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Change History

Version	Date	Details of Change	Author

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CQC Fundamental Standards

Regulation Number	Regulation Details
Regulation 12: Safe Care and Treatment	The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.

Key Lines of Enquiry

KLOE	How this applies to Anti-Bribery
Safe	This policy is an aspect of 'Safe' as Careville Ltd ensures that Service Users receive tracheostomy care and tracheobronchial suction at a high standard of competence and quality, and that their safety and dignity is maintained at all times.

Related Documents

This policy should be read in conjunction with our:

- HS08 - Risk Assessment Policy
- BP07 - Nurse Revalidation Policy
- CM02 - Aseptic Technique Policy



Policy Aims

Service Users with complex care needs such as those originating from neurodegenerative conditions, Acquired Brain Injuries or high-level cord transections, may require home ventilation via a tracheostomy.

The aim of this policy to ensure that Service Users receive tracheostomy care and tracheobronchial suction at a high standard of competence and quality, and that their safety and dignity is maintained at all times.

Tracheostomy Wound Care Protocol

Service Users with a tracheostomy are at risk of infection at the surgical site. Soiled, moist tracheostomy dressings contribute to infection at the tracheal stoma site, by providing a moist environment for bacterial growth. Also secretions that collect above the cuff ooze out of stoma site leading to excoriation.

A key element of tracheostomy management includes the assessment of peristomal skin integrity. Excessive moisture from secretions, perspiration, pressure and friction from the tracheostomy collar or stabilisation ties may contribute to the breakdown of peristomal skin.

WOUND ASSESSMENT

Assess every day and document accordingly using the IPOC.

Dressings should be changed PRN according to amount of exudate and type of dressing in use (as per manufacturer's instructions). A precut dressing e.g. Lyofoam Toppers, Metalline or 3M's is recommended.

Purpose

To promote healing and prevent infection/peri-stomal skin breakdown, adhere to infection control policies (local and national).

Risk Factors

- Excessive moisture at tracheostomy site (secretions or perspiration)
- Obesity
- Pressure from baseplate of tracheostomy tube
- Poor nutritional status
- Tracheostomy construction resulting in wide stoma
- Immunosuppression (steroid therapy or chemotherapy)
- Over granulation tissue of peri-stomal site

Equipment

- Clean surface
- Wound care pack/apron
- Normal Sodium chloride
- Appropriate tracheostomy dressing

ALL DRESSINGS MUST BE PRE-CUT.

If secretions are excessive and/or skin maceration is an issue then Cavilon no sting barrier (1ml foam applicator) may be used under dressings.

N.B Only Cavilon cream or 1ml foam applicator to be used **NOT SPRAY** due to inhalation of external use product.

PROCEDURE

This is an Aseptic Technique

1. Wash hands with soap and water;
2. Set up equipment onto pre-cleaned trolley;

3. Put apron on and a pair of sterile gloves;
4. Remove soiled dressing and discard;
5. Remove soiled gloves, wash hands, apply sterile gloves from dressing pack;
6. Clean tracheostomy peri-stomal skin with normal Sodium chloride and pat dry. Clean any dried secretions from around the baseplate;
7. Assess the peri-stomal skin for any signs of infection/over granulation or pressure ulcer;
8. Apply skin barrier film if required and allow to dry;
9. Apply dressing to tracheostomy site;
10. Remove gloves and wash hands with soap and water;
11. Document dressing change and any observations/ problems in Service User's care pathway.

WOUND CARE FOLLOWING DECANNULATION

Once the decision to remove the tracheostomy tube has been made it is important that appropriate wound care continues until the site has completely healed.

Wound care continues to be:

1. An aseptic technique
2. PRN (as needed) according to the amount of secretions/or at least daily
3. Clean area with normal Sodium chloride and pat dry
4. Assess wound for any signs of infection/over granulation
5. Apply small dressing to wound (topper) small enough to cover tracheostomy site
6. If skin maceration or redness are present apply 3m skin barrier film to skin around site
7. Apply Allevyn adhesive dressing to site (leaving cot-fil swab dressing in place to cover wound). Ensure a skin-tight seal is made.
8. Ask Service User to press onto wound site with fingers when speaking or coughing as this assists the healing process
9. Document each dressing change and any observations/problems in Service User's care pathway.

If you have any problems or concerns regarding any aspect of tracheostomy care do not hesitate to contact the tracheostomy care team. Details on how to contact members of the team can be found at the front of the tracheostomy policy.

GUIDELINES FOR TRACHEOBRONCHIAL SUCTION

Tracheobronchial suction is the insertion of a suction catheter into the trachea in order to aid removal of secretions.

Determining the need for suction relies on an accurate respiratory assessment and should be carried out only when necessary and not on a routine basis.

Health professionals must use their experience and professional judgement to select a suction technique that meets the specific needs of the Service User. This is particularly so where the evidence is inconclusive or contradictory.

It must be remembered that suction is associated with a number of potential problems of which many can be avoided by evidence based practice (see reference list).

The following should be used as guidelines only.

Equipment Required:

The following equipment should be available for any Service User requiring suction:

- Suction pump
- Suction tubing
- Yankauer
- Suction catheters
- Sterile disposable gloves
- Sterile distilled water
- Oxygen therapy
- 0.9% Sodium Chloride ampoules and syringes
- Sputum trap
- Protective eye wear (see Standard Infection Prevention & Control Precautions Policy –PAT/IC 19)
- Apron
- Suction Pump – wall source or portable.

Vacuum Pressure

The lowest possible vacuum pressure should be used to reduce complications. Increasing the amount of negative pressure does not improve aspiration efficiency.

Magnitude Maximum 13-16 kPA

100-120 mmHg (adults) (ICS 2011)

Suction Tubing

- Yankauer Suction
- Suction Catheters

Size

The catheter size should ideally be less than half the diameter of the tracheostomy tube. The following is a useful, simple way of calculating recommended catheter size.

Add 4 to current tube size e.g. size 8 tube = size 12 catheter.

Closed versus Open Suction

Closed circuit, multiple use catheters have been developed to negate the need to disconnect from the ventilator, prevent loss of PEEP or leakage of aerosolised secretion. Closed suction requires to be changed every 24 hours or according to manufacturer's instructions.

- Sterile/Disposable Gloves
- Sterile Distilled Water (labelled 'suction' with opening date) – change every 24 hours.
- Oxygen Therapy

In order to minimise adverse effects of suction hyper-oxygenation/hyperinflation pre/post suction may be used

* Care with COPD Service Users i.e. hypoxic drive

- 0.9% Sodium Chloride Ampoules + Syringes

The use of sodium chloride to loosen secretions has no clear scientific basis, yet many health professionals remain convinced of its benefit through their own experience. It is now not recommended (ICS, 2011).

Sodium chloride does not mix with secretions and installations do not disperse beyond the main stem bronchi, however benefit is probably related to the associated coughing. An assisted cough product is now the preferred method, obtainable from the Physiotherapist.

- +/- Sputum Trap
If a sputum specimen is required, a sputum trap may be used in circuit between suction tubing and suction catheter.
- Standard Infection Prevention & Control Precautions, including eye protection, mask, gloves and apron.

SUCTION TECHNIQUE

Each Service User needs individual assessment and constant re-assessment to ascertain the frequency of suctioning required.

Tracheobronchial Suction Technique

1. Decontaminate hands with alcohol hand gel.
2. Position Service User appropriately.
3. Explain procedure to Service User and reassure.
4. Administer supplementary oxygen to Service User (if indicated).
5. Select appropriate vacuum pressure.
6. Attach appropriate sized suction catheter to suction tubing.
7. Place sterile glove on dominant hand.
8. Slide catheter out of packet.

9. Insert catheter via airway, advancing till cough reflex is elicited or resistant felt, then withdraw approximately 1cm before applying suction. The catheter should not touch the carina. Measure the catheter to ensure that only one third of its length is inserted.

NO SUCTION APPLIED ON INSERTION

10. Apply suction by placing finger over vent and withdraw catheter smoothly and continuously.
 - Duration must not exceed 10 seconds
 - The longer the duration of suction, the more mucosal damage and hypoxia may occur.
11. Wrap catheter around hand and dispose within glove.
12. Rinse suction tubing with sterile water.
13. Repeat procedure as necessary.
14. A clean catheter should be used for each intervention.
15. Wash hands with soap and water.

OBSERVATIONS

Because of the possible adverse effects of suction, the Service User's oxygen saturation, respiratory rate, pattern and heart rate should be monitored closely. In addition, sputum yielded on suction should also be assessed for colour, viscosity and amount. A sputum specimen should be sent for culture and sensitivity (C&S) if infection is indicated.

HAZARDS OF SUCTION

- Cardiac arrhythmias
- Infection
- Hypoxia
- Atelectasis
- Trauma
- Pneumothorax
- Changes in intra-cranial pressure
- Vasovagal stimulation

Dissemination and Implementation

This Handling of Money – Service Users Who Lack Capacity policy will be introduced to each Care Worker at induction and made available electronically.

Process for Monitoring Compliance and Effectiveness

The following processes will be used to monitor the impact of the Handling of Money – Service Users Who Lack Capacity policy.

- Service user Complaints;
- Service user surveys;
- Other feedback received.

This policy will be evaluated and reviewed by Careville Ltd annually to ensure that it is supporting the required behaviour change.

Authorisation and Signature

This Policy is the authorised version agreed by the Directors of Careville Ltd. All employees are expected to follow this policy and failure to do so could result in disciplinary action.

Director's Signature

Director