

Guideline on Tracheostomy Stoma Care and Changing the Tracheostomy Tube Holder

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CONTENTS

Our Lady's Children's Hospital, Crumlin		
Document Name: Guideline on Tracheostomy Stoma Care and Changing the Tracheostomy Tube Holder		
Reference Number: GTSCCTTH-09-2015-SF-V1	Version Number: V1	
Date of Issue: September 2015	Page 2 of 14	

	Page Number
1.0 Introduction	3
2.0 Definition of tracheostomy stoma care and changing the tracheostomy tube holder	3
3.0 Definitions / Terms	3
4.0 Applicable to	4
5.0 Objectives of the Guideline	4
6.0 Indications for tracheostomy stoma care and changing the tracheostomy tube holder	4
7.0 Complications associated with tracheostomy stoma care and changing the tracheostomy tube holder:	4
8.0 Guidelines	5
9.0 Implementation Plan	10
10.0 Monitoring and / or Audit	10
11.0 References	10
12.0 Appendices	13

1.0 Introduction

Our Lady's Children's Hospital, Crumlin		
Document Name: Guideline on Tracheostomy Stoma Care and Changing the Tracheostomy Tube Holder		
Reference Number: GTSCCTTH-09-2015-SF-V1	Version Number: V1	
Date of Issue: September 2015	Page 3 of 14	

The purpose of this document is to outline the procedure of cleaning the tracheostomy stoma, attending to the skin care needs under the tracheostomy tube holder and changing the tracheostomy tube holder.

2.0 Definition of tracheostomy stoma care and changing the tracheostomy tube holder

The tracheostomy incision is a surgical wound; therefore prevention of infection is paramount. Ideally the tracheostomy tube holder is not changed until the ENT surgeon deems that a safe tract has formed between the skin and the trachea. This occurs when the first tracheostomy tube change is performed, usually between days 2-5 post-operatively. If one needs to remove the tracheostomy tube holder before this, permission must be sought from the ENT team. In the interim period, the area around the stoma can be cleaned using an aseptic technique without removing the tracheostomy tube holder. Prior to the first tube change, stay sutures are present which may impede ones attempts to maintain an aseptic technique. These sutures are removed after the first tube change.

Tracheostomy tubes may cause pressure ulcers by creating a constant pressure interface over the skin on the neck with additional disruption of skin integrity due to wetness from sweat and respiratory secretions (Boesch 2012), because their skin is more delicate and the percentage of body surface area covered by the tube and the tube holder is greater than in adults (Lippert et al 2014). Factors which can contribute include, children's comparatively shorter necks, increased wet environment from secretions and perspiration, frequent rapid head and neck movements compared with more sedentary adults (Hartzell 2014). Friction and pressure related wounds secondary to the tracheostomy tube and tube holder require special attention (Hartzell 2014). Prevention and early detection are the cornerstones to effective tracheostomy care (Hartzell 2014). Children are often unable to communicate discomfort related to pressure (Lippert et al 2014).


Several types of material and design of tube holder can be used to secure the tracheostomy tube in place (see image 1a, 1b, 1c, 1d appendix). In OLCHC, the most frequently used method of securing the tracheostomy tube is Marpac tracheostomy tube holders. Soft foam tracheostomy tube holders cover a greater surface area, better distributing the pressure on the cervical skin (Lippert et al 2014).

3.0 Definitions / Terms

A **tracheostomy stoma** is an opening in the neck through which a tracheostomy tube is inserted.

A **tracheostomy tube holder** is made of durable, non fraying material and holds the tracheostomy tube in place (Hockenberry 2015).

4.0 Applicable to

Our Lady's Children's Hospital, Crumlin		
Document Name: Guideline on Tracheostomy Stoma Care and Changing the Tracheostomy Tube Holder		
Reference Number: GTSCCTH-09-2015-SF-V1	Version Number: V1	
Date of Issue: September 2015	Page 4 of 14	

All nursing staff employed by OLCCHC that are involved in the care of tracheostomy stoma and changing a tracheostomy tube holder

5.0 Objectives of the Guidelines

To standardise the care of tracheostomy stoma and changing a tracheostomy tube

To ensure and maintain patient safely when caring for tracheostomy stoma and changing a tracheostomy tube

To ensure research based knowledge underpins nursing practice

The principle aims of tracheostomy stoma care, care of the skin under the tracheostomy tube holder and changing the tracheostomy tube holder are

- To ensure safety of a) the child's airway, b) the child, c) the tracheostomy tube
- To maintain skin integrity
- To promote the comfort and well being of the child
- To prevent infection

6.0 Indications for tracheostomy stoma care and changing the tracheostomy tube holder


Tracheostomy stoma care, attending to the skin care under the tube holder and tube holder change is performed as required; this is usually performed daily on a baby (Hockenberry 2015) or twice daily if required (Aylott 2010) and can be performed on alternate days in children when the stoma and skin are healthy and intact. Tracheostomy stoma care is usually performed in conjunction with the tracheostomy tube holder being changed but it may be necessary to perform stoma care or attend to the skin under the tube holder without changing the tube holder itself. Cleaning may need to be performed much more frequently during the immediate post operative period because of the greater risk of infection; stoma care may need to be attended to more frequently if clinically indicated, for example, during teething.

The tracheostomy tube holder tension should be checked at the beginning of each shift and if indicated, regularly throughout the day. The tracheostomy tube holder should be readjusted if the tension is too tight or too loose.

7.0 Complications associated with tracheostomy stoma care and changing the tracheostomy tube holder:

Using the correct technique when performing tracheostomy stoma care and changing the tracheostomy tube holder will assist in the prevention of complications which can include:

- Accidental dislodgement/displacement of the tracheostomy tube
- Introduction of liquid or small particles into the trachea e.g. encrusted exudates, particles of dressing products.
- Anxiety and fear
- Discomfort
- Stoma and/or skin infection
- Stoma and/or skin breakdown

Our Lady's Children's Hospital, Crumlin		
Document Name: Guideline on Tracheostomy Stoma Care and Changing the Tracheostomy Tube Holder		
Reference Number: GTSCCTTH-09-2015-SF-V1	Version Number: V1	
Date of Issue: September 2015	Page 5 of 14	

- Cross infection
- Restricted blood supply to/from the head

Caution: Velcro ties are not suitable for young children who are active and mobile unless nursed under continuous observation i.e. in an ICU setting (Aylott 2010). The concern is that small children may pull the Velcro apart leading to accidental decannulation. **In OLCHC it is generally advised to avoid using Velcro ties on children under 8 years of age. Children over 8 years of age should be individually risk assessed to determine their suitability before using Velcro ties.**

Note: Options for keeping the child still during the procedure are discussed with the child and parents/carer, swaddling the child or infant is not routinely performed in OLCHC and may cause increased distress (Department of Health and Children 2009). Involve the play specialist if necessary.

8.0 Guidelines

Equipment:

Clean dressing trolley or work surface
Tracheostomy dressing
Non sterile powder free gloves
Gauze squares
Receiver or gallipot
Waste bag
0.9% Normal Saline ampoules
Double round ended scissors
Marpac tracheostomy tube holder
Disposable plastic apron
Bowl of warm water
Mild emollient wash
Flannel or sponge
Towel
Rolled sheet for under the shoulders

If required


Clean Heat and Moisture Exchanger
Skin protector e.g. Trachi Wipe
Skin emollient - non perfumed
Cotton tipped applicators
Goggles - following a risk assessment

Preparation

The nurse ensures a safe environment by checking that the following items are present:


- The Trachi Case, which contains the equipment and supplies necessary to perform an emergency tube change.
- Suction equipment with appropriate sized suction catheters.
- Oxygen supply with oxygen attachment for a tracheostomy tube and a non rebreathe face mask

Two people are required to change the tracheostomy tube holder, to prevent accidental tube dislodgement by the child moving or coughing (Aylott 2010, MacQueen 2012). This procedure is performed by a nurse competent in the procedure with an assistant. The assistant can be a fellow nurse, a nursing student, healthcare assistant, a carer or a parent.


Our Lady's Children's Hospital, Crumlin		
Document Name: Guideline on Tracheostomy Stoma Care and Changing the Tracheostomy Tube Holder		
Reference Number: GTSCCTTH-09-2015-SF-V1	Version Number: V1	
Date of Issue: September 2015	Page 6 of 14	

If the child is self caring they can assist with the procedure.


ACTION	RATIONALE & REFERENCE
<p>The nurse prepares the child by ensuring that the procedure is performed at least one hour before or after food has been consumed, but not when the child is hungry</p>	<p>Reduces the risk of vomiting and distress</p>
<p>Explain the procedure to the child/ parents/carers</p>	<ul style="list-style-type: none"> • to inform the child and family of the procedure • to gain co-operation • to reduce stress and anxiety. <p>(Dougherty and Lister 2011, Hockenberry & Wilson 2011)</p>
<p>A musical cot mobile or toy portable visual devices can be used to provide distraction If the baby uses a soother ensure one is available</p>	<p>Promotes distraction and comfort</p>
<p>Assess the child's level of pain and administer the appropriate analgesia prior to performing stoma care if necessary</p>	<p>To reduce the pain associated with the procedure thus increasing the child's comfort (Trigg and Mohammed 2010)</p>
<p>The child is placed at a safe working level The baby is laid in a supine position, with arms in the cot with a rolled sheet under their shoulders. If appropriate, a child can sit upright, with their head tilted slightly backwards, with their back, and head supported by a hard surface. Clothing around the neck is opened and the neck and shoulders exposed</p>	<p>To protect employees health and safety To hyper extend the neck, making observation and cleaning of the stoma easier (Mac Queen 2012) To ensure that they don't pull away and dislodge the tube.</p> <p>To ensure comfort To facilitate respiratory observation and the early detection of respiratory distress</p>
<p>All efforts must be made to protect the privacy and dignity of the child during the procedure</p> <p>Standard precautions must be used:</p> <ul style="list-style-type: none"> • Decontaminate hands • Apply an apron • Put on gloves • Adopt aseptic non-touch technique. • Wear goggles if necessary (following risk assessment) 	<p>To protect the child's best interest (Department of Children and Youth Affairs 2011)</p> <p>To adhere to standard infection control precautions and prevent the cross of infection (ICP Department 2013)</p>

Our Lady's Children's Hospital, Crumlin		
Document Name: Guideline on Tracheostomy Stoma Care and Changing the Tracheostomy Tube Holder		
Reference Number: GTSCCTTH-09-2015-SF-V1	Version Number: V1	
Date of Issue: September 2015	Page 7 of 14	


<p>Dampen gauze squares with 0.9% Normal Saline</p> <p>The assistant stands facing the child.</p> <p>Wearing non sterile gloves the assistant holds the tracheostomy tube securely in place using minimal pressure and a “U” shaped hold. This must be maintained throughout the whole procedure whilst observing and supporting the child.</p> <p>Standing behind the child the nurse/parent/carer, using the double round ended scissors cuts the tube holder between the knots and the flanges, removes and discards the old tracheostomy tube holder and dressing if present</p> <p>Inspect the stoma and skin for signs of inflammation and altered skin integrity including granulation tissue</p> <p>Remove gloves and decontaminate hands</p> <p>Clean the stoma with the dampened gauze squares, clean from the skin nearest the stoma in an outward direction using each piece of gauze once.</p> <p>Clean under the flanges/wings of the tracheostomy tube, above and below the stoma site taking care not to accidentally dislodge the tracheostomy tube. Continue to clean the stoma site using a new piece of gauze each time until the whole area has been cleaned</p> <p>Dry the stoma site thoroughly; dry from the skin nearest the stoma site in an outward direction</p>	<p>To reduce the transfer of micro organisms (HSE 2009, Infection Control Department, OLCCHC 2013)</p> <p>0.9% Normal Saline is recommended as the solution for cleansing of the stoma (Hockenberry 2015)</p> <p>Moisten gauze swabs enough only to clean without the risk of excess saline dripping into the stoma (Aylott <i>et al</i> 2010)</p> <p>To securely hold the tracheostomy tube and to facilitate observation of the child</p> <p>See image 5, Appendix. To prevent accidental dislodgement of the tube and allow for cleaning under the flanges of the tube. Stabilising the tube promotes comfort as children are very sensitive to tube movement causing them to cough and risks tube dislodgement (Aylott <i>et al</i> 2010). To promote comfort and prevent any risk to the child (Mac Queen 2012)</p> <p>The tube holder may trap moisture & cause irritation on the neck (Wilson 2011). Tracheostomy tube holders once soiled and allowed to dry become sharp and can cut into the child's skin (Aylott <i>et al</i> 2010). Early detection of complications facilitates early intervention (Aylott <i>et al</i>; 2010).</p> <p>To reduce the transfer of micro organisms (HSE 2009, Infection Control Department, OLCCHC 2013)</p> <p>Avoid using products that contain lint or small fibres which could inadvertently enter the stoma. To prevent dried or encrusted secretions from entering the stoma.</p> <p>Using a single sweep, moving from the stoma outwards with each gauze piece reduces the risk of bacteria moving</p>
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Our Lady's Children's Hospital, Crumlin		
Document Name: Guideline on Tracheostomy Stoma Care and Changing the Tracheostomy Tube Holder		
Reference Number: GTSCCTTH-09-2015-SF-V1	Version Number: V1	
Date of Issue: September 2015	Page 8 of 14	

<p>Decontaminate hands</p> <p>Wash the skin on the neck with warm water to which a mild emollient wash e.g. Elave has been added using a sponge or flannel Dry the skin on the neck thoroughly with a towel with a dabbing motion. Apply emollient if required. Check the skin daily for any signs of irritation, inflammation, pressure or friction.</p> <p>Assess the need for a skin protector, eg. Trachi Wipe.</p> <p>The use of dressings around a healthy stoma site is unnecessary unless clinically indicated.</p> <p>There are specifically designed tracheostomy dressings available, e.g. Trachi Dress or Trachi Dress Foam. Change dressing daily or as required</p> <p>Carefully place the tracheostomy tube holder in the middle of the back of the child's neck snugly fit the sides towards the flanges of the tracheostomy tube.</p> <p>Insert one twill tape into the opening of the flange while the assistant holds and keeps tension on the tapes on the other side. The tape is gently pulled until the tension is estimated to be adequate and tied to the other twill tape, make a bow.</p> <p>On the other side, repeat the procedure</p> <p>Lie the infant on his/her side, sit the infant or child upright with the head flexed gently forward or lift the infant over the assistants shoulder. The assistant holds the tube securely.</p>	<p>towards the stoma (Aylott <i>et al</i> 2010). To prevent cross infection (Trigg and Mohammed 2010)</p> <p>To attend to hygiene needs, to provide comfort. Excess moisture can predispose the area to skin breakdown (Aylott <i>et al</i> 2010)</p> <p>To reduce the transfer of micro organisms (HSE 2009, Infection Control Department, OLCCHC 2013)</p> <p>To reduce the transfer of micro organisms (HSE 2009, Infection Control Department, OLCCHC 2013) To maintain skin integrity and prevent skin drying (Elson 2011)</p> <p>Early detection of complications facilitates early intervention (Aylott <i>et al</i> 2010)</p> <p>To protect the skin from tracheal secretions and reduces skin irritation (Manufacturer's information) Kapitex Healthcare 2015. See image 4, Appendix</p> <p>Dressings are not used if not necessary (Aylott <i>et al</i> 2010)</p> <p>A tracheostomy dressing absorbs mucous, aids in keeping the area dry, minimises skin excoriation and reduces the risk of an infected area developing NHS Scotland Best Practice Statement 2008 (Manufacturer's information, Kapitex Healthcare 2015) See images 3a & 3b, Appendix.</p> <p>Follow manufacturer's instructions (Marpac 2015) See image 2 Appendix</p>
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Our Lady's Children's Hospital, Crumlin		
Document Name: Guideline on Tracheostomy Stoma Care and Changing the Tracheostomy Tube Holder		
Reference Number: GTSCCTTH-09-2015-SF-V1	Version Number: V1	
Date of Issue: September 2015	Page 9 of 14	

<p>Check the tension. One finger should fit between the tube holder and the child's neck</p> <p>If the tension is not correct, lie the infant/child down with the roll under the shoulders, undo the bows and readjust.</p> <p>When the tension is correct change the bows into knots, tie two further knots on each side</p> <p>Change the area where the knot is positioned daily or as required</p> <p>Remove the roll from beneath the child's shoulders</p> <p>Cut off excess tape, leaving approximately 4cm remaining</p> <p>The child's clothing is readjusted</p> <p>Discard used supplies appropriately</p> <p>Remove apron and discard in the appropriate bin</p> <p>Decontaminate hands</p> <p>Reassure, praise and thank the child</p> <p>Document all care given</p> <p>Record and report to the ENT team any abnormalities or difficulties experienced e.g.</p> <ol style="list-style-type: none"> Any bleeding from the stoma site Any discharge or offensive odour from the site Any alteration in skin integrity including evidence of over granulation Wound care or dressing performed Any increase in discomfort during care <p>Skin creams or ointments are not routinely used. Creams/ointments may be applied around the</p>	<p>The tracheostomy tube holder must be tight enough to secure the tracheostomy tube in place and loose enough to avoid skin breakdown or damage (Boss 2009, Wong 2015)</p> <p>See image 6 Appendix</p> <p>To ensure that the tension isn't lost (MacQueen 2012)</p> <p>Three knots are unlikely to come undone (Aylott <i>et al</i> 2010).</p> <p>To ensure the child's comfort and decrease the risk of skin breakdown</p> <p>To decrease the risk of the child pulling out the tube</p> <p>To ensure comfort, dignity and privacy</p> <p>To prevent cross infection (HSE 2010, Waste Management Policy OLCHC 2014)</p> <p>To prevent cross infection (Infection Control Department OLCHC 2013)</p> <p>To reduce the transfer of micro organisms (HSE 2009, Infection Control Department, OLCHC 2013)</p> <p>To maintain a trusting relationship between the child and the nurse (Hockenberry 2015)</p> <p>To maintain an accurate record of nursing care and to facilitate communication. To</p>
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Our Lady's Children's Hospital, Crumlin		
Document Name: Guideline on Tracheostomy Stoma Care and Changing the Tracheostomy Tube Holder		
Reference Number: GTSCCTTH-09-2015-SF-V1	Version Number: V1	
Date of Issue: September 2015	Page 10 of 14	

<p>stoma site only after consultation with the CNS/ENT team, taking extreme care that no particles enter the stoma.</p>	<p>ensure safe practice and maintain accountability (ABA 2002)</p> <p>This may indicate trauma or the formation of granulation tissue This may indicate infection This may indicate trauma or infection This may cause external obstruction of the stoma (NHS Scotland Best Practice Statement 2008)</p> <p>Due to increased absorptive capabilities of the trachea, the use of materials or substances that can cause toxicity or potential irritation are avoided (Hartzell 2014).</p>
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9.0 Implementation Plan

Communication and Dissemination

- Guidelines will be posted on hospital Intranet
- Hard copies of this Guideline are available in the Nurse Practice Guidelines Folder in each clinical area

Training


- Education and training will be delivered in the clinical area for nursing staff who provide tracheostomy stoma care and change the tracheostomy tube holder in OLCHC
- Education is included in induction packages in the clinical area for nursing staff who provide tracheostomy stoma care and change the tracheostomy tube holder in OLCHC

10.0 Evaluation and Audit

Monitoring of compliance is an important aspect of procedural documents. However, it is not possible to monitor all procedures. Therefore, this guideline will be reviewed on a three yearly basis or when indicated by a change in best practice using the following methods:

- Feedback from nursing staff who provide tracheostomy stoma care and change the tracheostomy tube holder in OLCHC on this guideline will contribute to ongoing guideline development.
- Monitoring Near Misses/ Adverse Incidents in accordance with OLCHC

11.0 References

Our Lady's Children's Hospital, Crumlin		
Document Name: Guideline on Tracheostomy Stoma Care and Changing the Tracheostomy Tube Holder		
Reference Number: GTSCCTTH-09-2015-SF-V1	Version Number: V1	
Date of Issue: September 2015	Page 11 of 14	

An Bord Altranais (2002) *Recording Clinical Practice: Guidance to Nurse and Midwives*. An Bord Altranais, Dublin.

Aylott M (2010) Tracheostomy Care In *Developing Practical Skills for Nursing Children and Young People*. (Glasper A Aylott M & Battrick C)Hodder Arnold Publishers Ltd. London 371-390

Boesch R, Myers C, Garrett T, Nie. A, Thomas N, Chima A, McPhail G, Ednick M, Rutter M & Dressmann K, Prevention of Tracheostomy –related pressure Ulcers in Children. (2012) *Paediatrics* **129**, 792-797

Boss E (2009) Paediatric Tracheostomy. *Operative techniques in Otolaryngology*. **20**, (4) 212-217

Department of Children and Youth Affairs (2011) Children First: National Guidance for the Protection and Welfare of Children, Department of Children and Youth Affairs, Dublin.

Dougherty L and Lister S (2011) Respiratory Care. In *The Royal Marsden Hospital Manual of Clinical Nursing Procedures*. 8th Edition. (Dougherty L & Lister S) Wiley – Blackwell, Oxford, 573-592

Elson D. (2011) Use of emollients in dry skin conditions. *Nursing Times*. **107** (47) 18-21

Fidment S (2010) Tracheostomy Care In *Practices in Children's Nursing: Guidelines for Hospital and Community*, 3rd edition, (Trigg E. and Mohammed T.A.) Churchill Livingstone, Edinburgh, 286 – 287.

Infection Control and Prevention Department (2015) *Standard Precautions*. OLCHC, Dublin 12.

Infection Control and Prevention Department (2013) Guideline on Hand Hygiene. OLCHC, Dublin

Hartzell L, Havens T, Odom B, Stillman T, Boswell J, Bower C & Richter G, (2014) Enhanced tracheostomy wound healing using Maltrodextrin Silver Alginate Compounds in Pediatrics: A Pilot Study. *Respiratory care*. 2014 **59**, (12) 1857 - 1862

Health Service Executive (HSE) (2009) *Health Protection Surveillance Centre (HPSC) Strategy for the Control of Antimicrobial Resistance in Ireland; Guidelines for the antimicrobial stewardship in hospitals in Ireland*, HSE Dublin Ireland


HSE and Department of Health and Children (2010) Healthcare Risk Waste Management – Segregation, packaging and storage guidelines for healthcare Risk Waste 4th Edition. HSE Dublin.

Hockenberry MJ, Wilson D, (2015) The Child with a disturbance of oxygen and Carbon Dioxide Exchange. *Wong's Nursing Care of Infants and Children*, 10th Edn. Mosby, St. Louis, 1150 - 1155

Kapitex Healthcare (2015) Trachi Dress <http://www.kapitex.com/tracheostomy/essentials/trachi-dress/> accessed July 2015

Kapitex Healthcare (2015) Trachi Wipe <http://www.kapitex.com/airway/filters/trachi-wipe/> accessed July 2015

Lippert D, Hoffman M, Dang P, McMurray S, Heatley D, & Kille T, (2014), Care of the pediatric tracheostomy in the immediate postoperative period and timing of the first tube change. *International*

Our Lady's Children's Hospital, Crumlin		
Document Name: Guideline on Tracheostomy Stoma Care and Changing the Tracheostomy Tube Holder		
Reference Number: GTSCCTTH-09-2015-SF-V1	Version Number: V1	
Date of Issue: September 2015	Page 12 of 14	

Journal of Pediatric Otorhinolaryngology. Vol. 78 (12), pp. 2281-5

Macqueen S, Bruce EA & Gibson F (2012) Tracheostomy: care and Management. In *Great Ormond Street Hospital Manual of Children's Nursing Practices*. Wiley – Blackwell, Oxford, 694 – 693

Marpac (2015) Marpac Tracheostomy Tube Holder <http://www.marpac.biz/training/> accessed July 2015

Quality Improvement Scotland: NHS (2008) Caring for the child/young person with a tracheostomy. Edinburgh: NHS QIS
www.nhshealthquality.org


Trigg E and Mohammed T.A. (2010) Tracheostomy care. *Practices in Children's Nursing: Guidelines for Hospital and Community*, 3rd edition, Churchill Livingstone, Edinburgh, 286 – 287.

Wilson M (2005) Paediatric Tracheostomy. *Paediatric Nursing*. **17**(3), 38-44.







Wilson D (2011) CHAPTER TITLE in Wongs Nursing Care for Infants and Children 9th Edition (Hockenberry MJ & Wilson D Mosby, St Louis.

Waste Management Policy (2014) OLCHC 4th Edition, Our Lady's Children's Hospital Crumlin Dublin.


12.0 Appendices: Tracheostomy stoma care and changing the tracheostomy tube holder


Our Lady's Children's Hospital, Crumlin		
Document Name: Guideline on Tracheostomy Stoma Care and Changing the Tracheostomy Tube Holder		
Reference Number: GTSCCTH-09-2015-SF-V1	Version Number: V1	
Date of Issue: September 2015	Page 13 of 14	

12 Appendices: Tracheostomy stoma care and changing the tracheostomy tube holder

1a.		Marpac Tracheostomy tube holder
1b.		<p>Tracheostomy tube holder using twill tape, oxygen tubing and foam padding.</p> <p>To make the ties , take a length of cotton tape and the oxygen tubing using a size 6 suction catheter thread the tie through the oxygen tubing (see illustration)</p>
1c.		Twill tapes to secure the tracheostomy tube, known as the long & the short tape
1d.		Velcro Tracheostomy tube holder
2		Marpac Tracheostomy tube holder instructions
3a.		Tracheostomy Dressing – Trachi Dress

3 b.

Our Lady's Children's Hospital, Crumlin		
Document Name: Guideline on Tracheostomy Stoma Care and Changing the Tracheostomy Tube Holder		
Reference Number: GTSCCTTH-09-2015-SF-V1	Version Number: V1	
Date of Issue: September 2015	Page 14 of 14	

	Tracheostomy Dressing – Trachi Dress Foam
<p>4</p> 	Skin Protector – Trachi Wipe
<p>5</p> 	U – shaped hold
<p>6</p> 	Assessing the tracheostomy tube holder tension- Infant sitting upright, little finger between the tracheostomy tube holder and the skin with the infants head gently flexed forward
