

## HOSPITAL

### DEPARTMENTAL PROCEDURE

#### TITLE: TRAUMA: INSERTION OF TRACHEOSTOMY

Date Adopted:

Date Revised:

Supersedes:

Date Reviewed:

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#### DISTRIBUTION:

Nursing

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#### STAFF LEVEL:

RN, GN, LVN, GVN

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#### PROCEDURE:

##### Indication

1. Maintains patient's airway.
2. Prevents aspiration of food or secretions.
3. Facilitates removal of tracheobronchial secretions.
4. Replaces endotracheal tube and permits use of positive pressure ventilation.
5. May be performed in emergent situations or if patient has massive facial trauma and endotracheal intubation is contraindicated.

##### Equipment

- Trauma tracheostomy physician orders
- Tracheostomy
- Tracheostomy dilator kit
- Ventilator/ambu bag
- Surgical prep solution
- Medication
  - Neuromuscular blocking agents as ordered
  - Fentanyl as ordered
  - Robinol 0.2 mg
  - 1% Lidocaine
  - Emergency intubation roll

##### Procedure (DIAGRAM TO FOLLOW)

1. Place patient with towel roll behind shoulders to hyperextend the neck.
2. Medicate patient as directed by physician.
3. If patient intubated, leave on ventilator to monitor O<sub>2</sub> sats, peak airway pressures and tidal volumes throughout procedure.
4. Physician will cover patient with sterile drapes.
  - Cleanse neck with surgical prep.
  - Physician will inject with 1% Lidocaine with epi.

Physician will make a vertical incision 1-2cm below the cricoid cartilage.  
Once the trachea is reached and incision is made, dilators will be used until the desired size is reached.

As the ETT is removed, the tracheostomy tube is inserted; once inserted, inflate cuff on tube and insert inner cannula.

Connect patient to ventilator. Check bilateral breath sounds. Vigorous suctioning will be required to remove any blood or oral secretions aspirated.

Tube is sutured in and sterile dressing is applied.

Stat CXR ordered to confirm tube placement.

#### Nursing Assessment

1. Monitor and document vital signs per protocol including peak airway pressure, tidal volume and O<sub>2</sub> saturation.
2. Assess site for bleeding.
3. Frequent suctioning may be required.

#### Complications

1. Airway obstruction if not properly placed.
2. Hemorrhage.
3. Edema.
4. Perforation of esophagus.
5. Subcutaneous or mediastinal emphysema.
6. Aspiration.
7. Tracheal necrosis.
8. Infection.
9. Laceration of arteries, veins, nerves.
10. Pneumothorax

#### **REFERENCES:**

American Association of Critical Care Nurses, *AACN Procedure Manual for Critical Care*, 2010, Sixth Edition, W.B. Saunders Company, Philadelphia, Pennsylvania.

American College of Surgeons, *Advanced Trauma Life Support*, 2014, Seventh Edition, Chicago, Illinois.

#### **SIGNATURES:**

