



Tracheostomy Airway Management Policy, Guidelines & Framework

Current Version

Service Area	Disability, Aged, Community	Version	1.0
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Modification History

Version	Date	Author	Approved by	Description of change
1.0	2/2020	Tahla Small	ACT Health (TCH)	New policy

In conjunction with:

- Clinical Framework
- ACT Health Tracheostomy Package
- Infection Control Framework

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Tracheostomy Care

POLICY STATEMENT (*Adapted from and in consultation with ACT Health*)

To ensure that client/participants receive appropriate and timely assistance to help them maintain air way management with safe evidence-based management of an adult tracheostomy tube.

SCOPE

This policy applies to all competent employees of National.

Exclusions:

This procedure does not apply to:

The management of a paediatric client/participant with a tracheostomy tube
The management of a client/participant with a laryngectomy tube

POLICY

Adapted from the 'Canberra Hospital and Health Services: Clinical Procedure of Tracheostomy Management' all procedures will be available in house and provided on employment. (See FULL Tracheostomy Management Handbook)

Registered Nursing Staff Responsibilities

- Provide overall care in accordance with the client/participants nursing care plan and in line with *Canberra Hospital and Health Services: Clinical Procedure of Tracheostomy Management*.
- Provide daily care of the patient including tracheostomy/respiratory needs (e.g. suctioning, dressings, stoma care, respiratory monitoring, following through and monitoring of allied health programs, monitoring ventilation parameters and liaising with team as required).
- May change or remove tracheostomy tube only in consultation with medical staff or in the event of an emergency.

Training Requirements

- All registered nursing staff caring for client/participants with a tracheostomy are to be trained/refreshed by National training resources (ACT Health and/or external providers/CC) and deemed competent by their CC.
- All Registered nurses to undertake 2 buddy shifts prior to being assigned SIL shifts.
- Staff to attend individualised competencies at client/participant discretion.
- All care staff whom hold a certificate / competency for necktie changes and oral suctioning will undertake annual training sessions to ensure competency.
- National will retain copies of training sessions/refresh sessions onsite in the training and education folder.

Care Staff Responsibilities

- Care staff participating in tracheostomy care must hold the skills and qualifications (certificate / competency)
- Provide basic care in accordance with the nursing care plan and scope of practice.
- Assist RN with client/participant necktie changes as required – only within scope of practice
- Assist RN during emergency situations as reasonably directed and within scope of practice.

REFERENCES

ACT Health TCH - Tracheostomy Management – Adult Patients Clinical Procedures | See Tracheostomy Reference handbook (adapted from ACT Health TCH Resources) National Safety and Quality Standards



Legislation

Health Practitioner Regulation Law (ACT) Act 2010 | Privacy Act 1988 | Health Records (Privacy and Access) Act 1997 Guardianship and Management of Property Act 1991 Human Rights Act 2004 Medical Treatment (Health Directions) Act 2006 | Powers of Attorney Act 2006

Tracheostomy Emergency Management

POLICY STATEMENT

To ensure that client/participants receive appropriate and timely emergency management of a dislodged or blocked Tracheostomy Tube.

SCOPE

This policy applies to Trained Registered Nurses employees of National.

Exclusions:

1. This procedure does not apply to:
2. The management of a paediatric client/participant with a tracheostomy tube
3. The management of a client/participant with a laryngectomy tube
4. Outing interstate and/or identified as high-risk to client/participant and/or registered employees

POLICY

This policy has been developed to assist Registered Nurses supporting clients / participants within the community respond to blocked, dislodged tubes or cuff leak. At present ACT Health does not have a community procedure on managing these situations within a community setting.

Emergency Management - Procedure for blocked or dislodged tubes

Most persons with a tracheostomy are dependent on the tube as their primary airway. Cardiorespiratory arrest most commonly results from tracheostomy obstructions or accidental dislodgement of the tracheostomy tube from the airway.

Obstruction may be due to thick secretions, mucous plug, blood clot, foreign body, or kinking or dislodgement of the tube.

Early warning signs of obstruction include tachypnoea, increased work of breathing, abnormal breath sounds, tachycardia and a decrease in SpO₂ levels.

RNs are to respond at the early warning signs by attending the following interventions:

- Suction tracheostomy
- Change inner cannular (if present)
- Check oxygen saturations
- Apply oxygen to face and nose.
- Call emergency services.

The following flow chart is designed to assist Registered Nurses in responding to an obstructed tracheostomy tube. The flow chart has been adapted from [Clinical Guidelines \(Nursing\)](#) :



[Tracheostomy management \(rch.org.au\)](https://www.rch.org.au) (2018) & [Care of Adult Patients with a Tracheostomy Tube \(nsw.gov.au\)](https://www.nsw.gov.au) (2015)



Tracheostomy Emergency Hospitalisation Procedure

- Contact 000 for ambulance and provide detail of situation. Notify intake that the participant has a tracheostomy airway management.
- **Bunbury Street** is an identified high-risk home with ACTES, as such response will be a priority. If not, please notify 000 the patient has a compromised tracheostomy airway.
- While waiting for the ambulance to arrive, utilise the carers on shift to assist in the preparation of hospital transfer.
- Utilise the below hospital transfer sheet as required. All instructions for procedure available on transfer form.

- Attach the following documents to the transfer form:

- Copy of care plan
- Copy of medication chart
- Copy of PEG checklist
- Copy of Advanced care directive
- Enteral Supplement / syringes / pump
- Spare inner canular
- Spare tracheostomy Size: _____

Hospital Transfer Form

Alex's House: 51 Bunbury street Stirling ACT 2611
Phone: 0400976753 – contact for RN on duty
National Community Care

Date: _____
Name of Client: _____
DOB: _____
Reason for Transfer: _____

Requested Interventions: _____

Clinical Requirements	Circle / write explanation
Tracheostomy Size: Inner canular changes: strict 4 th hourly	Yes / NO Notes:
PEG Regime Water flushes	Yes / NO Notes:

Attach the following documents to the transfer form:

- Copy of care plan YES / NO / NA
- Copy of medication chart YES / NO / NA
- Copy of PEG checklist YES / NO / NA
- Copy of Advanced care directive YES / NO / NA
- Enteral Supplement / syringes / pump & line (**MUST BE SENT**) YES
- Spare inner canular YES / NO / NA

NOK notified: YES / NO / NA

CC notified: YES / NO / NA

GP notified: YES / NO / NA

RN Name & Signature: _____

Office Use:

Photocopy completed form and place in the in tray

- ACTES may request the participants suction machine go with the participant for transfer. This is OK to do so, so long as it is labelled and returned upon participant discharge.
- When safe to do so, notify NOK, Clinical Lead, GP and NCC.
- Complete incident form and clinical notes.
- Check the welfare of other participants that may have witnessed the situation and become distressed.
- Debrief with on-shift carers, ensuring their welfare.
- Handover and debrief with oncoming RN an/or Clinical Lead.

References

[Clinical Guidelines \(Nursing\) : Tracheostomy management \(rch.org.au\)](https://www.rch.org.au) (2018)

[Care of Adult Patients with a Tracheostomy Tube \(nsw.gov.au\)](https://www.nsw.gov.au) (2015)

CCAM 2016, Tracheostomy, CCAM, viewed 13 September

2021, <https://www.ccam.net.au/handbook/tracheostomy/>



Emergency Management Plan for Obstruction/Dislodged or Leaking cuff of a tracheostomy tube.

BASIC FIRST AID - Check for response: Alert ? Responds to Voice, Responds to Pain ? Unresponsive ?

Delegate a staff member to call 000 and place on loudspeaker next to you to advise of situation.

Clinical Assessment

- **Assess Airway:** Look for breathing improvements of the chest . Listen for breathing sounds from the tracheostomy tube. Feel for air coming from the Tracheostomy tube/ nose or mouth.
- **Vital Signs:** attach oxygen saturation probe to record saturation levels and delegate a staff member to attend a full set of vital signs.
- **Implement** ' Emergency Tracheostomy Management - Patent Upper Airway flow chart.

Clinical Interventions

- Suction the tracheostomy tube
- Change inner cannula
- Extend the participants neck slightly with a small towel rolled under the shoulders.
- Suction upper cuff
- Apply 100% high flow Oxygen via face mask and manually ventilate if indicated (it may be necessary to deflate the cuff).

Dislodged Tube or No Tube

- Apply resusatorator mask over nose and mouth AND cover stoma site with gauze and tape to prevent air leak.
- Monitor oxygen saturations/ heart rate.
- Call 000 and provide update.

Assess Circulation

**RN is to check for pulse if no pulse is found commence CPR + Airway support.
Delegate staff member to call 000 and provide update**



Tracheostomy Management Off Site

POLICY STATEMENT

To ensure that client/participants receive appropriate and timely assistance to help them maintain air way management with safe evidence-based management of an adult tracheostomy tube when out within the community and/or travelling.

SCOPE

This policy applies to all employees of National.

Exclusions:

5. This procedure does not apply to:
6. The management of a paediatric client/participant with a tracheostomy tube
7. The management of a client/participant with a laryngectomy tube
8. Outing interstate and/or identified as high-risk to client/participant and/or registered employees

POLICY

To ensure the safety and airway management of a tracheostomy participant, all relevant participants leaving their primary residence require a minimum of a registered nurse to always accompany them when leaving their primary residence, in individual cases a carer or secondary RN may also be required due to the complexity of the client/participants nursing care. This is at the directive of the client/participants health team (eg discharging requirements, ENT Specialists etc) This is costed at the participants budget.

Participant Responsibilities

- Client/participants are asked to provide National community care with a minimum of 24 **hours' notice of intent to go offsite, this facilitates National to acquire the staff required to assist with transport and nursing care.**
- Understand the risks involved and make an informed decision.

Registered Nursing Staff Responsibilities

- Ensure "Go-Bag" has all appropriate equipment prior to leaving client/participant home
- Ensure portable suction machine is charged and ready to go
- Ensure appropriate transportation has been arranged. Noting a registered nurse is required to sit in the back with the tracheostomy client/participant. A carer and/or taxi driver can transport to destination
- Provide overall care in accordance with the nursing care plan.
- Provide daily care of the patient including tracheostomy/respiratory needs (e.g suctioning, dressings, stoma care, respiratory monitoring, following through and monitoring of allied health programs, monitoring ventilation parameters and liaising with team as required).
- May change or remove tracheostomy tube only in consultation with medical staff.

Care Staff Responsibilities

- Responsible for transporting client/participant and registered nurse safely to destination.
- Provide basic care in accordance with the nursing care plan and scope of practice.
- Assist RN with client/participant changes as required – only within scope of practice.



Training Requirements

Refer to Tracheostomy Care + experience onsite prior to working off site.

REFERENCES

ACT Health TCH - Tracheostomy Management – Adult Patients Clinical Procedures
See Tracheostomy Reference handbook (adapted from ACT Health TCH Resources)

Legislation

Health Practitioner Regulation National Law (ACT) Act
2010 Health Records (Privacy and Access) Act 1997
Human Rights Act 2004
Privacy Act 1988
Guardianship and Management of Property Act 1991
Medical Treatment (Health Directions) Act 2006
Powers of Attorney Act 2006

National Safety and Quality Standards

Standard 1- Governance for Safety and Quality in Health Service, Standard 2- Partnering with Consumers, Standard 3- Governance and systems for infection prevention, control and surveillance
Standard 4- Medication Safety, Standard 5- Patient Identification and Procedure Matching,
Standard 6- Clinical Handover, Standard 9-Recognising and Responding to Clinical Deterioration