Northwest Texas Healthcare System

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| **Title:** | "TRACH TEAM" | | |
| **Chapter / Department:** | INTERDISPLINARY TEAM | | |
| **Policy Number:** | | **Original Effective Date:** | DECEMBER, 2016 |
| **Current Effective Date:** | DECEMBER, 2016 | **Review /Revision Date:** | May, 2019 |

## SCOPE

a. Surgical Team/Internal Medicine Team
b. ENT
c. Respiratory Therapy
d. Speech Therapy
e. Physical Therapy
f. Nursing Educators
g. Social worker/case manager
h. Wound care/SWAT team

## POLICY

Multidisciplinary Team Management of the Patient with Tracheostomy: providing optimal means of communication, ensuring patient safety, providing the least restrictive means of nutrition and hydration and preventing aspiration, preventing infection, assisting in discharge planning, assuring continuity and quality care and addressing end of life issues.

## PROCEDURE

a. Trach Collar Trials will be completed by RT as soon as patients are appropriate per protocol unless otherwise stated with physician order.
b. Downsizing and Tracheostomy Tube Changes will be completed by physician or RT as ordered.
c. Passy-Muir Valve Trials (for vented and non-vented patients) will be completed by ST with physician order, see policy RT099
d. Decannulation when appropriate per physician order. Done by RT or physician.
e. Post-decannulation stoma care will be done by RT, RN, and/or physician.
f. Emergency and routine equipment will be stocked in the patient's room in a locked black box labeled "Emergency Trach KIT" at patient bedside. RT will be responsible to place emergency kit and keep stocked with supplies. RT will also pick up emergency kit from room or HUC at patient time of discharge.
g. ST will initiate consults for speech-language pathology to assess communication, cognition and swallowing when clinically appropriate per standing order protocol.
h. Cuff Care will be completed by RT. If inflated, RT will use manometer to ensure pressure is at safe level.
i. Tracheostomy and Oral Care will be completed by nursing and/or RT.
j. Wound and Stoma Management will be assessed by RN, RT, ST and consults will be placed to wound care team as appropriate with physician order.
k. Suctioning, Oxygen and Humidity per RT. (see policy RT 093, RT 061, RT 160)
l. Staff Competencies will be completed annually within each department.
m. Patient and Family Education will be completed at time of tracheostomy placement and as needed throughout hospitalization. Written education booklet will be provided to patient and families at time of tracheostomy placement via ST or RT.
n. Documentation of Team Rounds will be scanned into patients chart in Cerner weekly.
o. Data Collection will be gathered monthly by RT and ST.
p. Social Work/Case Management will assist with patient needs when appropriate.

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## PROTOCOL ORDER

a. Tracheostomy Suctioning PRN will be completed by all trained staff. (See policy RT 093)
b. Trach Care BID and PRN will be completed by RN while in unit and RT when patient is floor status (See policy RT 095)
c. Oral Care on NPO tracheostomy patients will be completed by RT BID and PRN. Nursing can also perform as needed. (See policy RT 089)
d. Trach collar trials daily, when appropriate, completed by RT until patient weaned from ventilator. (See policy RT 165)
e. RT or RN will check trach patency once per shift.
f. Speech Therapy consult will be ordered by ST per standing order protocol.
g. Sutures will be removed at day 5 by RT, unless otherwise ordered per physician.
h. Swallow evaluation will be order and completed by ST per standing order protocol.
i. ST will order Modified Barium swallow study and/or Fiberoptic Endoscopic Swallow Study with 0.2ml of 4% lidocaine via nare when appropriate with physician order.
j. ST will complete PMV trials when appropriate per standing order protocol. (See policy RT099)
k. PT, OT consults will be ordered by ST, RN or physician when appropriate.
l. RT will complete trach weaning when appropriate per ENT, physician, or surgeon order (including trach change, downsizing, capping, decannulation).

## APPROVALS

_____ _____
Critical Care Committee Chairperson Date

## REFERENCES

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