off the dominant hand inside out; the catheter remained in the glove. Pulled the other glove off in the same fashion.			*

21. Performed hand hygiene.			*
22. Applied sterile gloves. Kept dominant hand sterile throughout the procedure. Applied a mask or face shield if splashing was likely.			*
23. Took care of tracheostomy with a disposable inner cannula: (TALK THROUGH)			*
a. Removed the new cannula from the manufacturer's packaging.			
b. While touching only the outside of the tube, withdrew the inner cannula and inspected it for secretions. Disposed of the contaminated cannula in the appropriate receptacle.			
c. Placed the new inner cannula and locked it into position. If necessary, reconnected the patient to the ventilator or other oxygen source.			
25. Cleaned around the tracheostomy:			*
a. Removed the drainage sponge. Used cotton-tipped swabs and 4 × 4-inch gauze saturated with normal saline to clean the exposed surfaces of the outer cannula and the stoma under the faceplate extending in all directions from the stoma. Cleaned in a circular pattern around the tracheostomy, from the stoma site outward.			
26. Used dry 4 × 4-inch gauze, patted the skin lightly, as well as the exposed surfaces of the outer cannula.			2
27. Applied a new drainage sponge.			2
28. Secured the tracheostomy using the tracheostomy tube-holder method:			
a. Has an assistant hold the trach tube in place while ties are being changed. If you do not have an assistant, fastens the clean ties before removing soiled ties.			*
b. Cuts 2 strips of cotton twill tape (one 10 inches and one 20 inches).			1
c. Cuts a ½ inch slit approximately one inch from one end of each strip.			1
d. Ask your assistant to don a sterile glove and hold trach tube in place.			*
e. Detaches and removes soiled tapes from the trach.			1
f. Threads slit end of one clean tape through the eye of the trach face plate from the bottom side and then thread the other end of the tie through the pre-cut slit, pulling it taut.			1
g. Repeats for other tie.			1
h. Asks patient to flex neck and has assistant place one finger under the tapes while tying the 2 tapes together at the side of the patient's neck.			1

i. After fastening ties, cuts off excess tape.			1
j. Places 4 x 4 gauze under trach tie knot and applies tape over knot.			1
29. Positioned the patient comfortably, and assessed his or her respiratory status.			2
30. Removed gloves and face shield, and discarded them in the appropriate receptacles.			2
31. Replaced the cap on the bottle of normal saline. Dated the container, and stored this and other reusable liquids in an appropriate area.			1
32. Helped the patient into a comfortable position; placed toiletries and personal items within reach.			1
33. Placed the call button within easy reach; made sure the patient knew how to use it to summon assistance.			*
34. Disposed of used supplies and equipment. Left the patient's room tidy.			1
35. Removed and disposed of gloves, and performed hand hygiene.			*
36. Documented and reported the patient's response and expected or unexpected outcomes.			*

**S** = Satisfactory    **U** = Unsatisfactory    **NP** = Not Performed    **\*** = Must Perform to Pass

TOTAL POINTS \_\_\_\_\_ / **40** \_\_\_\_\_

% \_\_\_\_\_

PASS \_\_\_\_\_

FAIL \_\_\_\_\_

Instructor: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

*By signing below I acknowledge that I witnessed the skill performed and the student successfully passed the skill.*

Practice 1: Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

Practice 2: Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

FINAL Student Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

Use this scenario for ICP – INEFFECTIVE AIRWAY CLEARANCE

Jeff continues his hospitalization after undergoing respiratory failure s/p head trauma. He is making progress towards coming off of the ventilator. He has a tracheostomy, which was placed over two weeks ago. He has a strong cough but is unable to cough up all the way. He requires in line suctioning 2-3 times per hour to prevent desaturation. His secretions appear to be thick and clear.