



# Collaborative Regional Benchmarking Group Tracheostomy Care in Critical Care



**Aim:** To provide guidance on nursing care for patients with a tracheostomy in Critical Care

**Scope:** All adult patients with a tracheostomy



Emergency  
Algorithm

## SAFETY FIRST!

- Tracheostomy Bedhead sign should be in place for all patients with a tracheostomy
- Emergency Box should be present at the bedside & stocked
- All staff caring for patients with a tracheostomy should be familiar with the Emergency Tracheostomy Algorithms (NTSP)



Bedhead  
sign

## RISK OF DISPLACEMENT

Standard Tracheostomy Care	
1	Ensure adequate oxygen and humidification therapy is delivered for both ventilated and non-ventilated patients
2	Where an inner cannula is present, it should be removed, inspected and cleaned with sterile water 8-12 hourly (FICM, ICS, NTSP, 2020) or as the patient condition dictates?
3	Perform suctioning as often as clinically indicated but as a minimum this should be 8 hourly. Subglottic tubes should be aspirated port 4 hourly.
4	Closed suction systems should be changed in line with manufacturers recommendations and documented.
5	The tracheostomy site should be kept clean and dry and changed if soiled (FICM, ICS, NTSP, 2020). Has the tracheostomy stoma site/ skin integrity been checked 4 hourly and assessment documented?
6	Tracheostomy cuff pressure should be maintained between 20 – 30 mmH <sub>2</sub> O if the patient is ventilated, or inflated to an agreed level where a leak is present. If monitoring is not continuous, manual checks of cuff pressure should be checked at least once per nursing shift (typically 8-12 hours).
7	Perform oral care 4 hourly or as required
8	Continuous monitoring of CO <sub>2</sub> is required( NCEPOD 2014)
9	A swallow assessment should be undertaken by a Speech and Language Therapist or a clinician trained to carry out assessments prior to commencing fluids orally
10	Communication aids should be made available for non sedated patients (e.g speaking valves, wipe boards or flash cards). GPICS (2022)
11	The stoma site should be swabbed if any signs of infection

**Please see your units full guidelines for more information**

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