

NURSING CARE PLAN No 20
TRACHEOSTOMY

All careplans must be used in conjunction with Careplan 1

Full Name:

Address: **Addressograph**

HCR.....

Care Plan No 20 Problem	TRACHEOSTOMY Goals	Issue Date: January 2022	Review Date: January 2025												
<ul style="list-style-type: none"> • Potential for: <ul style="list-style-type: none"> ○ Tube blockage ○ Displacement ○ Infection • Altered communication • Altered nutrition • Parental knowledge deficit relating to tracheostomy care 	<ul style="list-style-type: none"> • To maintain a patent airway • Prevention of infection • To aid communication • Optimum nutrition • Education/ Discharge 														
No	NURSING INTERVENTION	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade												
1	To maintain a patent airway														
	<ul style="list-style-type: none"> • Ensure tracheostomy equipment/ supplies are available as per OLCHC Guidelines 2008. • Change tracheostomy tube as directed _____ <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #fff2cc;"> <th style="width: 50%;">Type of tube</th> <th style="width: 50%;">Size of tube</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Suction tracheostomy as clinically indicated <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #fff2cc;"> <th style="width: 33%;">Suction Catheter Size</th> <th style="width: 33%;">Depth</th> <th style="width: 33%;">Pressure</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Provide humidification using <ol style="list-style-type: none"> 1. HMEs: humid mini vents / thermovents (circle) Heated humidity: Continuous: _____ or Intermittent: _____ Time started: _____ Time finished: _____ 2. Nebulised of 0.9% Sodium Chloride as prescribed. _____ is intubatable: YES / NO (circle) 	Type of tube	Size of tube					Suction Catheter Size	Depth	Pressure					
Type of tube	Size of tube														
Suction Catheter Size	Depth	Pressure													
2	Prevention of Infection														
	<ul style="list-style-type: none"> • Attend to stoma site care as per OLCHC Guidelines 2015 • Change tracheostomy ties as per OLCHC Guidelines 2015 _____ • Observe for signs and symptoms of infection. 														
3	To Aid Communication														
	<ul style="list-style-type: none"> • Liaise with child/parents as to the mode of communication appropriate. • Please specify communication means: _____ • _____ • Liaise with Speech & Language Therapist 														

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4	Nutrition	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
	<ul style="list-style-type: none"> Oral feeding should be started when possible. Liaise with Speech & Language Therapist. Refer to Careplan 19 (Ineffective Hydration & Nutrition) 		
5	Education / Discharge		
	<ul style="list-style-type: none"> Liaise with Airways CNSp. Early contact with community personnel. Encourage early involvement of parents and child in assisting with tracheostomy care. Document outcomes of parent education Assist in the completion of Tracheostomy Education Programme. Complete Tracheostomy Discharge Planner. 		
6	Safety Needs		
	<ul style="list-style-type: none"> Appropriate supervision (age dependant) Tracheostomy box - checked at the start of each shift O2 and suction available Child visible to tracheostomy trained staff at all times Yellow tracheostomy bed head sign in place 		
7	Discharge Planner		

Created by Nursing Department
Issue Date: January 2022 / Review Date: January 2025

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