



Nursing Service Guideline General

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| Title: | <u>Postoperative Tracheostomy</u> |
| Responsibility: | University of Toledo Medical Center (UTMC) |
| Equipment: | Tracheostomy High Risk Sign, Patient specific Obturator |
| Purpose: | UTMC is committed to providing safe environment for our patient population. In the pursuit of this goal, all patients deemed to be a high risk tracheostomy (Tracheostomies that are less than seven days old), will follow the following standard. |

Procedure

Point of Emphasis

1. Place “High Risk Airway” sign over the bed of the patient
2. Vital signs including Blood Pressure, Pulse, Respiratory Rate and Temperature at minimum of every 4 hours
3. Keep HOB elevated at least 30 degrees if NOT contraindicated. If contraindicated then place patient in reverse Trendelenburg
4. Check security of tracheostomy before and after any turn, move or procedure.
5. Assess airway every hour and suction PRN
6. Have same size replacement inner cannula with patient at all times. Including transport to and from off unit locations.
7. Keep the same size and type cuffed tracheostomy tube at bedside along with clean Velcro tracheostomy ties.
8. Keep cuff inflated to 20cm, to be done by respiratory department.
9. Call MD for desaturation <92% SpO₂, persistent bleeding, increasing evidence of airway obstruction or stridor, or tracheostomy tube occlusion.
10. Outer cannula will remain unchanged until first tracheostomy change is performed by the MD
11. If tracheostomy is sewn in place, no tracheostomy dressing change, or change of tracheostomy ties until sutures are removed by the MD

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