

PEDIATRIC TRACHEOSTOMY CARE HANDBOOK

An Instructional Booklet
for Home Care of Your Child
with a Tracheostomy



As the parent of a child with a tracheostomy, you most likely have many questions and concerns as you prepare to take your child home from the hospital. We at SIMS Portex Inc. hope this booklet will answer many of these questions, eliminate your concerns, and provide you with the technical and clinical information that you need to care for your child at home.

This booklet is intended as a guide to tracheostomy care and is not intended as a complete text.

Many patients, both children and adults, care for their tracheostomies at home. They are able to resume many of their normal activities such as play, school, travel, and family interaction.

What Is a Tracheostomy?

A tracheostomy is a small surgical opening through the skin into the windpipe (trachea) of your child. A small plastic tube (tracheostomy tube or trach tube) is placed through this opening into the trachea to aid in the maintenance of the airway. Your child breathes directly through this tube, and the mouth and nose are bypassed.

History of Tracheostomy

Records indicate that the first tracheostomy was performed 124 years before the birth of Christ by a Roman physician. During the Dark Ages little mention of the operation is recorded, but it was felt that the cartilages of the trachea would not heal so the surgical procedure was not commonly performed. The tracheostomy tube was first used in the 16th century and by the 19th century, 28 successful operations had been performed. The first tracheostomy tube for children was developed in 1880. In 1936 Davidson, an American doctor, advocated the use of this operation for the respiratory support of polio patients.

Today, tracheostomy is a common procedure and a lifesaver of many infants and children who need airway support.

Why Does My Child Have a Tracheostomy?

A tracheostomy helps protect your child's airway and establishes a route through which ventilation (breathing) can be provided by a machine (ventilator) if needed. It is sometimes needed because there is a blockage in the upper airway or because your child's illness has caused the airway and lungs to produce secretions (mucus) which are too thick and can only be cleared with mechanical suction.

How Do We Breathe Normally?

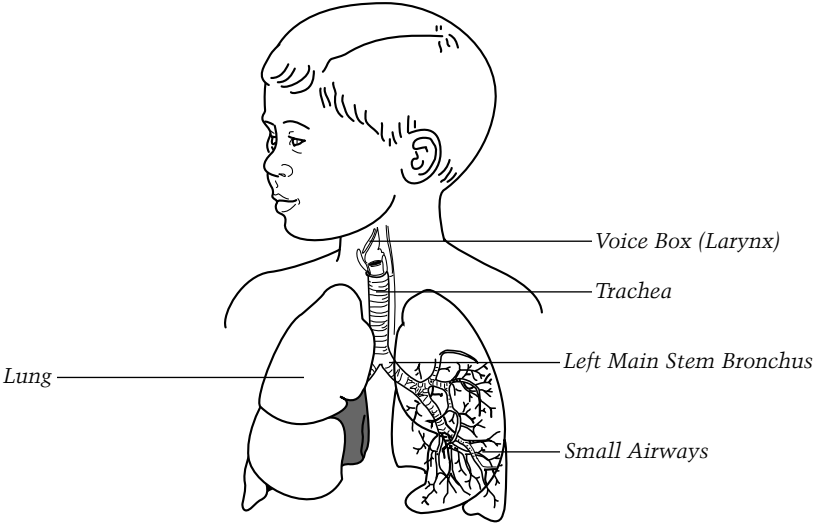
Breathing moves air in and out of our bodies. The most important gas in the air that we bring into our bodies is oxygen. The oxygen travels down our airway into the lungs where it goes into small air sacs (alveoli). Here oxygen molecules travel through a very thin membrane that separates the blood from the air. Once in the blood, the oxygen travels throughout our body and is used as an essential fuel to produce energy. As oxygen is used, it makes a waste product, carbon dioxide (CO₂). We get rid of CO₂ as we breathe out.

Anatomy and Physiology of the Respiratory System

As we breathe in, a large muscle that divides the chest from the abdomen (the diaphragm) drops down and the rib cage expands, which causes a slight vacuum in the lungs. Because the pressure in the atmosphere outside of our body is greater than the pressure inside, the air flows into the lungs. The air enters the nose, which has the respiratory function to warm, filter, and humidify this air as it enters our body. From here the air travels down the throat through the voice box (larynx). As we breathe, the vocal cords, which are located in the larynx, open and the air passes freely into the trachea. The trachea branches into two main air passages (right and left mainstem bronchus) which direct the air into the lungs. As the bronchi enter the lungs, they branch off into smaller and smaller air passages through which the air travels until it reaches the tiny balloon-like air sacs (alveoli). The oxygen our bodies need is then taken into the blood and the carbon dioxide is expelled.

The nose and upper airway play a very important role in normal respiration. The air we breathe in contains many very small particles of debris such as dirt, dust, and pollen. Much of the debris would be very harmful to our lungs if it should reach the small airways. The hairs that are located in our nose filter out many of the larger dirt particles. The airway produces mucus, which also helps with the cleaning of the air we breathe. The mucus coats the tubes of the airway and helps trap the smaller particles of dust and germs in the air. To help remove these particles, the airway is lined with thousands of microscopic hair-like structures (cilia). As these hairs move back and forth, they move the mucus up and out of the lower airway and into the upper airway, where they can be coughed out or swallowed.

Another very important role of the mucus that lines the nose, throat, and airways is that it adds moisture to the air which we breathe. The fluid found in the mucus comes from special glands, which are located in the walls of the airway. For these glands to function they need a good supply of water. This supply of water comes



Normal anatomy of airway (child).

from the fluids we drink. Because of this fact, it is very important to provide your child with an abundant quantity of fluids to drink. This will help to keep the secretions thin and watery, making them easier to remove.

What Makes Breathing with a Tracheostomy Different?

Because your child has had a tracheostomy, the normal anatomy of the upper airway has been bypassed. When he/she breathes through the tracheostomy, the air going to the lungs does not get humidified, warmed, or filtered of the dust particles.

The fact that the upper airway has been bypassed reduces the defenses that the airway depends upon. When caring for your child, certain precautions must be followed. It is very important that everyone who will care for the child learns tracheostomy care and how



Your child will need to be loved and hugged as much as ever.

to deal with the emergencies that may occur.

Your child will need to be loved and hugged as much as ever. Your confidence in his/her care will be reflected in his/her sense of security. A major part of your care activities will be aimed at providing a safe environment for the child. You will need to make sure that the air is clean, moist, and warm. The doctors, nurses, and therapists will help you in making sure your home provides this type of environment.

Some changes in your and your child's lifestyles are necessary to ensure this safety. Water is the most serious threat to your child. Tub bathing requires constant observation by a responsible adult. Because your child cannot filter the inspired air, smoking, animal hair, pollen, and dust must be avoided around the child.

Tracheostomy Care for the Child and Infant

There are five major steps to learn in providing safe and effective tracheostomy care for the child or infant. These are skin care, humidification, mobilization and suctioning of secretions, changing the tracheostomy tube, and emergency care procedures.

Skin Care

The care of the skin around the tracheostomy is one of the most important aspects of the care you will provide your child at home. The surgical opening at the tracheostomy site needs to be cleaned frequently as it heals. At first, you may have to clean the site four to five times a day until it is entirely healed. After the incision is healed, the skin must be kept dry and clean. Routine skin care should be done at least twice a day.

With infants and young children, all tracheostomy care should be done with two people, one to hold the child and the other to provide the care.

The following is a suggested list of supplies and equipment you will need to provide skin care for your child. Your doctor will advise you as to the exact items.

1. Cotton swabs
2. Normal saline and hydrogen peroxide

NOTE: Your doctor will instruct you to use either normal saline or a mixture of half normal saline and half hydrogen peroxide.

3. A rolled baby blanket, bath towel, or small pillow to place under the child's shoulders.

It is best to provide a designated spot in your home for routine tracheostomy care of your child. This spot should be comfortable for you and your child, be well lighted, and provide a safe environment. Baby powders should never be used in this area, since they can increase the dust in the environment.

Procedure:

1. Collect and prepare all the supplies and equipment.
2. Wash your hands with soap and water before doing any tracheostomy care.
3. Lay the child in a comfortable position on his/her back with roll or small pillow under the shoulder area. This position should extend the neck, allow you to see the tracheostomy site easily, and allow easier tracheostomy care.
4. Look closely at the skin around the tracheostomy opening (stoma) for signs of breakdown, infection, or irritation.
5. Moisten the swabs in either the normal saline or the peroxide solution.
6. With a rolling motion, clean the skin area around the stoma and under the winged flange of the tracheostomy tube.
7. Pat dry with a dry cotton swab or gauze pad.
8. A tracheostomy dressing or two gauze pads may be placed under the wings of the tube to protect the skin. NEVER cut a gauze pad to place around the tracheostomy tube, as fibers may become loose and be inhaled into the airway.

Changing the Tracheostomy Ties

Your child's tracheostomy is held in place with either tracheostomy ties or a Velcro® tracheostomy tube holder. These ties should be routinely changed whenever they become wet or soiled. With infants and active young children, this must be a two-person procedure, as it is important that the tube remain stable and not be pulled out.

When retieing the ties, do not pull them too tight as you may decrease the blood flow to the child's head and cause undue pressure to the skin of the neck.

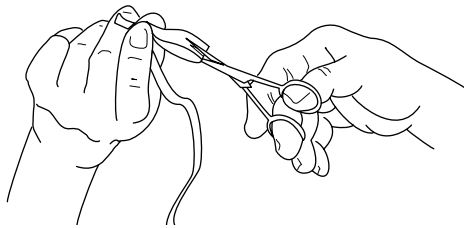
Supplies:

1. Clean tracheostomy tie or Velcro® tracheostomy tube holder
2. Scissors
3. Washcloth and towel
4. Soap and water.

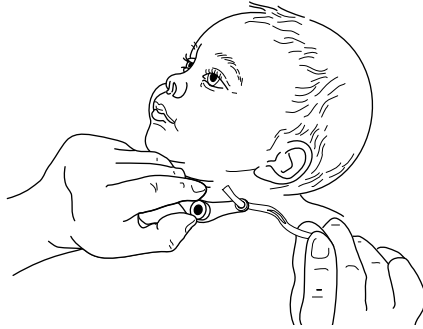
Procedure:

1. Collect and prepare all supplies and equipment.
2. Remember, this is ALWAYS a two-person procedure. Decide who will do what. (For ease of description, we will refer to these two people as Person A and Person B.)
3. Position the child as in the skin care procedure.
4. Person A: Hold the tracheostomy in place with tips of fingers.

Person B: Cut or untie the old ties. Check the skin and wash it with soap and water. Dry the skin completely.

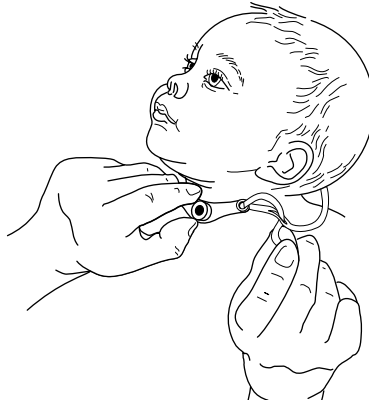


Cut a 1/4-inch slit in end of tie.



Thread the slit end of the tie through the wing of the tracheostomy tube.

5. Person B: Replacing the tracheostomy ties:
 - a. Fold one end of the tie back over on itself.
 - b. Cut a 1¼-inch slit in the end of the tie.
 - c. Thread the slit end of the tie up through the bottom slit in the wing of the tracheostomy tube.



Slip the other end of the tie through the slit and pull it snug on the wing.

- d. Slip the other end of the tie through the slit which you cut, and pull it snug on the wing.
 - e. Repeat the same procedure on the other side.

6. Person B: Place child in a sitting position and tie the first knot on the side of the neck.
7. Person A: Continue to support the tube and tilt the child's neck forward.
8. Person B: Tie second knot on the side of neck.

NOTE: The tracheostomy tie should be secure enough so that the tube will not pull out, **but loose enough so that you can slide your little finger under the tie.** Do not secure the tracheostomy tube by tying a bow; this technique is dangerous because a bow may easily come undone.

A pediatric Velcro tracheostomy tube holder may be used in place of a tracheostomy tie. Be sure to follow the manufacturer's instructions or consult with your doctor, nurse, or therapist.

Humidification

Humidity, or the amount of moisture in the air, will have a great effect on your child's secretions. Remember, when your child breathes through his/her tracheostomy, the air is not filtered, warmed, or humidified. Without added moisture, your child's secretions may become thick and difficult to cough out. The climate both inside your home and outside will affect his or her secretions. Both heating your home in the winter and air conditioning in the summer months tend to dry out the air. Therefore, some source of additional humidity is frequently needed.

Fluid Intake

It is very important to monitor the amount of fluid that your child drinks each day. Children need adequate amounts of fluid to keep their mucus loose. Sometimes it may be difficult to make your child drink enough fluids. This is especially true when he/she is sick. Illnesses associated with fever, diarrhea, sweating, or vomiting are of special concern. If you have any doubt that your child is drinking enough fluid, consult your doctor.

Saline Instillation

The use of saline directly into your child's tracheostomy tube is one of the most important parts of his/her tracheostomy care routine. This will help clear the mucus. The amount of saline you put into your child's airway will vary with the age and size of your child. Your doctor, nurse, or therapist will prescribe the amount and frequency of saline you should instill. Saline should be instilled slowly as your child breathes in to provide the greatest amount of saline to the airway and to avoid excessive coughing.

Normal saline is available through your drugstore or through your home care company.

Mobilization and Suctioning of Secretions

Two techniques may be used to help loosen and move mucus up and out of your child's airway. These are chest physical therapy (CPT) and suctioning.

Chest Physical Therapy (CPT)

CPT is a method used to loosen the secretions in the lungs. It uses a combination of manual cupping or clapping and vibration to move the secretions away from the walls of the small airways and into the larger airways where they can be either coughed out or suctioned. If this procedure is ordered for your child, you will receive instructions from the hospital staff.

Suctioning

Suctioning is indicated when mucus in the airway becomes too thick or abundant to be coughed out or whenever your child is unable to remove these secretions by him/herself. Suctioning is indicated in most children two to three times a day.

There are several indicators that your child needs to be suctioned. These are:

1. A bluish color is seen around the lips and mouth.
This is a sign that the child is not receiving enough oxygen and the airway needs to be cleared.

2. The air flow in and out of the airway is reduced.
3. The child appears fussy and restless.
4. The child is using the muscles of the chest and neck to aid in his/her breathing.
5. The nostrils flare out when the child breathes in.
6. You can hear bubbling or noisy respiration.

The technique of suctioning should be taught to everyone who will care for your child.

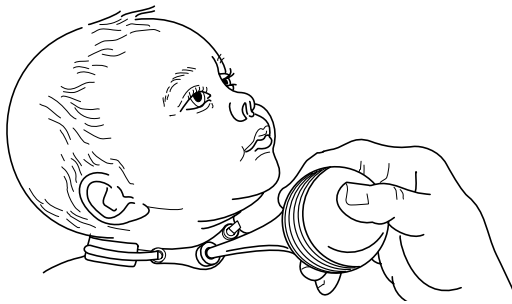
This can be the most difficult part of tracheostomy care. The technique can be mastered by anyone, and older children should be taught self suctioning. Suctioning will become routine, but it is one of the most important lifesaving techniques you will learn.

Two suctioning techniques are commonly used in the care of infants and children. These are bulb suctioning and deep or catheter suctioning. Both of these are used in the routine care of your child and will be taught to you by the hospital staff.

This manual covers the main points of both techniques and is intended only as a general guide. Your doctor, nurse, or therapist will explain all suctioning before discharge from the hospital.

Bulb Suctioning

Bulb suctioning is intended for the removal of secretions and mucus that collects in and around the flange end of the tracheostomy tube.



Bulb suctioning.

Suctioning with the bulb syringe may be performed as frequently as needed. This technique will not remove secretions from deep in the airway, and it should never be used when deep catheter suctioning is indicated.

Supplies:

1. Bulb syringe
2. Facial tissues.

Procedure:

1. Collect the supplies.
2. Wash your hands with soap and water.
3. Squeeze the back of the bulb with your thumb to compress the syringe.
4. Place the tip of the syringe at the tracheostomy opening.
5. Slowly release your thumb. This will cause a vacuum and the secretions and mucus will be suctioned up into the bulb syringe.
6. Squeeze the syringe and push out any secretions into a facial tissue.
7. Repeat the process and remove all secretions from the tracheostomy opening.

Cleaning of the Bulb Syringe:

1. Wash the bulb syringe in hot soapy water after each use.
2. Rinse it well in clear water. Remember to wash and rinse both the inside and outside.
3. Place in a clean area and let it air dry.

4. Daily, the syringe should be soaked and cleaned with a commercial disinfectant.
5. Rinse the bulb well with clear water on both the inside and outside after the daily disinfecting.

Catheter or Deep Suctioning

Catheter or suctioning involves placing a small plastic tube (a suction catheter) down into the airway through the tracheostomy tube and applying a gentle vacuum to remove secretions that lie deep in the large airways. Infants and small children may need frequent tracheal suctioning, and the exact number of times it is required varies from child to child. Suctioning should be performed whenever it is necessary to clear the large airways, or whenever your child appears to be having a difficult time breathing or maintaining his/her airway.

There are several facts that should be understood before you suction your child's airway:

1. The diameter of the suction catheter should never be any larger than half the internal diameter of the tracheostomy tube. Your doctor will tell you the correct size of suction catheter to use.
2. The airways are lined with delicate tissue, and care should be taken whenever you advance or withdraw the catheter. Suction should be applied only as you withdraw the catheter. This suction should be intermittent and gentle.
3. Suctioning must NEVER be prolonged for more than 5–10 seconds. When you are suctioning out secretions, you are also removing air from the lungs. This could lead to an oxygen debt to the body.
4. At first this will be frightening to both you and your child; he/she will need your confidence, reassurance, compassion, and love.

5. You will receive training for all suction techniques at the hospital before your child is discharged.

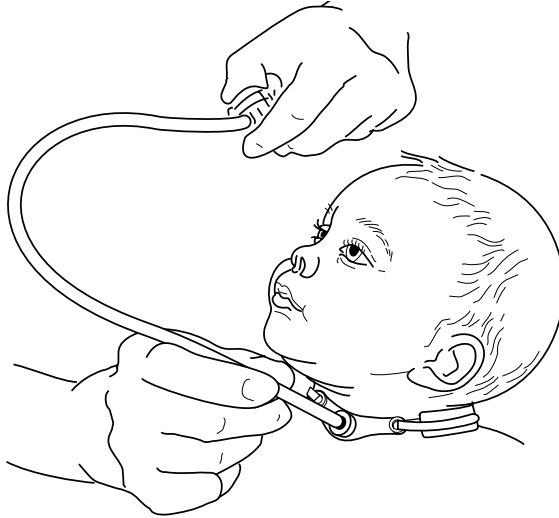
Supplies:

1. Portable suction machine
2. Suction connecting tubing
3. Disposable suction catheters
4. Sterile normal saline for instillation
5. Saline or water for rinsing the catheter
6. A small rolled baby blanket, towel, or pillow to place under the child's shoulders.

Procedure:

1. Gather your supplies and equipment.
2. Wash your hands with soap and water.
3. Connect the disposable suction catheter to the connecting tube leading to the suction machine. (Use as clean a technique as possible.)
4. Turn on the suction machine and set the prescribed suction pressure. Your doctor, nurse, or respiratory therapist will tell you the pressure you need. Test the suction machine before each suctioning procedure.
5. Position your child on his/her back; for older children you may elect a sitting position. Small children may require a second person to hold them still during the procedure. You may also position a rolled blanket, towel, or pillow under the shoulders of infants or small children to aid in positioning.
6. If necessary, instill sterile normal saline into the tracheal opening.

7. Gently advance the suction catheter down the tracheostomy tube to the prescribed length, or until your child begins to cough. At this point draw the suction catheter back slightly.



Catheter suctioning.

8. Place your thumb over the chimney opening of the catheter to start the suctioning.
9. Pull the catheter back with one hand while rotating it with the thumb and forefinger of the other hand. It should take no longer than 10 seconds to complete the procedure from the time suction is started.
10. Allow your child to rest and receive oxygen if necessary between suctionings.
11. Repeat as many times as needed to clear the airway.
12. Rinse the catheter with saline or water when done.

13. Disposable catheters should be discarded in accordance with the manufacturer's recommendations.

NOTE: Suctioning is a very clean procedure. You must take care not to touch anything with the catheter while suctioning. Do not reuse disposable equipment or catheters.

Care and Cleaning of Equipment

Suction Machine

1. Empty and wash the collection jar with soap and hot water daily.
2. Place a small amount of germicide or disinfectant in the bottom of the jar after each cleaning.

Suction Catheters

1. Single-use disposable suction catheters are recommended.

Changing the Tracheostomy Tube

Tracheostomy tubes used in the care of small children and infants are of a single pathway design. This means that the tube does not have an inner cannula (tube). It is cleaned each time you suction through it.

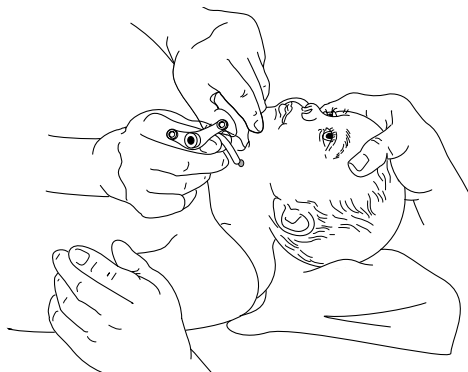
Many parents change their child's tracheostomy tube at home. After being taught the procedure and practicing it with the nurses and therapist in the hospital, you should feel confident about doing this at home. You should practice changing the tube several times before your child is discharged from the hospital. If your child is older, he/she should also be taught how to change the tracheostomy by him/herself.

You will be sent home from the hospital with extra tracheostomy tubes for changing. It is essential to have an extra sterile tube always ready to change if it is required in an emergency.

The time interval between changes depends upon the special needs of your child, and it will be discussed with you by your doctor.

With younger children and infants, this again is a two-person operation. Good communication between the two is especially important so that each party involved knows the concerns of the other and support may be given. Talk about what each of you did well, and about what you may improve the next time.

These routine changes also allow you to practice emergency procedures if the tube should become blocked. The tracheostomy tube should always be changed to a new one if the tube has become blocked and suctioning will not quickly clear it.



Restraining technique.

Supplies:

1. The suction equipment, set up and ready
2. A Portex® pediatric tracheostomy tube of appropriate size
3. Tracheostomy ties attached to the tube
4. A soapy washcloth and a dry towel
5. A small sheet or baby blanket for a restraint with small children and infants
6. Scissors
7. Manual resuscitation bag.

Procedure:

1. Gather all the supplies and equipment.
2. Wash your hands.
3. Delegate one person to hold and restrain the child.
4. Suction the child well.
5. Hold the tracheostomy tube in place and then cut off the old tracheostomy ties. Wash the child's neck with soap and water and then dry it well. Check the skin of the neck for any signs of irritation or skin breakdown.
6. Grasp the tube and pull it out with a downward rotating movement.
7. Stretch the skin around the tracheostomy stoma site upward toward the chin and downward toward the belly. This action will help in visualizing the tracheostomy opening and make changing the tube easier with the obturator inserted.
8. Using the other hand, place the new tube into the trachea. The insertion should be gentle with an inward, downward rotating motion. Remove the obturator.

NOTE: The need for suctioning after a tracheostomy change is not uncommon. Your child will need to rest after the change. Allow your child the time needed to recover.

9. Continue to hold the clean tracheostomy tube in place and secure the ties.
10. Changing the tracheostomy tube frequently increases the secretion production over the next several hours. It is also common for the change to cause slight irritation to the airway, and pinkish secretions are commonly suctioned after a change. These pink-tinged secretions should disappear over the next few hours.

Emergency Care

Emergencies are the most frightening situations that a parent must face. Not all emergencies will turn out to be life threatening nor will they be perceived by all as true emergencies. Remember, whatever you *perceive* as an emergency, *is* an emergency. **WHEN IN DOUBT, SHOUT!** Start emergency care procedures, and if the emergency is not immediately resolved, call 911, the local EMS, ambulance, and your doctor.

Steps in an Emergency

1. Stay calm.
2. If anyone else is around, ask them for help.
3. Assess the emergency. What is the problem?
4. Start emergency care procedures.
5. Call for help! 911, ambulance, rescue squad, police, doctor.

Self-Inflating Bag Ventilation

A bag ventilation device is used whenever your child is not able to breathe with ease or has stopped breathing. Using the bag allows you to assist his/her breathing or to completely take over breathing for him/her. This is to be used with CPR if the child is not breathing and you cannot find a pulse. It may also be used to help your child breathe whenever there is difficulty or shortness of breath.

Supplies:

1. Self-inflating manual resuscitation bag/mask device
2. Oxygen tank and tubing.

Procedure:

1. Collect the supplies (manual resuscitation bags should be kept ready at all times).

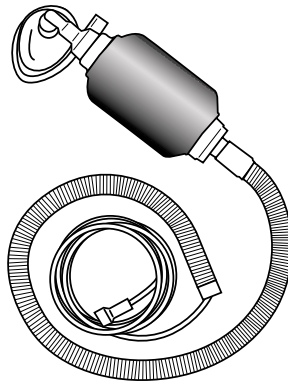
2. Connect the bag to the oxygen tank with the tubing.
3. Turn on the oxygen and set the flow at 6–10 liters per minute.
4. Attach the bag to the tracheostomy tube adapter.

NOTE: In an emergency, if a tracheostomy tube adapter is not available, the mask may be left on the bag and ventilation obtained by placing the mask right over the tracheostomy tube opening or tracheostomy stoma and squeezing the bag. A seal must be obtained over the skin of the neck. If the tube is occluded by a mucus plug and another tracheostomy tube is not readily available, you may remove the old tube and ventilate with the bag/mask through the stoma.

5. Give your child breaths by squeezing the bag until his/her chest rises and you feel resistance.

NOTE: If you are trying to assist your child's breathing, start to squeeze the bag just as your child's chest begins to rise.

6. Repeat as needed.



*Pediatric manual resuscitation bag with mask.
Product shown is SIMS Portex Inc. product #008120.*

Kids Will Be Kids: Living with a Tracheostomy

Many families and children resume a fairly normal lifestyle after a child has a tracheostomy. You should allow your child to develop and grow socially as normally as possible.

Let your child develop as many activities, hobbies, and interests as possible that are within the limits of safety.

Here are answers to many of the most commonly encountered questions:

What should I do if my child gets sick?

You should treat your child as you would if they did not have a tracheostomy, with the following points in mind.

Call your doctor if:

- a. your child is under two years of age and has a temperature greater than 100° F.
- b. your child is over two years of age and has a temperature greater than 101.4° F.
- c. the secretions coming from the tracheostomy turn yellow or green.
- d. the secretions become foul smelling.
- e. the illness has any respiratory involvement.
- f. your child stops breathing. Call 911, the ambulance, or rescue squad, start CPR, then call the doctor after the ambulance has arrived and taken over the care of your child.
- g. at any time you are concerned or worried about the wellness of your child.

What do I do if my child vomits?

If your child vomits, turn his/her head away from the tracheostomy stoma so that the vomitus will not go down the opening. The use of the bulb syringe or suction catheter is recommended if you question whether or not any vomitus went down the tracheostomy opening.

What about baby shots?

Your pediatrician is the best source of information regarding your child's immunizations.

Does my child need to eat special foods?

A child with a tracheostomy does not require a special diet. If there is another reason that your child requires a special diet, your doctor or the dietitian at the hospital will contact you.

Can my child eat normally?

With younger children some safety precautions should be taken while feeding. Feed them in an upright position. Infants who are being bottle-fed should be burped frequently. NEVER prop feeding bottles. Breast-feeding is fine and holds no contraindications.

Can I allow my child to play normally?

Play is one of the most important aspects of your child's recovery. He/she should be encouraged to play as much as he/she likes and to interact with other children. However, some precautions should be observed. Take special care when your child plays around water. Remember, your child cannot protect his/her airway from aspiration of water if an accidental fall into the water should occur. Children must be reminded of this whenever play, especially with other children, takes place around pools, ponds, or lakes. Avoid toys that shed fur or fuzz. Avoid toys that have small removable pieces. Children need to know their own physical limitations on the playground. Consult with your child's physician regarding any contact sports.

How can my child be bathed?

Infants should be sponge bathed with caution to avoid water being allowed to run down the trachea. Older children may take tub baths under close visual observation. NEVER leave your child unattended in the tub! If water should accidentally be splashed down the trachea, suction the airway immediately.

Small children should not be allowed to shower. Older children may shower with precautions taken. These precautions are aimed at shielding the tracheal opening from water. If you have an adjustable shower head, adjust it to hit your child's body well below the neck area. Protective shower shields are available from your home care company.

How will I communicate with my child?

Remember, your child cannot speak or cry, but he/she still hears just as before the tracheostomy. Communications via facial expressions, body movement, speech, and touch will help you and your child communicate with each other.

How will I know if my child needs me?

Since your child can't call out or cry, other noise communication devices will have to be substituted for the voice. For small babies, a string of bells may be tied around an ankle. For older children, a bell at the bedside at night may be used to signal a parent. Older children can communicate by writing. There are machines and devices available that allow older children to speak aloud.

May my child travel and take trips with the family?

When you travel, you must always carry with you the supplies you may need to keep your child's airway open and clear. These will include suction, suction supplies, supplies to change the tracheostomy, routine care supplies, and emergency care supplies. Extra supplies should be kept in a travel kit so they are ready to go.

Whenever you travel to another part of the country, you must consider the climate. Some parts of the country are dry and others are

quite humid. This will affect your child's secretions and the amount of extra humidity that you will need to supply. Drier areas of the country require more humidity to be added. Check on the availability of health care facilities at your destination. Always discuss long trips with your doctor.

Telephone Numbers/Contacts

1. Local Rescue Squad or Ambulance: _____
2. Doctor: _____
3. Hospital Emergency Room: _____
4. Surgical Supply House: _____
5. Home Care Service: _____
6. Nurse Specialist: _____
7. Respiratory Care Specialist: _____

Important Facts

1. Reason for my child's tracheostomy: _____

2. The size of my child's tracheostomy tube: _____
3. My child has a _____ tracheostomy tube.
(model or manufacturer)
4. My child needs CPT _____ times per day.
5. The maximum size of the suction catheter my child needs: _____
6. My child needs to be suctioned at least _____ times per day.
7. The pressure on the suction machine should be set at: _____
8. My child's tracheostomy tube needs to be changed every _____ days.
9. I should clean the stoma site with: _____
10. The technique for cleaning and disinfecting my child's
tracheostomy tube: _____

Glossary

Airway

The term used to describe the air passages.

Apnea

Not breathing.

Catheter

A long, thin plastic or rubber tube that is passed down the airway to suction out or remove secretions and mucus.

Cyanosis

A bluish color present in the skin when the oxygen level of a patient is low.

Dyspnea

Air hunger or shortness of breath, difficulty breathing.

Hypoxia

Low oxygen in the body. When the oxygen available to the cells is not enough to meet the cellular needs.

Larynx

The voice box, located at the top of the trachea. It serves two functions: production of sound and protection of the airway.

Manual Resuscitation Bag

A self-inflating breathing bag for mechanical breathing. It connects to a tracheostomy tube or can be used with a mask attachment.

Mucus

The thick fluid that collects in the airways and trachea. Mucus is also referred to as secretions.

Normal Saline

A solution made from water and salt. This solution is sterile for medical use. It can be used to help break up thick mucus.

Nosocomial Infection

An infection acquired in the hospital.

Respiratory Tract

The system of air passages including the nose, larynx, trachea, and lungs.

Stoma

The opening through the skin into the trachea.

Suctioning

The procedure in which a small catheter is passed down the tracheostomy tube and secretions are removed via a suction pump or machine.

Stenosis

A narrowing or stricture caused by scar tissue formation in the trachea.

Tachycardia

A rapid heartbeat.

Trachea

The windpipe, the passage between the larynx and the lungs.

Tracheostomy

A small surgical opening through the skin and into the windpipe.

Tracheostomy Tube

A molded plastic tube that is passed through the stoma into the airway to keep the stoma open and to support the airway. Commonly referred to as a trach tube.

Tracheostomy Tube Ties

Ties made of twill tape or soft cotton Velcro straps. The ties secure the tracheostomy tube to the patient.

Ventilator

A mechanical device for moving air and oxygen in and out of the lungs. This device is designed to artificially breathe for the patient.

Viscid

Sticky, thick, glutinous.

Trademarks

Portex® is a registered trademark of SIMS in the USA and other countries. SIMS™ is a trademarks of SIMS.

Velcro® is a registered trademark of Velcro USA, Inc.

Notes

Notes

Notes

Notes

NotesNotes

Notes



SIMS Portex Inc.

10 Bowman Drive

Keene, New Hampshire 03431

1-800-258-5361 1-603-352-3812 Fax: 1-603-352-3703

www.portexusa.com

