Make Follow-up Appointments

- Make an appointment to see your doctor the first week after leaving the hospital. It is very important to keep this appointment.

- Also, make an appointment to have the whole “tracheostomy tube” (inner and outer cannula) changed once a month. Before you leave the hospital, make sure you ask your doctor where to go for this service.

Recognizing Danger Signals

<table>
<thead>
<tr>
<th>Call your doctor if you have any of the following symptoms:</th>
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<td>• Foul-smelling mucus from the tracheostomy.</td>
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<td>• Bright, red blood and mucus.</td>
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<tr>
<td>• Increase in the amount of mucus, or change in color (especially to green or brown).</td>
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<tr>
<td>• Red, inflamed skin around your stoma.</td>
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<tr>
<td>• If you feel warm or chilled, check your temperature. Call the doctor for a temperature of 101°F/ 38.5°C or above.</td>
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About Your Diet

Having a tracheostomy affects your ability to eat and affects the kinds of food that you can eat. Your ability to eat depends on your medical condition as well as on your tracheostomy. A speech therapist will work with you to evaluate your ability to swallow with the tracheostomy in place. Also, your therapist can help answer questions about your particular dietary needs and preferences.

Some people will not be able to eat at all and they will receive nutrition through a tube placed in the stomach. In this case, you may be able to have a few bites of food for pleasure, but only if you are able to swallow safely. Discuss this with your doctor,
respiratory therapist, and/or speech therapist. Together, you, your doctor, respiratory therapist, and speech therapist will determine if you are able to eat.

If you are safely able to eat, here are a few tips to make swallowing easier with a tracheostomy:

- Sit up as straight as you can.
- Deflate the tracheostomy cuff while you eat.
- Use a cap on the tracheostomy tube or a speaking valve while you are eating. A cover on the tube will help you swallow.

**Keep Your Airway Moist**

Humidity is essential to keep the tissue in your airway moist. Without enough moisture, dry, crusty secretions may cause a plug that can block your airway. There are many different types of devices that can provide moisture to your airway. Check with your doctor or respiratory therapist about which of the following devices will work for you. Also, it may be a good idea to have a mist machine for the air in your home.

Be sure to wear one of the following devices 24 hours a day:

- **Tracheostomy Collar:** A humidification device worn around the neck for use while sleeping or sitting in one place.
- **Artificial Nose:** This device can be placed on the end of your tracheostomy tube. Do not wear an artificial nose while sleeping.
- **Stoma Cover:** A breathable cover used over the tracheostomy opening to retain moisture.

**Prevent Respiratory Illness**

- Remember to get a flu vaccine each fall.
- Get a Pneumococcal Pneumonia vaccine once every 5-10 years.

**Organize Your Daily Care**

The following sequence of steps is an easy way to organize your daily care:

1. Keep your airway clear (coughing & suctioning)
2. Change the inner cannula
3. Skin care: clean around the opening (stoma)
4. Change your tracheostomy ties
1. Keeping Your Airway Clear: Coughing

Coughing is the best way to clear secretions from your airway. If you have trouble clearing secretions because they are dry or thick, try the following suggestions:

- Put 5-15 cc of sterile saline into the tracheostomy tube as you breathe in, and then either cough or suction.
- Make sure you are drinking enough fluids (at least 6-8 glasses a day), unless you are on a fluid restriction.
- Wear a humidification device most of the day and night. Talk with your doctor or respiratory therapist about increasing the humidity in your airway, if needed.

Keeping Your Airway Clear: Suctioning

Depending on the reason for your tracheostomy, your doctor may recommend that you suction yourself as needed for the first week or two. Clarify your suction needs with your doctor before you go home.

2. Change the Inner Cannula

The inner cannula should be changed at least once a day, or more often, if you have lots of secretions.

An inner cannula is labeled as one-time-use only. If you have a lot of secretions, you may need to change the inner cannula two or more times a day. Unfortunately, many insurance companies do not pay for more than one a day. If you need to change it more often than once a day, it may become expensive. If you choose to reuse the inner cannula, clean it between each use with the following solution:

Using one part sterile water and one part vinegar, scrub the inside and outside until clean with a cotton-tipped applicator or pipe cleaner. Soak the inner cannula for 30 minutes in a fresh solution of sterile water and vinegar. Remove from solution, rinse with sterile water and let air dry.

3. Skin Care: Clean Around the Opening (Stoma)

4. Change Your Tracheostomy Ties

The ties that hold your tracheostomy tube in place should be changed as needed. Foam and velcro style ties can be washed and reused.
Managing the Balloon/Cuff

If you have a tracheostomy tube with a cuff, please read the following instructions. Your health care provider will check the times during which your cuff should be inflated:

___ When eating or drinking, and for 1 hour afterwards.
___ When using the mechanical ventilator or manual breathing bag.
___ When lying down.
___ If you have nausea or vomiting.
___ While sleeping.
___ All of the time.

How to Deflate the Cuff

1. Wash your hands.
2. Take 3-5 slow, deep breaths or, bag and suction in the back of your throat.
3. Attach the empty syringe to the valve on the outside balloon.
4. Slowly pull back the plunger on the syringe until the outside balloon is completely flat. This will be about _____ cc of air.

How to Inflate the Cuff

1. Fill the syringe with _____ cc of air.
2. Attach the syringe to the valve on the outside balloon with a twisting motion (clockwise).
3. Slowly inject air from the syringe into the valve and watch the outside balloon inflate. Inflate the cuff, with about ______ cc of air. Use one of these methods to tell when you have put in the right amount of air:
   - the outside balloon is firm, but still soft enough to indent slightly when you press it with your finger.
   - just enough air until you are unable to speak.
   - just enough air until there is no air leak through the mouth or nose if given a breath with the mechanical bag or ventilator.
4. Remove the syringe from the valve by twisting counterclockwise.
5. Check that the outside balloon stays inflated.
6. Do not overinflate the cuff!
Call Your Doctor Right Away if You are Having Problems with the Balloon

If the inside balloon (cuff) won’t hold air there is probably a leak in the outer valve; the tube must be changed immediately. **Note:** Because the balloons (cuffs) wear out, cuffed tubes must be changed about every 4-6 weeks by your doctor, nurse, or respiratory therapist.

Potential Emergency Situation: Treating a Blocked Tracheostomy Tube

Thick secretions or food may block the tracheostomy tube or one of the airways causing shortness of breath which can progress to severe difficulty breathing. A blocked tracheostomy tube can be a potentially life-threatening, emergency situation that requires immediate attention and care.

Follow steps 1 – 3 below to clear a blocked tracheostomy tube. If these steps do not improve breathing, call 911.

**Step One (1):  Blocked tracheostomy tube with difficulty breathing**
- Remove the inner cannula and replace it with a clean one.

**Step Two (2):  If you are still having difficulty breathing**
- Instill normal saline.
- Suction to clear secretions.

**Step Three (3):  Continued blockage with severe, difficulty breathing**
- Remove the entire tracheostomy tube.
- Replace it with a spare tracheostomy tube.

**Call 911 – If you have continued difficulty breathing.**

**Note:** If you are unable to replace the tracheostomy tube, but breathing is comfortable, call your doctor to arrange to have the tube replaced as soon as possible.
Cleaning of Suction Catheters

Use either boiled, sterile water you make at home, or distilled water from the drugstore.

To make your own sterile water: Boil water in a clean pot for 10 minutes with the lid on. Let the water cool before rinsing items off (especially the plastic inner cannula and suction catheters).

Tracheal Suction Catheters

After you have finished suctioning:

a. Cath and Sleeve Type:
   Flush catheter with recently boiled or distilled water to rinse away mucus, and then suction air through the catheter to air dry; no cleaning of outer surface needed; throw away after 24 hours.

b. Red Rubber Catheters:
   Flush catheter with recently boiled or distilled water to rinse away mucus, and then suction air through the catheter to air dry; wipe with alcohol and air dry; throw away after 24 hours.

Oral Suction Catheter

After you have finished suctioning:

Tonsil tip catheters: (also known as Yankauer™) Tonsil tip catheters (mouth suction) – wipe with alcohol and air dry; boil in water once each day; may be reused indefinitely.