

# Tracheostomy Truths for the Generalist



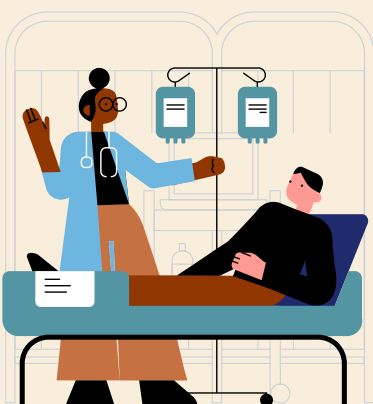
## Questions to ask when encountering a tracheostomy:

- Why is it there?
- How was it placed and how long has it been there?
- What kind of trach is it? (Brand, cuffed, size, length)
- Who cares for it?
- How well is it being cared for?
- Does it still need to be there?
- What are the potential risks or complications of the trach remaining in place?



If a situation or question arises and you need help, consider reaching out to ENT, thoracic surgery, pulmonology, respiratory therapy, speech therapy or anesthesia.

## Indications for a tracheostomy:



### Provide the Airway

- Upper airway obstruction (tumor or infection, subglottic stenosis)
- Potential airway obstruction (facial edema, pre/post surgery)
- Unsuccessful intubation/Difficult airway

### Protect the Airway

- Access for bronchial toileting
- Weak cough
- Excessive secretions
- Chronic aspiration
- Neuromuscular conditions

### Assist with Ventilation

- Prolonged ventilator dependence
- Facilitate weaning from ventilation and reduction in sedation
- Refractory OSA



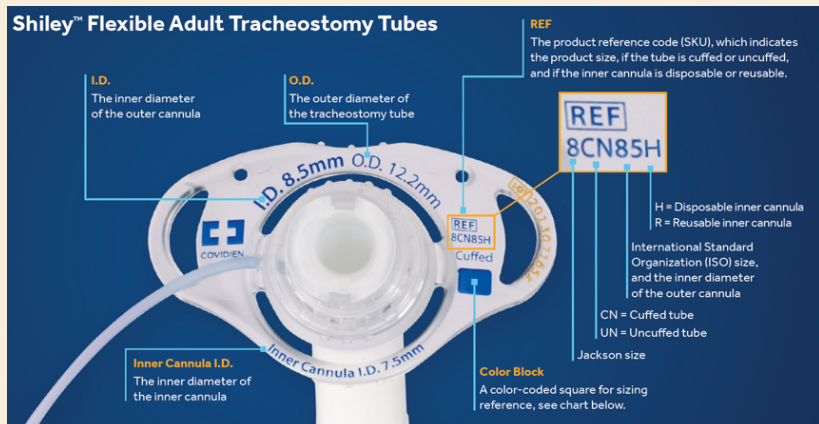
## Anatomy of a Trach



## Tracheostomy Tube Basics

- Type/Brand
- Size
- Inner Cannula
- Cuffed/Uncuffed
- Length
- Other fancy things

## Example:



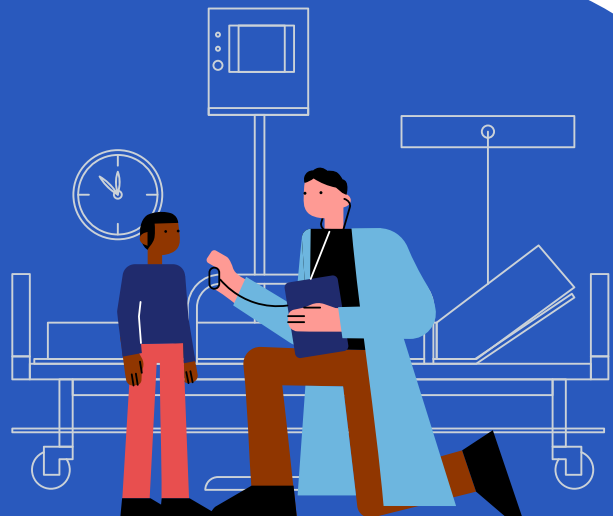
## New vs Mature Trach

### New (Days 1-7)

- "New Tracheostomy" refers to any trach prior to first tube change. These will generally be held in place by sutures and ties
- Stoma may not be formed
- in emergency, Orotracheal intubation

### Mature (beyond 7 days)

- "Mature Tracheostomy" refers to any trach after the time of first exchange
- Trach may form 7-14 days
- Always confirm placement with CO2 monitor or direct visualization



## Risk Factors for Mucus Plugs

- Poor hydration
- Bedrest/Immobility
- Lack of adequate humidification
- Minimal Suctioning
- Poor cough reflex
- Poor cough strength

Patients with tracheostomies are at particular risk for drying of secretions, resulting in mucus plugs



## The Multidisciplinary Team

- Respiratory Therapist
- Speech and Language Pathologist
- Medical staff (ICU, respiratory, ENT, Thoracic Surgery, Pulmonary)
- Other Allied Health Professionals (Dieticians, Occupational Therapist, Psychologists, Social Workers)
- Patients, families, and caretakers.



## Assessing for Decannulation Readiness

- Why is it there and has that indication resolved
- Is the cuff down, and has that been tolerated?
- Is the respiratory function good enough to clear secretions?
- Is the cardiovascular health satisfactory, can the increased work of breathing be sustained?
- Is the patient alert enough and is their muscle power up to the challenge of unsupported breathing?