

# Caring for your tracheostomy

A guide for you and your family

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This book is a guide for how to prepare and care for a tracheostomy (trach) at home. Please read it carefully and share with your family. Talk with your surgeon or nurse if you have questions.



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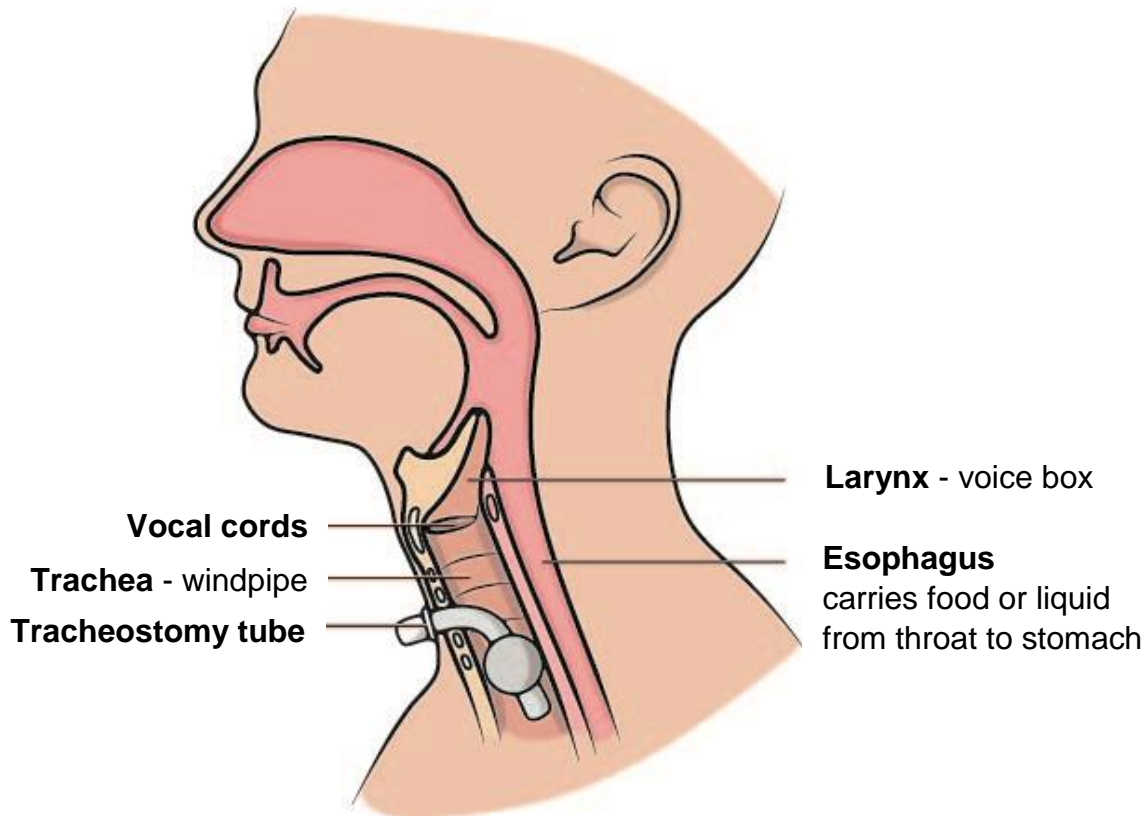
This info is a general resource. It is not meant to replace your doctor's advice.  
Ask your doctor or health care team any questions. Always follow their instructions.



# What is a tracheostomy?

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A **tracheostomy** (said tray-key-OS'-toe-me) is a small, surgically made hole that goes through the front of your neck into your windpipe (trachea). The hole is also called a **stoma**. A breathing tube, called a **trach**, is placed through the stoma and directly into your windpipe to help you breathe. When breathing, air goes through the stoma and into the lungs.



With a trach, air no longer passes through your nose and mouth to be moistened. This can cause sticky and thick mucus that is hard to cough out. Using a room humidifier adds moisture to the air you breathe and helps thin mucus. Even with added moisture, it is common for mucus or secretions from your airway to build-up and need removal with suctioning.

# Parts of a trach

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**Outer cannula** – fits into the stoma and keeps your windpipe open.

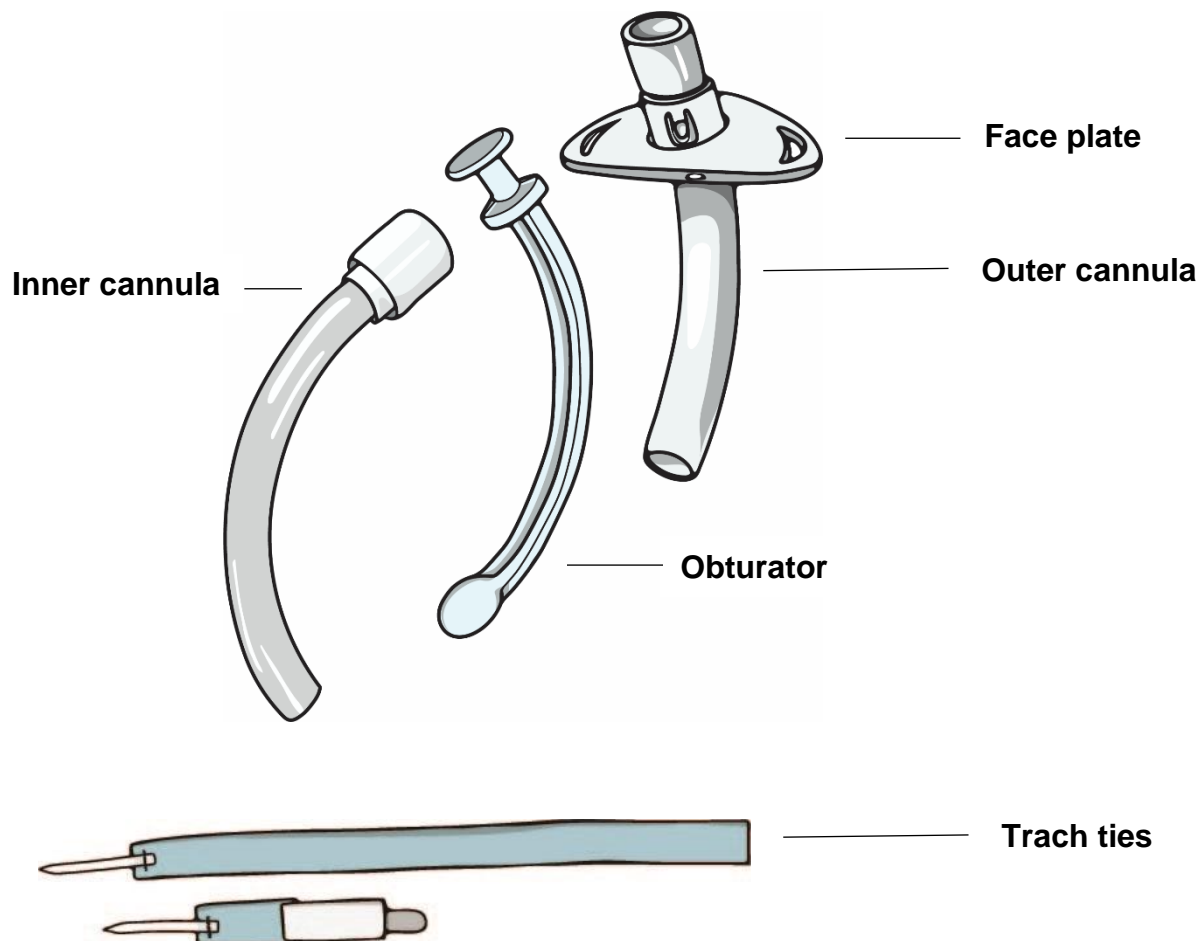
**Face plate** – extends from each side of the outer cannula – has holes that trach ties go through.

**Inner cannula** – tube that fits inside the outer cannula. You take it out and clean it often.

**Obturator** – used as a guide to insert a trach into the stoma. Taken out after trach is placed.

**Trach ties** – Velcro that goes around your neck and into the holes in the face plate to keep the trach secure.

## Parts of a trach





# How to prepare before surgery

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## Plan ahead

- Ask a family member or friend to be your main caregiver after surgery. They need to come to the hospital to learn how to care for a trach and to help you take care of it at home. You will likely need a lot of help for at least the first 7 days after surgery.
- Let your surgeon's office know if your caregiver needs any forms filled out for FMLA (Family Medical Leave Act). If eligible through their work, FMLA allows a parent or spouse to take unpaid, job-protected leave from their job to care for you. The human resources department at your caregiver's job can provide more details about FMLA, what forms need to be done and how often.

## Get your home ready

- Gather items to communicate with such as pens, notepads and dry erase boards.
- Set aside a clean place in your home to do your trach care and keep your supplies. Choose a spot with good lighting and plenty of space, such as a desk or table.
- Make sure you have a working thermometer. You will need it to check your temperature if you are not feeling well.

## Think about you

- You may want to buy and wear a medical alert bracelet that says you have a trach.
- If you smoke, stop or cut down on smoking as much as you can. Doing so can help you heal faster. It can also lower your chances of having breathing problems after surgery. Please note that we do not use nicotine patches after surgery because they can prevent wound healing. **If you need help to quit smoking**, talk to your surgeon or nurse, or call our health librarian at 216-286-6446 for a list of resources.
- If you drink alcohol, stop drinking as much as you can. Doing so can help you heal faster and avoid problems like slow wound healing. **If you need help to stop drinking**, talk to your surgeon or nurse.
- If you or your family are feeling stressed or having a hard time coping, please let us know. We can refer you to a staff member who can talk with you and try to help.

- Call the services listed below and tell them that you will have a trach and medical equipment. For electric, gas and phone companies, ask if there is a priority list for people with medical needs in case of a power outage or natural disaster.



- Tell your local police and fire department that there will be someone in the home with a tracheostomy who may not be able to talk. Tell them that if you call 911, they should send help right away even if no one says anything to the operator.

Service to call	Date	Number you called	Who you talked to
Local fire department			
Local police department			
Electric company			
Gas company			
Phone company			



# What to expect in the hospital

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## Daily rounds

You can expect to see your surgery team each day during their **daily rounds**. Rounds often take place early in the morning and involve visits and exams from doctors and nurses. Most times you see your surgeon each day but if they are in surgery or clinic, another doctor from their team may check on you.



It is very helpful when you and your family take part in rounds. Rounds are a great time to ask questions, take notes, share thoughts or concerns and set goals for your care.

## Frequent visits from staff

The hospital is a busy place and it is common to have frequent visits from our staff throughout the day. This includes your surgery team, but also the staff who draw blood for lab work, clean your room and transport patients to and from tests and procedures. The unit is often quieter in the evening, night and on weekends.

## Learning how to care for your trach

Soon after you arrive, we start discharge planning. Discharge planning prepares you to safely leave the hospital - it involves working with you and your family. Our goal is to get you home where you can continue to heal and recover.

Each patient, along with their main caregiver, receives trach care teaching from their nurse starting on the first day after surgery. This teaching continues each day until you leave the hospital. During this time, we teach you and your caregiver to do hands on trach care and suctioning. The goal is to have you both safely doing this care a few days after surgery.



After you leave, use this book as a guide in case you forget something. You can also call and talk to your surgeon's nurse if you have questions or concerns.

# Daily life with a trach

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## Humidification

When you breathe through a trach, air is not moistened and filtered by your nose and mouth. Breathing in dry air can thicken your mucus. This can lead to **mucus plugs** that block your airway and cause breathing problems. To help avoid this, you need to use a home humidifier. This machine provides moisture (humidity) to the air you breathe. When you leave the hospital, our team arranges for a home humidifier to be sent with you.

Use the humidifier in the room that you spend the most time in. The humidifier does not need to blow cool mist onto you. Some people take the machine from room to room or buy a second cool mist humidifier for their bedroom. One hour before going bed, turn on the humidifier in your bedroom and close the door. This helps keep the moisture in the room. Humidifiers must be drained and cleaned daily because bacteria can grow in standing water.

## Mouth care

You must do mouth care at least 2 times a day no matter how you are getting food. Your surgeon can tell you what type of mouth care to do after surgery, such as rinses or when you can start brushing your teeth.

## Bathing

Don't let soap or water get into your trach. Only take a shower with your back to the water or use a handheld shower head. **If water gets in your trach during a shower, suction it as soon as you can.**

Some people choose to buy a trach shower guard or shield to protect their stoma during a shower. This item may be purchased online or from a medical supply company.

## Preventing infections

Always wash your hands with soap and water for 20 seconds **before** doing any trach care. Always use clean suction catheters and equipment. These simple steps can help prevent infections from germs.



## Clothing and bedding

Wear loose clothes around your neck and make sure they don't cover your trach. Don't wear fuzzy clothes, necklaces or beads – they could enter your trach and make it hard to breathe.

## Communication

At first, most people with a trach cannot talk. Over time, most people learn how to talk with a trach or a device that helps with speech. If you cannot talk, you can use a dry erase board, your phone or a note pad to communicate with others.



## Eating and drinking

Talk to your surgeon about when and what you are allowed to eat and drink with a trach since it depends on the surgery you have.

## Caring for your trach

Your trach needs some special care and at first you may need a family member or friend to help you. Teaching from our hospital nurses includes how to suction and clean a trach, change trach ties and do skin care. In the hospital, we use a sterile technique to care for your trach. When our nurses teach you how to care for your trach at home, it will be using a clean technique.



To help you prepare, we ask that you watch our tracheostomy tube patient education video **before** surgery. Your hospital team will provide further teaching after you are admitted.



**To watch the video**, visit [www.goemmi.com/UHTRACH](http://www.goemmi.com/UHTRACH) or scan the QR code. Enter your name, date of birth and surgeon and click the login button.

You can watch the video more than once and share the access code with your family or friends. If you have problems watching the video, call 216-844-5432.

# Supplies

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Your hospital team orders supplies for you to care for your trach at home. They connect you with a medical supply company and a home health nurse. Visits from a home health nurse are often a couple times a week, starting with the day you leave the hospital.

Your home supplies may not look the same as the ones used in the hospital. This may be due to your insurance coverage or what the supply company stocks. Many insurance companies only pay for 1 suction catheter and 1 trach cleaning kit each day. This means that you may need to re-use some supplies, such as your suction catheters and cleaning kits. Check with your home medical supply company to see how many supplies you get each month.

Your insurance may not pay for the supplies listed below – you may need to buy these at your local drugstore:

- 3% Hydrogen peroxide
- Cotton swabs (Q-tips)
- Small gauze pads
- Small nylon bottle brush
- Blunt tipped scissors
- Bottles and/or vials of sterile saline
- Distilled water
- Latex-free disposable gloves – for anyone helping with your trach care

If you re-use bowls, cups, trays and/or a bottle brush for your trach care, wash them after each use with warm water and soap and let air dry on a lint free towel.



If you re-use suction catheters, follow the steps on page 11 to clean and dry them.

# How to suction your trach at home

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## Why do I need to suction?

Suctioning uses a small tube, called a catheter, to remove mucus from the trachea that cannot be coughed up. Reasons you need to be suctioned include:

- Seeing mucus or secretions in the tube that you cannot cough out
- Having trouble breathing or noisy breathing
- Feeling short of breath
- Coughing often or throwing up
- Feeling restless

## When do I need to suction?

Suction your trach 3 times a day plus more often as needed. We suggest you suction when you get up in the morning, in the afternoon and before you go to bed. You should also suction your trach if you have mucus that cannot be cleared when you cough.

## What to expect

Coughing when you suction a trach is normal. Take some deep breaths and wait for 1 to 2 minutes between suction attempts. When you suction, look at the mucus. It should be clear or white. Call your surgeon if your mucus changes in color or it smells bad - these may signs of infection.

## Gather these items

- Mirror
- Suction machine, tubing and catheter
- Cup or tray filled with sterile saline – if you don't have sterile saline, use distilled water
- 2 or 3 saline vials in case you need them
- Clean gauze pads
- Lint-free towel and Ziploc bag - if you are re-using your suction catheter
- For caregivers: latex-free gloves

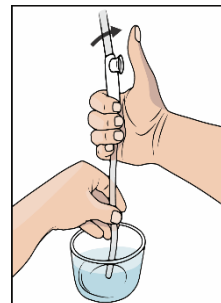
## Suction steps

1. Put supplies on a clean surface in an area with good lighting and a mirror.
2. Wash hands for 20 seconds with soap and water. Dry hands with a clean towel.  
Caregivers: put on gloves after washing hands. .
3. Open suction catheter package and put items on a clean surface.  
If re-using a suction catheter, make sure it is clean.
4. Attach suction catheter to suction tubing. Try to avoid touching the catheter tip.
5. Turn on suction machine – turn the dial to set the pressure between 80-120 mm Hg.
6. Sit up in front of a mirror so you can see your trach.

7. Test suction by putting the catheter tip into the cup/tray filled with saline. Cover the suction tube hole with your thumb, which should make the saline move through the catheter.

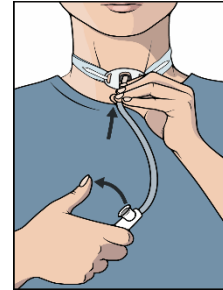


8. Take your thumb off the hole to stop suction.



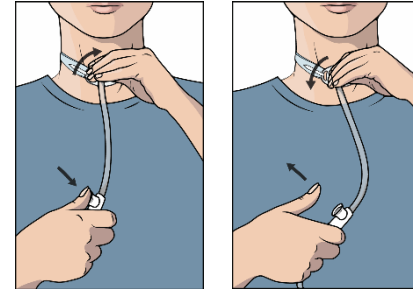
9. If you have very thick mucus that is hard to suction or cough out, use a saline vial to squirt 2 to 3 (ml) of saline into your trach. Breathe in at the same time you squirt the saline. This makes you cough and helps thin mucus. If this is not an issue, skip and go to step 10.

10. Leave suction tube hole **uncovered** as you put the catheter in the trach. If you cover the hole as you insert the catheter, it could hurt your windpipe and make you feel short of breath.



11. Insert catheter slowly until you feel resistance – this often happens at about 15 centimeters (6 inches).

12. Slowly remove catheter – at the same time, quickly move your thumb on and off the suction hole several times and twist the catheter from side to side to break up mucus.



**Do not suction for more than 10 seconds** because it will make you short of breath.

13. Between each suction attempt, dip catheter in saline, cover suction hole with your thumb and allow some fluid to pass through the catheter to clear mucus.

14. Rest for 1 to 2 minutes after each suction pass.  
Repeat steps 9 through 13 until trach is cleared of extra mucus.

If trach is not clear of mucus after 3 attempts and you're having trouble breathing, take out the inner cannula, use a saline vial to squirt 2 to 3 ml of saline into trach and suction through the outer cannula. If that does not help, call 911 right away.



Key point

15. When done, dip catheter in saline. Cover suction hole with thumb and allow fluid to pass through and rinse the catheter.
16. If your insurance only pays for 1 catheter a day, wipe mucus off the catheter with a gauze pad. If catheter is very dirty, you can soak it in warm distilled water before wiping it with a gauze pad.
17. Let catheter air dry on a lint free towel. Once dry, put catheter in a Ziploc bag so you can re-use it. In the morning, throw away used catheter and Ziploc bag and use new ones.
18. Repeat step 2 – wash hands. Caregivers: remove gloves and wash hands.

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### Tips to help manage thick or sticky mucus

- Keep a humidifier with you as much as you can.
  - Ask your surgeon or nurse about how you can safely increase your fluid intake to help thin mucus.
  - Put a small amount of saline into your trach as listed in step 8.  
**Never put tap water or distilled water into your trach.**
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# How to clean the inner cannula and skin around your trach

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The inner cannula is also called the inner trach tube. There are 2 types of cannulas:

1. **Disposable** – replaced every morning with first cleaning
2. **Non-disposable** – cleaned and put back in

## When do I need to clean the inner cannula?

Clean your inner cannula at least 2 times a day, before your morning and bedtime suctioning. If you have a lot of mucus, you may need to clean it more often. When you clean the inner cannula, you also need to clean the skin around your trach (stoma).

## Gather these items

- Mirror
- Trach cleaning kit – if your insurance only pays for 1 kit a day, open a new kit each morning
- Small nylon bottle brush - if not in your kit
- Q-tips and gauze pads - if not in your kit
- Small bowl or cup - if your kit does not have a divided tray
- Sterile saline – if you don't have sterile saline, use distilled water
- Clean gauze pads
- If you have a **non-disposable** inner cannula: 3% hydrogen peroxide
- If you have a **disposable** inner cannula - use a new one each morning
- For caregivers: latex-free gloves

## Cleaning steps

1. Put supplies on a clean surface in an area with good lighting and a mirror.
2. Wash hands for 20 seconds with soap and water. Dry hands with a clean towel.  
Caregivers: put on gloves after washing hands.
3. Open kit and put all items on a clean surface.
4. If you have a **non-disposable** cannula: Make a **half strength peroxide solution** by pouring equal amounts of saline and hydrogen peroxide into a tray or cup. Then, pour only saline into a separate tray or cup – this is for the saline rinse.

If you have a **disposable** cannula: Pour **saline** into 2 separate trays or cups. Use one for cleaning and one for rinsing.



Key point

If you are not sure what type of cannula you have, see page 25 or ask your nurse.

5. Sit up in front of a mirror so you can see your trach. Make sure trach ties are secure around your neck.
6. Hold face plate with your thumb and index finger. With your other hand, remove inner cannula by turning it to the right or unclip it. Caregivers should turn the inner cannula to the left or unclip it. Do not touch the part of the cannula that goes into the trach.
7. If you have a **non-disposable** inner cannula: put it in the half strength peroxide solution  
If you have a **disposable** inner cannula: put in the saline cleaning tray/cup.
8. Dip a clean Q-tip in the saline **rinse** tray. Use the Q-tip to clean the skin under the face plate and remove dried mucus. You may need to use a few moistened Q-tips.
9. Dip a clean gauze pad in the saline rinse tray. Use the pad to wipe clean the face plate and skin around it. Dab skin dry with a clean gauze pad.
10. Move cleaning brush back and forth inside the cannula to remove mucus.
11. Put inner cannula in saline rinse tray.
12. If you have pipe cleaners, use them to dry the inside of the cannula. If you don't have pipe cleaners, shake off extra liquid from inside the cannula.
13. Hold face plate with your thumb and index finger. With your other hand, put the inner cannula back inside your trach and secure it by twisting it to the left or clipping. Caregivers should turn the inner cannula to the right or clip it back in place.

14. Repeat step 2 – wash hands. Caregivers: remove gloves and wash hands.
15. If your insurance only pays for 1 trach kit a day, use a new one each morning.  
If you re-use bowls, cups, trays and/or a bottle brush for your trach care, wash them after each use with warm water and soap and let air dry on a lint free towel.



To watch a video of these trach care steps, scan the QR code or visit [www.goemmi.com/UHTRACH](http://www.goemmi.com/UHTRACH)

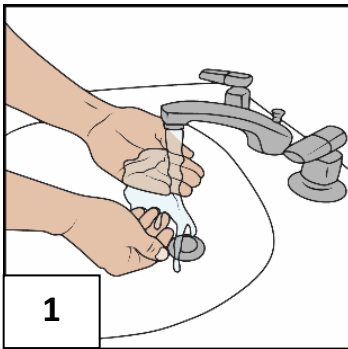
# How to change Velcro trach ties

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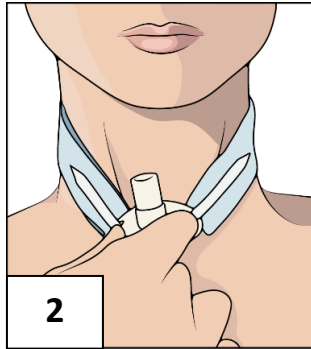
Trach ties hold your trach in place. They attach to each side of the face plate with Velcro and go behind your neck. Change trach ties **2 times a week** and anytime they are loose, dirty, wet, or bothering your neck.

There is a chance you could cough out your trach when changing the ties, so have a second person help you them change them. .

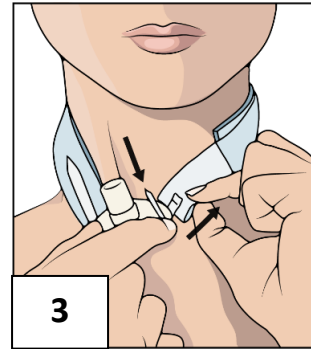
**Gather these items:** Velcro trach ties, blunt tipped scissors and latex-free gloves for caregiver. Put supplies on a clean surface with good lighting.



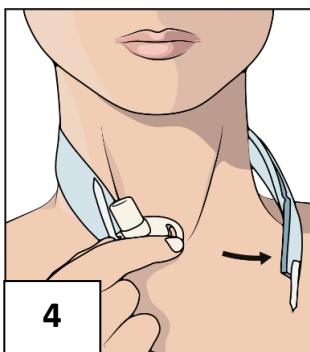
Wash hands for 20 seconds with soap and water. Caregivers: wear gloves



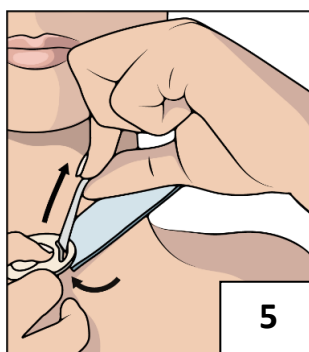
1 person holds trach in place



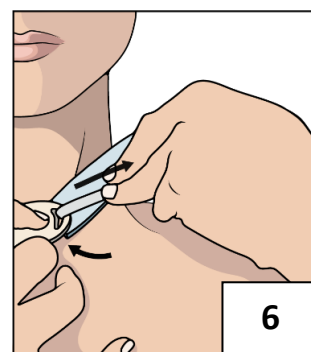
Second person removes 1 tie from faceplate



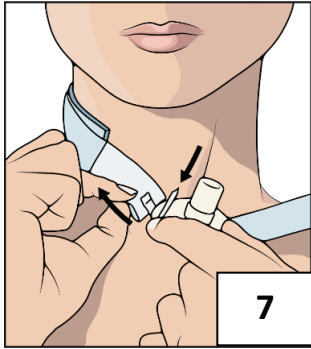
First person keeps holding the trach



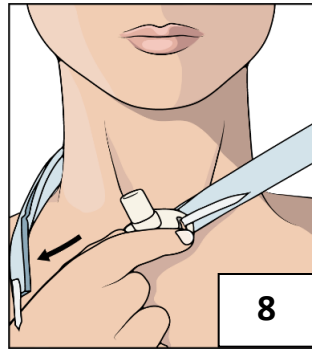
Insert new tie through faceplate



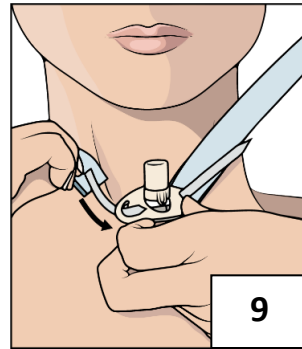
Secure Velcro for the new tie



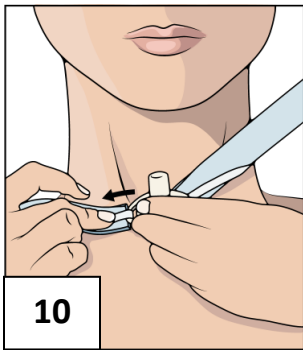
Second person removes the other old trach tie



First person keeps holding the trach



Insert new tie through faceplate



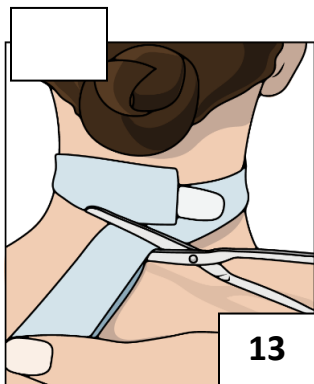
Secure Velcro for the second new tie



Bring both new ties behind neck



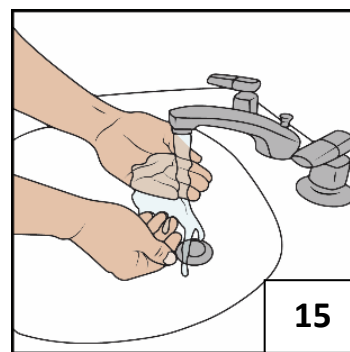
Secure new ties together using Velcro



Carefully cut off extra trach tie length with blunt tipped scissors



New ties should look like this



Wash hands for 20 seconds with soap and water. Caregivers: wash hands after taking off gloves.

# Safety tips

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## Always keep an emergency trach kit with you!

Your hospital team can give you an emergency trach kit before you leave – it should include:

1. An extra trach and obturator
2. Velcro trach ties
3. Saline vials for suctioning
4. Suction catheter
5. Portable suction machine – keep the machine plugged in so it stays charged
6. Charging cord for your suction machine

Suction your trach **before** leaving home.



**Take your emergency trach kit and suction machine wherever you go.**

Key point

## Avoid things that can cause breathing problems, such as:

- Lint, dust or dirt
- Air pollution – if there is an air quality alert, try to stay inside
- Pet hair – avoid grooming or brushing pets because their hair can clog your trach
- Smoke, smoking, powders or aerosol sprays

# Signs of a blocked trach

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If your trach is blocked with a mucus plug, you may not be able to tell people if you are having problems breathing. Share this information with family and friends so they know what to look for and how to help.

## Signs of a blocked trach

- **Facial expressions** – looking worried, scared, frantic or nervous
- **Gestures** – holding chest or wildly waving or swinging arms
- **Behavior changes** – restless, irritable or not being as active
- **Odd sounds caused by a blocked airway** – wheezing, grunting, gurgling, whistling
- **Color changes** – face or lips look pale, blue, ashen or gray
- **Breathing changes** such as:
  - sucking in chest or ribcage when breathing
  - breathing faster or slower than normal
  - not feeling air flow out of the trach and onto your hand when breathing out
  - nostrils looking tight with each breath



### If you have any problems listed above, follow these steps:

1. Suction trach 3 times. Use a saline vial to squirt 2 to 3 ml of saline into the trach to loosen mucus.
2. If problems do not stop, remove inner cannula. Use a saline vial to squirt 2 to 3 ml of saline into trach and suction through outer cannula.
3. **If steps 1 and 2 do not help, call 911 right away.**
4. If breathing problems improve, clean inner cannula using steps on pages 13, 14 and 15, and put it back in.

# What to do if your trach comes out

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There is a small chance that your trach could come out by accident. To help prevent this, make sure your trach ties are snug but not too tight. You should only be able to slip 2 fingers under your trach ties. If you can fit more than 2 fingers under your trach ties, they are too loose.

## If your trach comes out, follow these steps:

1. Stay calm.
2. Grab your emergency trach kit.
3. **If someone is with you**, have them put the trach back in. Tilt your head back so they can see your stoma clearly. If you can, lay down put a pillow under your shoulders.

**If you are alone**, look in a mirror and tilt your head back so you can see your stoma clearly.

4. Open the box in your trach kit and take out the obturator and new trach.
5. Remove inner cannula and put the obturator inside the trach.
6. Turn the trach sideways so the face plate is in line (parallel) to your neck. See image 1.

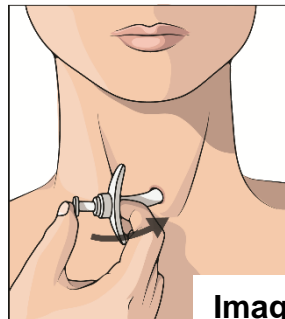


Image 1

7. As you put the trach into the stoma, twist it downwards. See image 2. Stop twisting when the face plate is the normal position. See image 3.

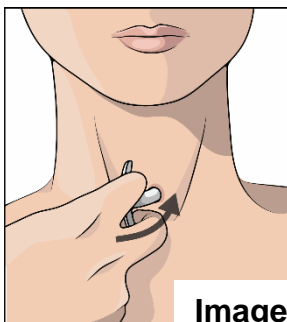


Image 2

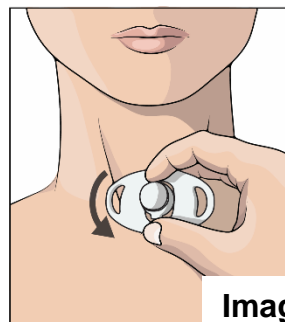
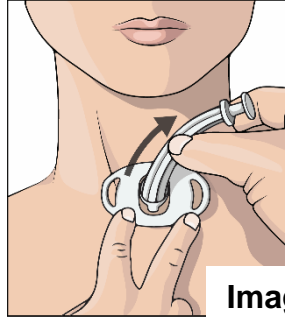


Image 3



8. Hold the face plate in place and pull the obturator out. See image 4.



**Image 4**

9. Keep holding the face plate until you attach and secure trach ties.
10. Put inner cannula back in and make sure you can feel air or see mucus coming from the trach. If you do not, call 911 right away.
11. If you feel air flow or see mucus, suction the trach – if it is the correct spot, you should be able to suction easily, cough and see mucus on the catheter. If not, the trach may not be in the right spot – call 911 right away.
12. **If you cannot insert a new trach** using the steps above, call 911 right away.

**If you can insert a new trach**, call your surgeon as soon as you can and tell them your trach came out. They can order a new trach and obturator for your emergency kit. You will need to restock your emergency kit with saline vials, trach ties and a suction catheter from your home supply.

# When to call your surgeon or 911

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**Call your surgeon right away if you have signs of infection such as:**

- more redness or swelling around your trach
- fever of 100.4°F (38°C) or higher
- pain that is new or getting worse
- mucus that smells bad or changes color



**Other reasons to call your surgeon**

- new bleeding when you suction – make sure suction machine is not set above 120 mm Hg
- after reinserting the trach, if it falls out
- if you have any other questions or concerns

**Call 911 right away if you:**

- have problems breathing
- cough up a lot of blood
- have chest pain
- cannot clear mucus from your trach and are having problems breathing
- if trach comes out and you have problems putting it back in



# Home going checklist

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- If you didn't call your utility companies and local police and fire departments before surgery, have a family member or friend call them. See page 4 for details who to call and what to ask.

## Trach care

- Suction mucus from trach 3 times a day and as needed
- Suction trach before leaving home
- Clean inner cannula at least 2 times a day and as needed
- Clean skin around your trach when you clean your inner cannula

## Supplies and emergency trach kit

- Keep emergency trach kit with you at all times – see page 18 for details
- Keep suction machine plugged in so it stays charged
- Drain and clean humidifiers each day. Humidifiers must be drained and cleaned daily, because bacteria can grow in standing water.
- Empty suction machine canister into the toilet from time to time. Replace canister twice a month.
- Keep trach care supplies in a clean place. If you re-use bowls, cups, trays and/or a bottle brush for your trach care, wash them after each use with warm water and soap and let air dry on a lint free towel.



# Trach discharge teaching checklist

Use this form to keep track of teaching from your hospital team. Have your nurse check off the topics they teach you, and initial and date the form when you correctly teach back key points.

<b>Teaching topics</b>	<b>Teach-back complete</b> Nurse initial and date
<b>Days 1 - 2</b>	
<input type="checkbox"/> Parts of a trach	
<input type="checkbox"/> Type of inner cannula – disposable or non-disposable	
<b>Days 2 - 3</b>	
<input type="checkbox"/> Suctioning trach	
<input type="checkbox"/> Cleaning inner cannula	
<input type="checkbox"/> Cleaning skin around the trach	
<input type="checkbox"/> Signs of a blocked trach and how to use saline vials	
<b>Days 4 - 5</b>	
<input type="checkbox"/> Changing trach ties	
<input type="checkbox"/> What to do if the trach comes out	
<b>Days 6 - 7</b>	
<input type="checkbox"/> When to call surgeon and when to call 911	
<b>Before leaving the hospital</b>	
<input type="checkbox"/> Follow-up plan with surgeon	
<input type="checkbox"/> How to reach surgeon	
<input type="checkbox"/> Items in emergency trach kit	
<input type="checkbox"/> Details about your trach page filled out by nurse	
Other concerns:	

Comments: \_\_\_\_\_

\_\_\_\_\_

## Details about your trach

Make sure a member of your hospital care team fills this out.

**Keep this information with you.**

Disposable inner cannula     Non-disposable inner cannula

Shiley     Proximal XLT     Distal XLT     Other: \_\_\_\_\_

Cuffed     Cuff less

Size: \_\_\_\_\_