

**Tracheostomy:
What You Need to Know Before You
Go Home**



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

Department of Nursing

Welcome to the Michigan Medicine!

We are glad you have chosen us for your care.

How to use this booklet

The purpose of this booklet is to provide patients who have a tracheostomy, or will be having tracheostomy placed, important information that they will need when they go home. We will review this information with you and your family members in detail before you are discharged.

The booklet also includes some suggestions about how to prepare yourself for home. Being prepared ahead of time will help your discharge go smoothly and your recovery at home much more comfortable.

Remember: every patient is a unique case. It is important that you discuss specifics about your tracheostomy care with your pulmonary team and nursing staff before you leave the hospital. Information provided in this booklet is for educational purposes only.

Please keep this booklet in a convenient location to use as a reference when you return home.

Important Contact Information:

Pulmonary Call Center: 888-287-1084

Mon-Fri 8:00 AM—5:00 PM

After Hours: 734-936-6267, ask to speak to the fellow on call for Pulmonary

Web Resource: www.careguides.med.umich.edu

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Personal Information

My Tracheostomy tube size and model is:



When was my tracheostomy tube last changed:



When is my tracheostomy due to be changed:



What do I need to prepare at home?

Choose a “clean” area in your home to store the medical supplies you will need during your recovery.

- Prepare a hand sanitizer and have soap and water readily available.
- Contact your local emergency services to let them know about your situation. Tell them that if you call 911, they should send a response unit right away. You may not be able to talk to them.
- Check your smoke detectors. Your sense of smell may not be as sensitive as before surgery.
- Plan to establish having a family member or friend as a primary caregiver and additional caregivers presents with you as much as possible the first few days you are home. You will need this person(s) to help you learn how to care for yourself after you get home.
- Prepare dry erase boards, notebooks, pens and pencils. Communicating after surgery may be difficult and frustrating.
- If you use alcohol regularly or suffer from depression talk with your doctor before surgery. Alcohol use and depression may affect your recovery.

What should I bring to the hospital?

- During the first few days, you will be most comfortable in hospital gowns. As you begin to feel better, you may want your own slippers and bathrobe, chap stick, personal hygiene items and notebooks for writing messages.

What can I expect during my hospital stay?

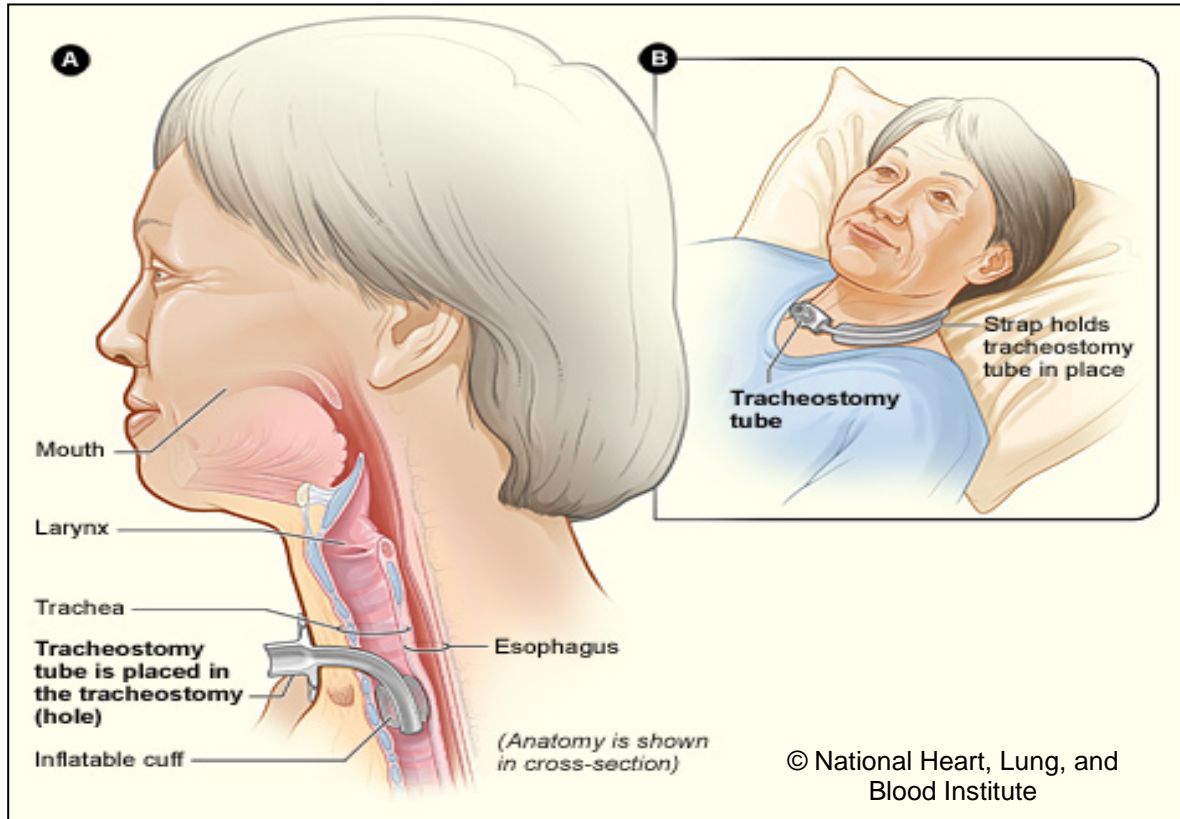
Immediately after your surgery you will move to the Post Anesthesia Recovery Unit (PACU). After the major effects of anesthesia will wear off, you will move to your room either in the Critical Care Medicine Unit (CCMU), or the Progressive care unit. You may still be very sleepy but the nurses will monitor you very closely.

- Your healthcare team will discuss all plans with you and your family daily.
- Most patients receive a blood thinner shot twice a day to help prevent blood clots.
- A Physical Therapist will work with you if needed, and help get you stronger.

How will I care for myself at home after surgery?

We recommend that a family member be designated as a primary caregiver and stay with you as much as possible during the first days at home.

- If you go home with a Tracheostomy or stoma, your portable suction machine, obturator (if applicable), and Go Bag with necessary supplies will go with you wherever you go.
- Do not use Kleenex because the lint it carries can irritate your airway.
- Always clean your hands with soap and water before and after doing Tracheostomy care and suctioning.
- At discharge, we will give you a week's worth of supplies to take home. While you are in the hospital the Discharge Planner will work with you and your local Visiting Nurses Service to make arrangements for getting you the supplies you will need on an ongoing basis.
- Do not lift, push or pull more than 10 pounds (a gallon of milk) for 6-8 weeks. (unless your doctor may give you different instructions).
- Follow the exercises the Physical Therapist gave you.
- Try to avoid constipation as much as possible. Inactivity and certain medications can cause constipation in people after surgery. Because you will not be able to bear down to have a bowel movement, try and keep your stool as soft as possible.
- **Do not swim.** Tracheostomy patients cannot hold their breath and are not able to swim. Take precautions in the shower or bath.
- If you have a Tracheostomy remember to take your obturator with you at all times. You will need it to put a Tracheostomy back in.
- Notify your doctor if you have:
 - Increase redness or swelling around Tracheostomy Site
 - Wound edges that are coming apart
 - Sudden bruising
 - Increase in pain
 - Temperature more than 101

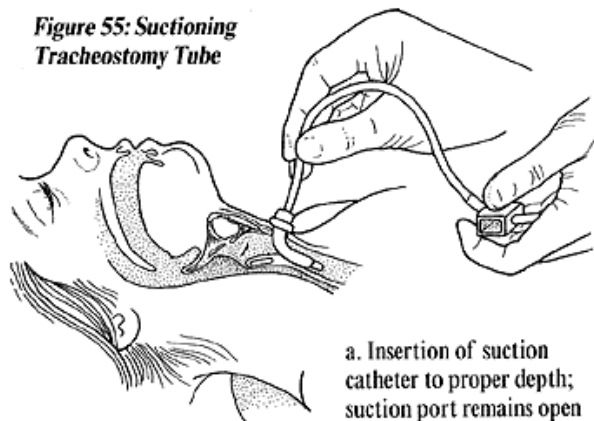


How will I care for my Tracheostomy?

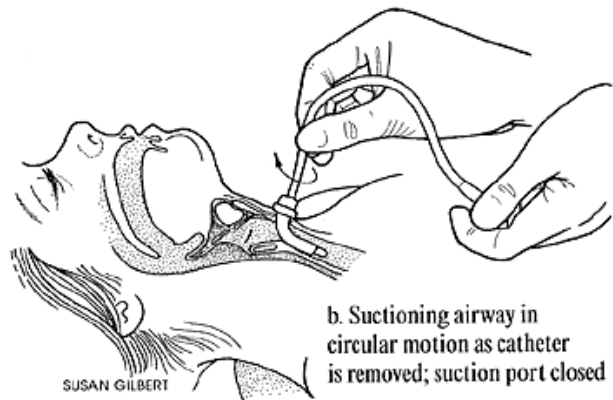
Suctioning: Take several deep breaths before during and after each suction.

1. Wash your hands.
2. Prepare supplies (get saline, gauze, suction machine and catheter ready).
3. Turn on suction machine.
4. Take some deep breaths.
5. Squirt 3-5cc saline in Tracheostomy.
6. Cough.
7. Insert catheter until you feel resistance or hear sound.
8. Cover vent and twist catheter coming out. This should last less than 10 seconds.
10. Repeat steps 1-9 until airway is clear.
11. If you are unable to clear airway **remove and clean** your inner cannula. If you still get no relief call **9-1-1**.

Figure 55: Suctioning Tracheostomy Tube



a. Insertion of suction catheter to proper depth; suction port remains open



b. Suctioning airway in circular motion as catheter is removed; suction port closed

SUSAN GILBERT

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Suction your airway several times a day even if you do not feel congested.

Cleaning: Do this 2-3 times a day.

1. Wash hands.
2. Prepare supplies (get saline, gauze, suction machine and catheter ready).
3. Cough/suction to clear any secretions.
4. Using fingers to support Tracheostomy, remove inner cannula.
 - If you have a disposable inner cannula replace it with new one.
 - If you have a non-disposable inner cannula clean it with a brush and hydrogen peroxide, then rinse with water till clean. Dry the cannula with gauze only. **Do not use Kleenex!** Lint from the Kleenex can irritate your airway.
5. Replace the inner cannula.
6. Clean around the base of the Tracheostomy with a solution made of half normal saline and half peroxide.
7. Tracheostomy ties should have enough slack so that you can put one finger between the ties and your neck.

Filters:

- Artificial Nose – also called Humidified Moisture Exchanger (HME)

This is used to filter the air and provide moisture. The HME acts in place of your nose and mouth to moisten the air before it enters your lungs and to filter out dust and other particles.



- Tracheostomy bib – to prevent too much dust, smoke, and fumes that make breathing difficult. You can buy the bibs at medical supply stores. Wear a “shower shield” or a baby bib with the plastic side out to prevent water from entering your airway when you shower.

Humidity:

To keep mucous thin and easy to cough out use your moist air mask at night, or anytime your secretions are thick and you are at home. If you are away from your moist air mask, put a couple drops of normal saline into your Tracheostomy or moisten your Tracheostomy bib. You can also increase what you drink, but **check with the doctor first.**

Tracheostomy Supplies



Non– Disposable Shiley
&
Obturator

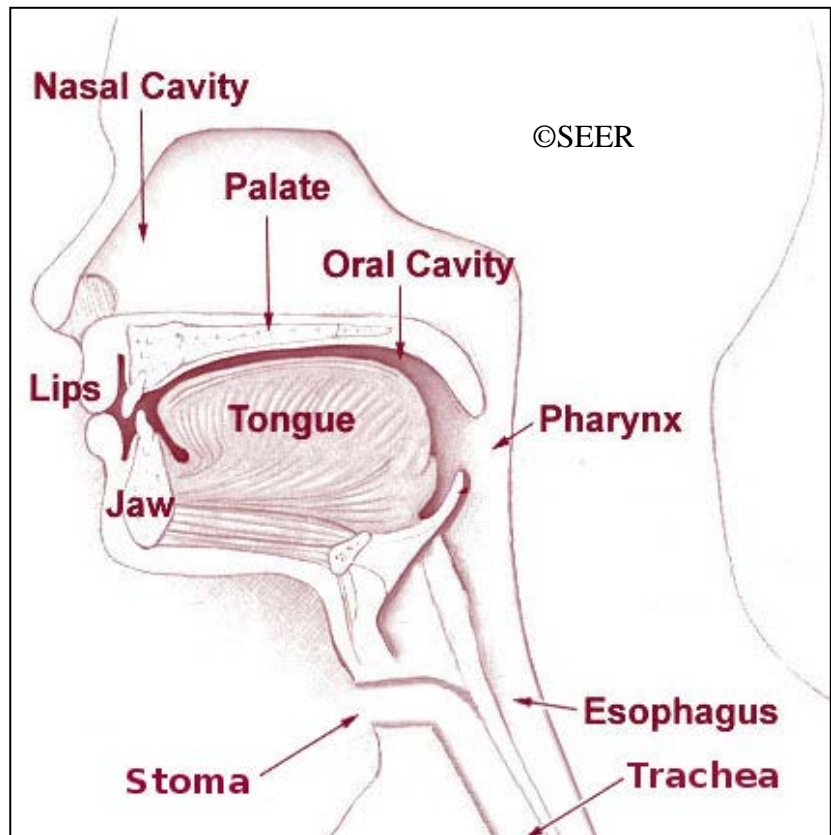


Jackson Metal
Trach
&
Obturator

How will I care for the skin around the stoma (Peristomal skin)

Cleaning: Do this 2-3 times a day.

1. Wash hands.
2. Prepare all supplies.
3. Cough or suction to clear any secretions.
4. Remove old tracheostomy dressing and discard
5. Wash hands
6. Clean peristomal area with a solution made of half hydrogen peroxide and half water.
7. Clean from the stoma outward to neck (this avoids bringing bacteria to the stoma site)
8. Wash hands



9. Apply new tracheostomy dressing

Keep in mind:

→ Whatever you make wet you should make dry. (in other words: dry the peristomal area completely after cleaning.)

Tube Feeding

There are several ways to provide tube feeding. The type of surgery you had determines which type of tube you will use.

- **Dobhoff Tube:** This tube is placed through your nose into your stomach
- **Gastrostomy Tube (G TUBE):** a tube placed directly into your stomach
- **Jejunostomy Tube (J TUBE):** a tube placed through your stomach into your intestine
- **Tracheostomyoesophageal Site (TEP TUBE):** Red rubber tube placed through the stoma into another smaller hole. (This opening is also where a speaking prosthesis will be placed at a post-operative appointment) If the tube comes out try to put it back into the small hole into stoma. Then secure it and call the doctor. **If you are unable to replace it go to your emergency room.** Quick replacement is important to prevent the small opening from closing.

The dietician will give you additional information on Tube Feeding

Tube Feeding Instructions

Start with a clean work surface and assemble your supplies (formula, feeding bag and tubing, water, 30-60 cc syringe).

1. Be sure you start your tube feeding in a seated upright position. Your head should be above your stomach.
2. Wash hands.
3. Check tube for placement. Each tube should be marked with ink (or a stitch) at the point where it is inserted into the body. Make sure tube is in right place. If it does not seem to be correctly positioned call your doctor or visiting nurse.



4. Flush the tube with 30cc of water.
5. Close the roller clamp on the feeding bag.
6. Shake up the can of tube feeding pour it into the bag.
7. Attach the feeding tubing and place the bag above your stomach level. (Some patients place it on a nail in the wall)
8. Open the roller clamp and adjust the rate as tolerated

After feeding:

1. Flush your feeding tube with 30 cc water. After you detach the feeding bag and rinse it out as directed.
2. To prevent nausea, vomiting and aspiration, you must sit with your head and chest above your stomach during the feeding and for 30-60 minutes afterwards.

Medications

Take only medications approved by your doctor.

Try to get all medications in a liquid form. If the medication(s) does not come in a liquid form, your local pharmacist can tell you if it is okay to crush a medication or open a capsule to dilute it. Not all medications can be crushed or diluted. Talk with your doctor about ways to take medications that cannot be taken in liquid form

Steps for taking Medications:

1. Wash hands
2. Prepare medications by mixing them with 30cc of water.
 - If the medication comes as a liquid, you must still mix it with water.
 - If the medication is in pill form, crush it into fine powder and mixed with water (if allowed as noted above).
 - If the medication comes in a capsule, open the capsule and empty the contents into 30 cc of water. (if allowable as noted above).
3. Check the placement of the feeding tube.
4. Flush the tube with 30cc water.

5. Draw up the medications with syringe.
6. Slowly insert them into the tube. Be sure to be sitting upright.
7. Flush with 30cc water.
8. Clamp off tube.

Mouth Care

Mouth care routines vary by the type of surgery you have. We will talk with you about your routine during your hospital stay.

Communication

Patients with Tracheostomy can talk only when the cuff is deflated. Your doctor will decide when it would be possible to deflate the cuff. In most cases this is not possible right after surgery. Most patients communicate by writing, picture boards or dry erase boards until the cuff can be deflated.

Patients with a Tracheostomy can communicate with a dry erase board or pen & paper until they can regain the use of their voice. Your doctor and Speech Pathologist will talk with you more about ways of communication.

Traveling Outside the Home

GO BAG is required equipment that you must have with you at all times. These items may need to be used in an airway emergency

Contents

- Portable suction machine
- Suction catheters (several)
- Gloves
- Saline Bullets/Squirts
- Hand-washing gel
- Resuscitation bag & mask
- Extra trach tubes (same size and size smaller)
- Obturator



A GO BAG. Image provided by UMHS, 8D Unit, Ann Arbor, MI,

- Scissors
- Hemostats
- Extra trach ties
- Syringe (for patients with cuffed trach tubes only)

Equipment for Home

A discharge planner will take care of arranging the supplies you will need at home.

Catheter: After each use, rinse out the catheter with water until it is free of mucous. Store the catheter in a clean plastic bag until ready to use again. With proper care you can reuse the catheter many times.

Portable Suction Machine: (see picture on next page) You will go home with a portable suction machine. It has a rechargeable battery. Take the machine with you every time you leave your house. We will give you more information about how to use and care for the machine before you go home.



Image provided by DeVilbiss Healthcare LLC, Somerset, PA USA

What Resources Are Available to Support Patients and Families?

- **Social Workers** are staff members that help families cope with emotional or social difficulties related to the hospital stay. Social workers also assist with counseling, general information, and referrals to community agencies.
- **Discharge Planners** arrange for continuing therapy and nursing needs after the patient leaves the hospital. They also may arrange placement in rehabilitation or extended care facilities if needed.
- **The UMHS Guest Assistance Program (GAP)** provides financial assistance for transportation, parking, meals, and lodging for family members who qualify.
- **Spiritual Care** providers respond around the clock to patients and families who need spiritual counseling, anointing, emergency baptism, crisis intervention and other supportive measures.

- **The Unit Clerk**, is another important ally and can provide directions, parking slip validation, and make other arrangements.
- **The Unit Host** is on the unit during day and early evening hours. The Host works to promote comfort and meet many of the practical needs of patients and families.
- **The Bedside Registered Nurse** remains your best, first contact. The RN will help put you in touch with any of the supportive resources listed above.
- **Outpatient Clinic**, will be your source for follow-up after discharge. You may call the clinic with any questions or concerns for doctors and nurses to address.

Other Helpful Resources for Patients with a Tracheostomy

1. Dale Medical Products
<http://www.dalemed.com/Products/TracheostomyTubeHolder.aspx>
Provides information and a user-friendly video on the tracheostomy tube securing device.
2. International Ventilator Users Network (IVUN) <http://Ventusers.org>
A network that promotes independence for users on home mechanical ventilation
3. Aaron's tracheostomy page <http://tracheostomy.com/>
A social networking site for parents
4. Helpful tracheostomy information
<http://www.angelfire.com/va2/trachties/Helpful.html>
Networking site for tracheostomy families

Disclaimer: This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

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