

Tracheostomy Care at Home

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Tracheostomy Care at Home

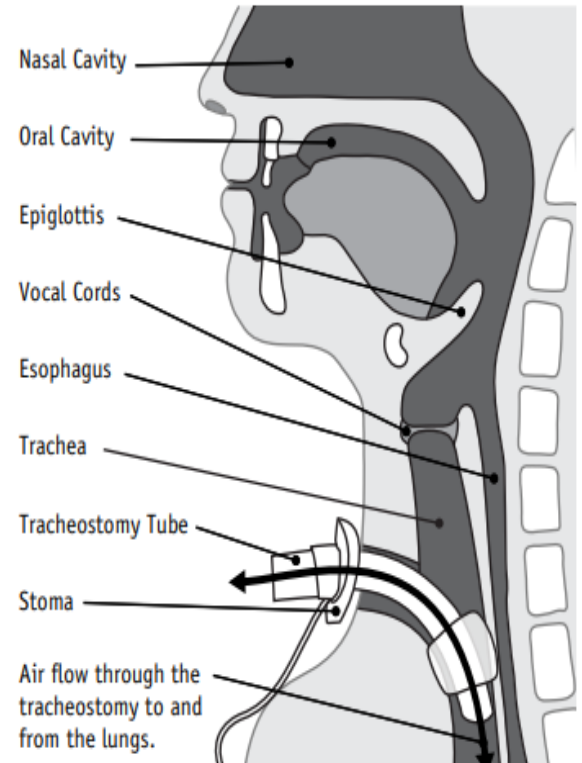
You will understand your tracheostomy better if you know more about your breathing.

Breathing

Air comes into your lungs when you breathe. Typically, air enters your lungs through your nose and mouth, then travels down a tube called the trachea (windpipe) to the lungs. Lungs are your organs for breathing. As air travels through the nose, throat, and trachea, it is warmed, cleaned, and moistened. When you swallow, a small flap (called the epiglottis) closes over the trachea to prevent food going down the wrong way. Food then passes into the food tube (called the esophagus) safely.

What is a Tracheostomy?

An opening is made into the trachea, to help you breathe. This opening is called a “stoma.” A tube called a tracheostomy or trach tube, is put into the opening. The trach tube lets you breathe air directly into your trachea instead of through your nose and mouth.



There are many reasons why a tracheostomy is needed.

Your health care provider has explained why one is necessary for you. If you do not understand, ask us.

When air goes straight into the trachea, your nose can no longer clean, warm, and put moisture in the air you breathe. Because the stoma is below your vocal cords, you may only be able to talk by covering the opening of your trach tube. You may find that you need to be very careful when you swallow, to keep food from going into your trachea. We will talk more about these things later in the booklet.

Your Tracheostomy Tube

To care for your trach tube, you will need to learn more about it. There are different types of trach tubes and yours may not be exactly as pictured here but it could be similar.

The different parts of a trach tube are:

The Outer Cannula

Fits into the trachea and maintains the opening.

The Trach Flange

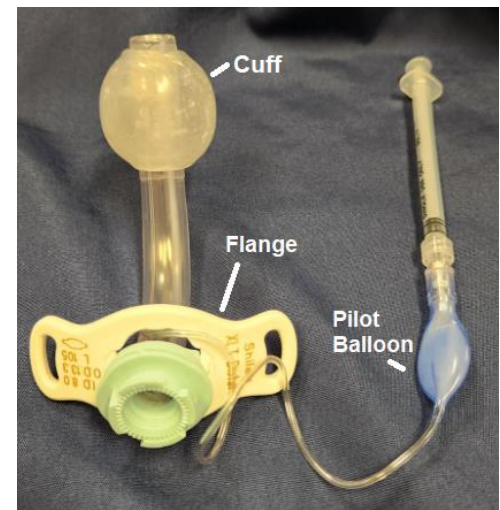
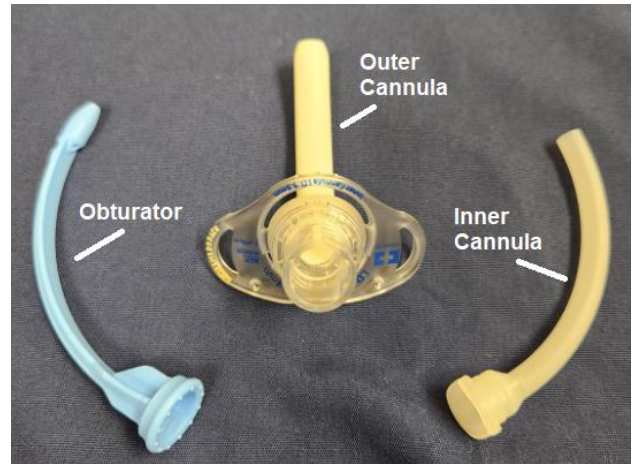
A flat plastic hinge attached to the outer cannula, that sits against the neck. It has holes on either side so that ties can be put in and tied around the neck. This keeps the tube from falling out.

The Inner Cannula

Locks into the outer cannula and can be taken out and cleaned often. Cleaning the inner cannula keeps the airway clear of mucus. You may have more than one kind of inner cannula. Check to see which one you should be using.

The Obturator

Is used only when the entire trach tube is changed. It acts as a guide when the outer cannula is put into the trachea. This lessens irritation to the trachea.



Trach Size

The length and diameter of your trachea are proportional to the size of your body and airway needs. Tracheostomy tubes come in many different sizes, and it is important to know what your size is.

The Cuff

The cuff wraps around the end of the outer cannula. When inflated, it forms a seal between the tracheostomy tube and the trachea. Your trach may have a cuff, however, uncuffed trach tubes are more common.

The Pilot Balloon

The pilot balloon is used to inflate the cuff. If your trach is uncuffed, it will not have a pilot balloon.

How Do I Care for my Trach?

You or someone you live with will need to learn how to:

- Clean the trach tube
- Care for your stoma
- Change the trach ties

We will help you every step of the way.

We suggest that you combine cleaning your inner cannula, caring for your stoma, and changing your trach ties all at the same time.

Talk to your healthcare provider about what supplies you need and where to source your supplies. Pharmacies can order in tracheostomy supplies upon request. Ask your healthcare provider for reference numbers for ordering.

Keys to Good Clean Technique

- Always wash your hands for **45 seconds before and after cleaning your tracheostomy tube, stoma, suctioning, and changing your ties.**
- Keep work surfaces clean. Remember, you will remove many but not all germs.
- Use gloves if you expect to contact blood or body fluids. Even if you choose to wear disposable gloves, always wash your hands before putting them on and after taking them off.



Supplies for Cleaning

- 2 plastic containers - one for cleaning and one for rinsing
- Sterile water
- Trach brush or pipe cleaners
- Disposable gloves



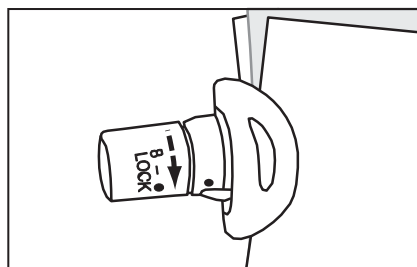
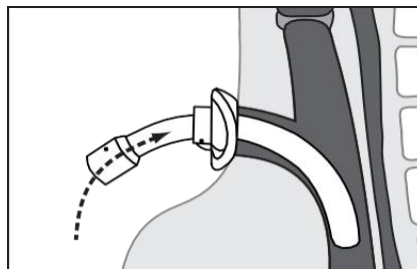
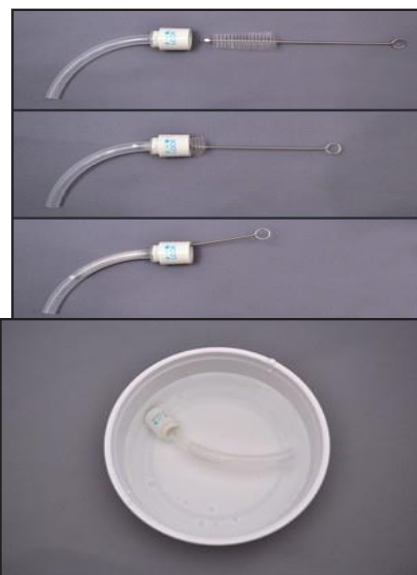
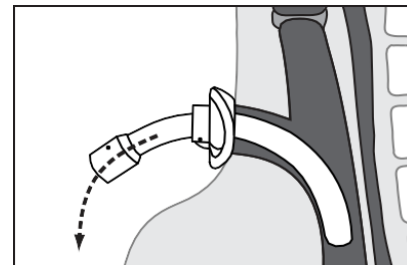
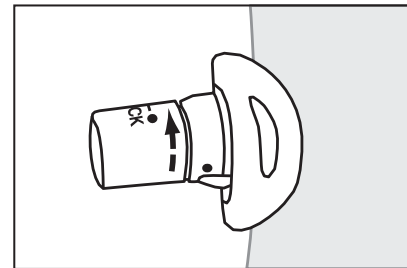
Cleaning Your Trach Tube

Cleaning the **inner cannula** of your trach tube is an important task. It should be done twice a day, or more often if needed, to keep it clean and free of secretions.

1. Wash your hands well and apply clean gloves.
2. Pour two bowls of sterile water.
3. Cough or suction if needed. This clears the airway of secretions. Take a few deep breaths.

Cleaning the Inner Cannula:

1. Loosen the inner cannula by twisting to unlock or by pinching the sides, depending on the type.
2. Hold the flange with one hand. Using your other hand remove the inner cannula by steadily pulling out and down, toward your chest until it is out.
3. Place the inner cannula in the first bowl of sterile water.
4. Use a pipe cleaner, folded in half, an applicator stick, or trach brush to gently clean the inner cannula and to remove mucus and dried secretions.
5. Put the inner cannula in the second bowl of sterile water and rinse well.
6. Shake water off the inner cannula. Do not dry it. Moisture will make the inner cannula slide back in the trach tube easily.
7. Slide the inner cannula back into the trach tube and lock into position. The two dots should line up together.
8. Wash bowls thoroughly and leave to dry in a clean place. If using a trach brush, wash in mild detergent, rinse with sterile water, and leave to dry. Throw away pipe cleaners, applicator sticks and paper cups.
9. Remove and discard gloves. Wash your hands.



Caring for Your Stoma

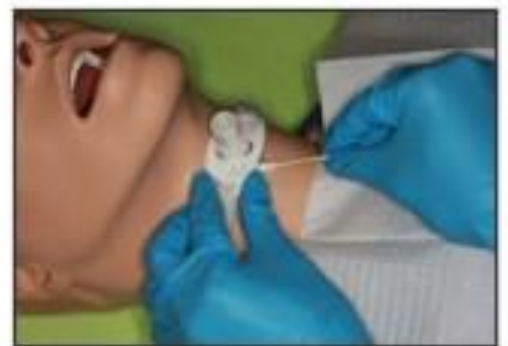
Clean the stoma, or area of skin around the outer cannula twice a day, and as often as needed to keep it clean and dry. If you wear a trach dressing, change it whenever it gets soiled and when you clean your stoma.

You will need:

- A clean facecloth
- Sterile water
- Q-tips® or cotton-tipped applicators.
- Trach dressings if you are using them.

Cleaning Around Your Stoma

1. Choose a comfortable position, such as sitting in front of a mirror.
2. Take off your old dressing if present.
3. Wash your hands well.
4. Wet gauze or Q-tip with sterile water. Gently clean the outer cannula and skin around it by moving outward from the stoma site.
5. Q-tips® may be used for “hard-to-get” areas, such as under the trach flange.
6. Look closely at your stoma site. **Call your health care provider if you notice any redness, swelling, irritation, bleeding, green discharge, or food.**
7. Use a cotton-tipped applicator to put on ointment (if you are using ointment).
8. Put on a new pre-cut dressing. Insert the dressing below the flange so that the open end is up towards your head.



Changing the Tracheostomy Ties

You will need to remove and replace your trach ties when they get soiled (dirty). **It is a good idea to do this with your health care professional until they say it is safe for you and your helper to do it yourselves.**

You will need:

- Velcro trach holder
- Mirror
- Scissors
- Someone to help you
- Pre-cut tracheostomy dressing

Steps for Changing Pre-Made Tracheostomy Holders (Velcro Ties)

1. Wash your hands for at least 45 seconds.
2. Remove your tracheostomy dressing if you have one.
3. Have someone hold your tracheostomy by gently holding the bottom of the flange against your neck (it is possible to cough out the tracheostomy tube).
4. Remove the old Velcro trach holder.
5. Thread the 'hook' fastener through the holes on the flange and reattach to the fuzzy side of the holder.
6. Wrap the new Velcro trach holder around the back of your neck.
7. Thread the other 'hook' end through the other opening in the flange and attach.
8. Adjust the fit of the holder so you can fit 2 fingers in between the holder and your neck.



Clearing Secretions

Suctioning of the trachea takes secretions from your airway when you cannot cough them up. Suctioning should be done **only** when needed, to make breathing easier. If you are doing home suctioning, you will need:

- Suction machine
- Suction catheter (tube) – the right size for your trach
- Sterile water (see recipe for sterile water, Appendix B) or sterile saline for rinsing catheter
- Sterile saline ampules for instilling
- Solid inner cannula (if tracheostomy is fenestrated)
- A bowl or disposable cup
- A mirror
- Gloves



Now you are ready to suction.

Steps for Suctioning

1. Ensure suction machine is assembled and functioning. Lay all materials needed out on a clean work surface.
2. Wash hands.
3. Put on a pair of clean disposable gloves.
4. Sit comfortably in front of a mirror.
5. Pour 1 cup of saline (salt water) or sterile water into 1 plastic container.
6. Turn on the suction machine.
7. Connect the suction catheter to the suction tubing.
8. If you are instilling sterile normal saline, do it at this point.
9. To moisten the catheter, dip it into the plastic container with saline (salt water) or sterile water.
10. Keeping your thumb off the side opening in the catheter, slowly insert the catheter into your tracheostomy tube about 4 to 5 inches.



11. Cough. This helps loosen the mucus.
12. To suck out the mucus, place your thumb over the side opening in the catheter. Slowly pull out the catheter, rotating the catheter as you pull it out.
13. Take a moment to catch your breath.
14. Rinse catheter and suction tubing of mucus by sucking up some saline (salt water) or sterile water.
15. Suction again if you need to.
16. Once finished discard disposable suction catheter in the garbage.
17. Wash the plastic containers well. Leave them to air dry in a clean place.
18. Wash your hands for at least 45 seconds.



If your secretions are too thick to suction, try putting a small amount of sterile normal saline into your tracheostomy tube before suctioning (this is called “instilling”).

Cleaning The Suction Machine

After completing suctioning, be sure to clean the equipment and replace the tubing according to the instructions that come with your suction machine.

The Use of Speaking Valves

A speaking valve may be used to help you speak more easily by using the air produced when you breathe out. Your Respiratory Therapist, Speech Pathologist, or other health care provider will help determine if this valve is suitable for your specific trach. Speaking valves should only be used with a cuffless trach, or with the cuff fully deflated.

How To Use a Speaking Valve

- Clean your inner cannula as needed prior to placing the valve. Secretions can impact the use of the valve.
- Increase the amount of time that you wear the speaking valve when able.

Special Considerations

- Humidity can be used with the valve in place.
- Oxygen can be administered with the valve in place.
- Remove the valve during aerosol treatments, and when using an inhaler.

Care of the Valve

- **Do not throw away the speaking valve, it is reusable.**
- Clean the valve daily with mild soapy water.
- Rinse thoroughly with **warm water**.
- Let the valve air dry completely before using it again.
- Do not use a brush, vinegar, peroxide, or alcohol on the valve. This can impact its functioning.



Speaking Valve

Safety Precautions

- **Do not** use the valve while sleeping, unless directed by your health care provider to do so.
- Remove the valve immediately if you experience any difficulty breathing. Clean and/or change the inner cannula, if needed. If difficulty breathing continues or worsens, visit a local emergency department, or call 911.
- **Never** use speaking valves on tracheostomies with an inflated cuff, as this will cause an airway obstruction and can be fatal.
- The use of a speaking valve should be approved by your healthcare provider prior to use to ensure that it is safe to use for your trach.
- Only use speaking valves on a cuffed trach tube with the cuff down if you have been specifically instructed to do so by your health care provider.

Tracheostomy Capping

You and your health care provider will talk with you about when you no longer need a tracheostomy tube in place and when it can be removed. The procedure to remove a trach tube is called “decannulation.”

Before the tube can be removed, you may need to do “trach capping trials.” Sometimes this is done for the first time in the health care provider’s office, hospital, or clinic. Doing these trials will let you test your ability to swallow and how well you breathe through your nose and mouth. Typically, your primary health care provider will advise you to begin capping your trach for short periods throughout the day and gradually increase the duration if you are able to.

DO NOT cap your trach unless your health care provider tells you to do so.

How to Cap Your Tracheostomy Tube

1. To cap your tracheostomy tube, you can place a specially designed “cap” over the tube. The goal is to block air from going through the trach tube and instead be breathed out through nose and mouth.
2. Once the trach tube is capped, you should be able to breathe through your nose and mouth.
3. Keep the cap on the tube as long as you are comfortable with breathing or do not feel short of breath, dizzy, or light-headed.
4. If you have any problems with breathing or are unable to cough or clear secretions, remove the cap right away.



Tracheostomy Cap

Typically, the trach tube can come out when you are able to keep the tube capped for 24 to 48 hours at a time without difficulty, all day, and all night. You will also need to be able to swallow well and cough to clear out secretions from your throat. You may need to gradually increase your tolerance for capping, going from short periods to longer, over time.

You may also find that you experience little difficulty when sitting/resting but have more trouble when active or at night. Talk to your medical team about your progress, any problems you experience, and to discuss the decision of decannulation once you are ready.

Living with a Tracheostomy

Keep your Secretions Thin and Manageable

We recommend 40 - 60% relative humidity in your home. Measure humidity with a humidistat, which you can get in most hardware stores. You want to keep your secretions thin so that you can cough them out easily and avoid the need for suctioning.

Before your tracheostomy, your nose acted as an air conditioner by filtering and humidifying the air you breathe. After surgery, the air that enters your stoma is dry and unfiltered. Dry air can cause plugs of mucus to form and clog your airways. These plugs create a place for bacteria to grow and may cause infection. These conditions make your secretions thick and hard to cough out and may make breathing more difficult for you. There are several things you can do to prevent your secretions from getting thick.

Fluid Intake

- It is important that you get enough fluids to stay hydrated, given there are no restrictions ordered by your health care provider. Talk to your health care provider about fluid intake to see if you have restrictions.
- If you are cleared to take liquids by mouth, aim for 6-8 glasses of liquid (preferably water) per day to keep mucus thin.
- If you have a feeding tube, remember to flush the tube with water in addition to your tube-feedings, as directed by your health care provider.
- Make sure that you get enough liquids when you are sick with any infection, or are experiencing vomiting, diarrhea, or other fever-type illnesses

Humidifiers

- Most people go home with an ultrasonic humidifier. Keep it running beside you or use the hose with trach mask attached.
- When not using your humidifier, some people choose to use a heat moisture exchanger (*see image to the right*)
- It is important to follow the manufacturer's instructions that come with the ultrasonic humidifier for proper operation and cleaning techniques.



Heat Moisture Exchanger

If your secretions are thick, hard to cough out or have small blood streaks, you need more humidity. Use your humidifier as much as needed to keep your secretions thin and able to be coughed out. If you are still having problems, ask a nurse or a respiratory therapist to teach you how to instill (put drops into) your airway with normal saline.

Mouth care is also very important. Rinsing your mouth with normal saline or plain water is helpful.

Bathing and Showering

- You should be careful to keep water from entering the tracheostomy tube and stoma while bathing and showering. Taking a bath rather than a shower may be preferred, but when taking a shower:
 - Point the shower head towards your lower chest and stand with your back to the water
 - Some medical supply stores (in-person or online) may sell a “shower shield” which acts as a cover for your trach while showering
 - Try to cover your tracheostomy tube when shaving



Clothing

Protect your tracheostomy from getting things such as hair, dust, or food in it. Cover your tracheostomy with a loose scarf. Be sure not to block your tracheostomy tube with clothing. Choose V-neck tops and leave shirt collars open at the neck and avoid turtleneck, crew neck, or any other open top that tightly covers your tracheostomy. Another thing to consider is the type of fabric you wear. Choose materials that are lint-free and do not have loose fibers that you could accidentally breathe in.

Rest and Sleep

Recovery from surgery can take several weeks, and rest is important to your recovery. Try to get at least **8 hours of sleep** each night. Adjusting to sleeping with the tracheostomy may take a couple of days, especially while using a humidifier that may be loud and disruptive. As your health care provider for tips if you continue having difficulty sleeping with your tracheostomy.

Communication

Our voice is normally made by a combination of the vibrations of vocal cords as we breathe out and the way the muscles in our mouths move to make noise into speech. A tracheostomy is located below the vocal cords, so most of the air that you breathe out passes through the trach tube while some may pass through the vocal cords. The amount of speech you can produce depends on the amount of air that passes through the vocal cords. Speech pathologists have methods that can help you to learn how to communicate effectively, such as:

- Speaking around the tube
- Using a one-way speaking valve
 - Both methods should only be performed with the aid of a speech pathologist or health care provider. **Do not attempt these on your own** without prior consultation or teaching session(s) as it can be unsafe to do so.



Several things can impact communication, such as pain, swelling, scar tissue, or general weakness. Some people find it easier to communicate with written or non-verbal forms of communication, such as:

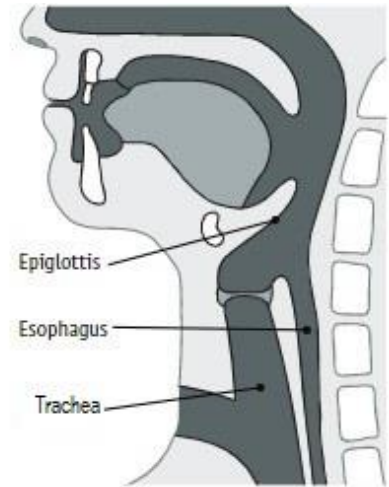
- Using a pen and paper, dry-erase board, or pocket notebook

- Pointing to things/items that you need
- Developing gestures with family/friends and deciding what they mean
- Using a text to speech app on your mobile device

Swallowing

Swallowing food and liquid may be difficult to do with a tracheostomy. Only eat food and drink liquids by mouth if cleared to do so by your provider and/or speech therapist. This includes taking medicines by mouth. Some tips to reduce problems with swallowing are:

- Sit upright to eat
- Eat slowly, chewing your food well, and taking one bite or sip at a time
- Avoid hard/tough foods and things that are difficult to swallow
- If you wear a one-way speaking valve, make sure that you are wearing it while eating and drinking



If you are having problems with choking or if you notice food or liquids in your secretions coming from your trach, let your primary health care provider or medical team know right away.

Emotions

Many people have a variety of emotions before surgery, while in the hospital, or when returning home. At these times you may feel worried, nervous, sad, stressed, or angry. These are very normal reactions. Sometimes it is helpful to speak with another person who has a tracheostomy or who has a similar condition, or someone who is trained to help. Ask about what support resources are available in your area.

Physical Activity and Exercise

For the first few days at home, do the same amount of activity you were doing in the hospital. Gradually increase your daily activities. Remember to continue to do any exercises you are given each day. If possible, take short walks each day and try to gradually increase how far you walk. Cold air, dust, or dirt can irritate your windpipe and lungs. The air you breathe in will not be warmed or filtered by your nose or mouth.

If it is cold or windy outside, wear a scarf or handkerchief loosely over your tracheostomy tube. You can also use an “artificial nose,” also called a Heat and Moisture Exchanger (HME), which is a filter that fits over the end of your trach that helps to filter the air you breathe in and also keep the warmth and moisture in your lungs when you breathe out. Once you start to feel better and have more energy, try taking short trips to a friend’s or family member’s home or to the store.

Safety

Do NOT go swimming and avoid going out on boats unless you take special precautions. If you fall into the water, you will not be able to prevent water from entering your airway. In some cases, specialized equipment can be obtained that prevents water from going into the stoma. In addition, there are specially designed life jackets that can keep your neck above water, if you were to fall in.

If you have recently had a trach and it has been removed, you should **avoid swimming until the trach site is completely healed.**

Intimacy

With a tracheostomy, sometimes people are afraid they will become unattractive or unlovable. It helps to remember that people are loved for their entire self, not for the way the lower neck looks. Try not to place too much importance on one small part of you but accept that you may have to work through some feelings. It sometimes takes a while to adjust to physical change. Be patient with yourself and your loved ones. Often when people go through a difficult experience like this, it helps to talk about your feelings and encourage your partner or family to do the same.

Traveling

If you are going to be away from home for any amount of time, make yourself a travel kit. Include all of the supplies that you usually need on a daily basis as well as any emergency supplies in case you need to change your tube. If you are flying, notify the airline in advance and check what is allowed for carry on. You may also want to bring a letter from your health care provider indicating the medical need for these supplies.

Emergency Situations

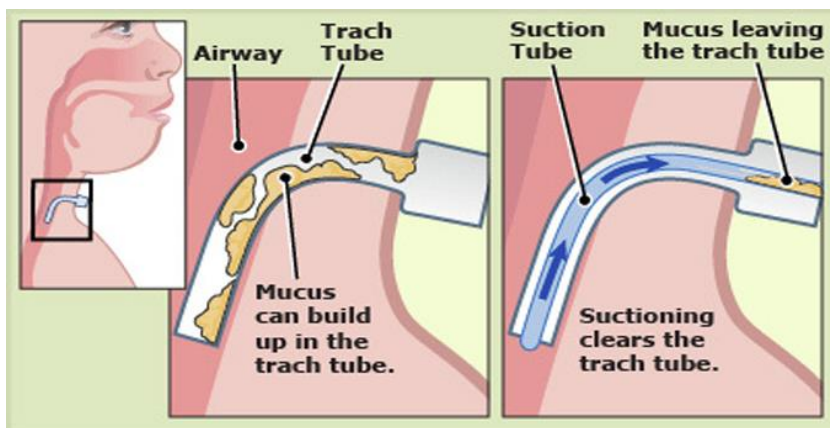
In this section, we identify the steps to take in different situations. Make sure everyone knows where you keep your supplies and equipment.

What if your tracheostomy tube gets plugged with mucus?

A plugged tracheostomy tube will make it difficult to breathe. Try to stay calm which following the steps below to unplug and clear out the mucus.

Follow these steps in order. If one action does not work, go to the next step.

1. Try to cough really hard.
2. Suction.
3. If you cannot get the catheter to go in, or you do not have a suction machine, **remove the inner cannula** and replace with a clean one.
4. Proceed to call 911.



If you are still having trouble breathing:

1. Call 911.
2. Cut the ties right away if all your actions fail.
3. Take out your tracheostomy tube.
4. Cough hard.
5. Suction through the stoma.
6. Replace tracheostomy if you can. Follow the following steps.

What if your tracheostomy tube comes part way out of the stoma?

Once your tube has been in place for 14 days, and you've had at least 2 uncomplicated tube changes, the hole is well formed and will not suddenly close. If your tube has slipped part way out:

1. Stay calm. Your stoma will stay open.
2. Tilt your head back to make the stoma hole larger.
3. Cut the ties or undo one side of the pre-made holder if necessary.
4. Guide the tracheostomy tube back into the stoma. Use the same motion you use to insert your inner cannula. Or have someone else who knows how to care for your tracheostomy tube try to gently push the tube back in place.
5. Hold the tube in place.
6. Get help to make and attach new ties.

Call 911 right away if you cannot get the tube back into the right place and are having difficulty breathing. If you are alone, dial 911 using a landline (preferred) or cell phone. Leave the phone off the hook.

What if your tracheostomy tube falls out completely?

1. Stay calm. Your stoma will stay open.
2. Open your Emergency Supply Bag and get:
 - a. A new tracheostomy tube (one the same size and one a size smaller)
 - b. The obturator
 - c. Water-soluble lubricant
 - d. Tracheostomy ties
3. Insert the obturator into the new tracheostomy tube. Note: Inner cannula needs to be removed from the new trach.
4. Lubricate the end with the water-soluble lubricant.
5. Insert the new tracheostomy tube into the stoma using the same arching motion as you would your inner cannula.
6. Pull the obturator out.
7. Insert the inner cannula and lock it in place. Secure your tracheostomy tube into place.



If you cannot get the tube back in:

Have someone call 911 right away.

If you are alone, dial 911 using a landline (preferred) or cell phone. Leave the phone off the hook.

Until help arrives, insert a suction catheter into your stoma. Hold it in place. You can breathe through the catheter until emergency personnel arrive.

Appendix A – Glossary

Aspiration

When foods or liquids accidentally go down the wrong way into the trachea and into the lungs, rather than down the esophagus into the stomach.

Clean Technique

Refers to the practices that reduce the number of pathogens and prevent the spread of pathogens from person to person or place to place.

Cuff

The balloon at the end of the tracheostomy tubes. When blown up or inflated, the cuff seals the trachea.

Epiglottis [sounds like ep-ee-glot-tis]

A flap in your windpipe that closes when you swallow to prevent food from entering your lungs.

Established Tracheostomy Stoma

A stoma that is more than 14 days post-op and has had at least 2 uncomplicated tube changes.

Fenestrated Tracheostomy Tube [fenestrated sounds like fen-uh-stray-ted]

‘Fenestrated’ means having an opening or window. A tracheostomy tube with a window in the tube. When you cover the outside opening, air moves through this window to your vocal cords so you can talk.

Fresh Tracheostomy Stoma

A stoma that is not yet had an initial tracheostomy tube change.

Heat Moisture Exchanger

A device that attaches to your tracheostomy tube to help warm and moisten the air you breathe. Also called an ‘artificial nose’.

Inner Cannula

A tube that fits into the main shaft of the tracheostomy. It is used to prevent blockage and needs to be cleared regularly.

Mucus (Sputum)

Produced by your lungs. Normally thin in consistency and white or clear in color.

Nebulizer

A machine that takes a liquid and turns it into a mist so you can breathe it in. Sometimes medication is added to the liquid.

Non-Established Tracheostomy Stoma

A stoma that has had an initial uncomplicated tracheostomy tube change but is not yet 14 days old.

Obturator [sounds like ob-tour-ate-or]

A hard, rigid tool used to guide the tracheostomy tube into the stoma.

Outer Cannula

The outer part of the tracheostomy tube that stays in the trachea.

Pilot Balloon

A small balloon connected to the cuff of a cuffed tracheostomy.

Speaking Valve

A valve that assists a client with communication/speech production, swallowing, secretion management, and sense of smell and taste.

Sterile Technique

Refers to the practices that keep equipment and supplies free of all microbes and spores.

Stoma

The hole made in the neck that the tracheostomy tube goes through.

Trachea

Commonly called the windpipe. How air gets in and out of the lungs.

Tracheostomy [sounds like tray-key-oss-toe-me]

When an opening is made through the skin of the neck and into the trachea.

Tracheostomy Tube

A hollow, plastic tube placed in the opening of the trachea to create a passage to breathe through. Also called a 'Trach Tube' [sounds like trayke].

Tracheostomy Cap

A cap that covers the opening of the tracheostomy tube and blocks air from entering the tube, forcing the client to breathe in and out through their nose and mouth. This can come in two forms: as an individual cap to go onto a preexisting trach tube, or as a capped inner cannula (looks like a regular inner cannula but is red at one end and has no opening) to be inserted into the trach.

Tracheostomy Dependent Patient

A patient who requires long term mechanical ventilation because of chronic respiratory failure, who cannot maintain respiratory function unassisted, or who cannot be weaned from ventilator support. Also refers to a client who cannot breathe through their upper airway and are dependent on the trach to breathe.

Yankeur Suction Tip

A tool specifically designed to suction fluids from the mouth.

Appendix B – How to Make Sterile Water

To make sterile water:

Boil water for 15 minutes in a clean covered pot. Let it cool. Boiling kills any bacteria.

To store sterile water:

1. Place clean jars and lids in a large pan of water.
2. Heat water to boiling. Boil jars and lids for 15 minutes.
3. Remove jars and lids from water. Place onto a clean towel to cool.
4. Pour sterile water into jars and seal with the lids.
5. Store in the fridge for up to 2 days.

References

Adapted with permission from: Vancouver Coastal Health. *Going Home with a Tracheostomy: Information for Patients and Families*. (2019) <https://vch.eduhealth.ca/PDFs/FN/FN.231.T6731.pdf>

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This pamphlet is just a guide. If you have any questions, please talk to your healthcare provider.

