

Leaving Hospital with a Tracheostomy

An information guide



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Introduction

This leaflet has been designed to help you and your family understand more about tracheostomies. It is hoped that the information included will answer some of your questions and reassure you that you can be discharged safely from hospital and lead as normal a life as possible.

Not all the necessary information can be included in this booklet, and after reading it you are likely to have questions of your own. The back page has been left blank for you to record these questions, so that you can discuss them with the doctor or nurse before you leave the hospital.

When you do leave the hospital your district nurse and G.P. will be informed of your discharge.

What is a tracheostomy?

A tracheostomy is an artificial opening into your trachea (windpipe). A tracheostomy tube is inserted into this opening to assist your breathing. Your upper airway, your nose and mouth, are bypassed and you breathe through this tube.

There are a number of reasons why you may have had the tracheostomy tube inserted. These include:

- An operation on the head or neck area.
- Blockage of the windpipe due to swelling, infection or other causes.
- Some conditions requiring mechanical ventilation.

It will depend on the reason for the formation of the tracheostomy as to how long it will need to stay in. Your doctor will be happy to explain this to you.

Tubes

You will have a tube with an inner tube and an outer tube and, where appropriate, a speaking valve.

Outer tube

There are a number of types of tube available depending upon your situation. The medical or nursing staff will be happy to provide further information regarding your specific tracheostomy tube.

Inner tube

It is very important that you remember to have the inner tube in at all times, except when removed for cleaning. This is so that if your tube gets blocked for any reason, you can just remove the inner tube and leave the outer one in place whilst you clean the inner tube.

The outer tube should only need to be changed as per manufacturer's instructions and clinical need. This may be anything from weekly to monthly. Further information can be found in your **Tracheostomy Passport**.

Before you leave the hospital your nurse will explain how the tubes fit together and how to remove and replace the inner tube.

Communication

Methods of communication will be identified prior to your discharge and the options available will be discussed with you to identify the most appropriate method for your situation

Speaking valves

If you are able to use a speaking valve it is important that you look after it. Some tubes have a separate valve which fits onto the end of the tube. This can be removed and cleaned with warm water.

All valves are not designed to last for a long time and will need to be replaced regularly. All valves can occasionally become blocked with secretions and then do not open and close properly; this may affect your ability to breath.

If this is the case, remove the valve, clean with warm water to remove the secretions, dry and replace. **Never** sleep with your speaking valve in place.

Other options

Communication boards, electronic devices, Apps

Please ask the medical, nursing or speech and language staff for further advice regarding any communication issues you may have.

Tracheostomy Passport

A personal Tracheostomy Passport is available which contains important information about you and your tracheostomy. Please take it with you to all medical/nursing appointments and if attending hospital

Home equipment

Before you are discharged from the hospital the nurse will liaise with the district nurse to ensure that you have all the equipment you need.

Please see the checklist on page 10 at the back of this leaflet.

Humidity

The air you breathe is normally warmed and humidified as it passes through your nose and mouth. With a tracheostomy tube, this system is bypassed so you must make sure that you humidify the air that you are breathing by other means.

This will help to keep the normal secretions in your lungs thin and easy to cough out. If your secretions become too thick it becomes increasingly difficult to cough them out and this can result in chest infections and a blocked tube.

To keep the secretions thin you should:

- Take plenty of fluids to stay hydrated.
- Wear your bib/HME (Heat and Moisture Exchanger) at all times.
- Occasionally it is necessary to purchase a room humidifier if the simpler methods are not effective. Home nebulisers are also effective and can be used intermittently throughout the day.

Infection Control

Cleanliness is one of the most important elements of tracheostomy care. Always wash your hands before and after handling your tracheostomy tube or when performing suctioning of your tube.

Skin/Stoma Care

Most tracheostomy care products are available from Country Wide Supplies or Fittleworth - free prescription delivery services (see page 10).

By the time you are discharged from the hospital the skin around the tracheostomy site will have healed. However it is still important that you keep the tracheostomy site clean and dry.

We advise that you clean it twice a day with non-filamented gauze swabs and cooled boiled water. The nursing staff on the ward will teach you how to clean the skin around the tracheostomy.

Some people prefer to wear a dressing under the tube which helps to keep the skin dry and clean. The dressings should be changed

daily, more often if there are a lot of secretions. Only pre-cut tracheostomy dressings must be used.

Never use tissues, cotton wool or homemade dressings as they will shed fibres which can irritate your lungs.

Cleaning your tracheostomy tube

You will be taught how to clean your tube according to the manufacturer's instructions before you leave the hospital.

The inner tube will need removing and cleaning at least twice a day, sometimes more often if there are a lot of secretions, or if the secretions are thick.

It may be necessary to clean your inner tube if you:

- Cough and it sounds bubbly, or if you feel your airway is not clear, "something is there that needs to come out".
- Cannot get the suction catheter into the tube.
- Are having difficulty breathing.

Do not leave your inner tube soaking in water as this is a major infection risk. Always clean and dry immediately and store the tubes in a sealed dry container until they are needed.

Tracheostomy cleaning swabs can be obtained via Country Wide Supplies or Fittleworths (see page 10).

Suctioning

Before you leave the hospital, you must be able to suction your own tracheostomy tube.

It is also advisable that your family/ friends/carers are also aware of how to perform suction. The nurse will teach you and your carers how to suction safely.

If you are able to cough out your secretions adequately you will not need to use the suction machine but you will need to have one at home in case of difficulties.

If you need to use suction regularly, and are concerned about leaving the house without suction, you can buy a portable suction machine. The Specialist Nurse will be happy to advise you. It is always better to cough rather than suction where possible.

It may be necessary to suction if you:

- Sound 'bubbly'.
- Whistle when you breathe.
- Feel that there is something there but you cannot get it out when coughing.

Tracheostomy ties

Your tube will be secured with ties. The ties will need to be replaced as needed if soiled or damaged. These can also be obtained from Country Wide Prescription Service. See contact details on page 10.

Changing the tube

The outer tube will need to be changed as per the manufacturer's guidelines and/or clinical need to ensure that infections are prevented and a healthy stoma (artificial opening) is maintained.

This can be done by any of the following people who have been trained and are competent to do so:

- Carers.
- Your family.
- The district/practice nurse.
- Hospital Specialist Nurse/ Doctor (by appointment).

Follow up care

Before you are discharged you will be given an outpatient appointment. If you are having difficulties with your tracheostomy prior to your appointment do not hesitate to contact your G.P, district nurse or specialist nurse.

Remember your tracheostomy Passport

Most people go home with a tracheostomy and have no problems at all. However if you experience any of the following, it is advisable that you contact either your GP/district nurse or specialist nurse if:

- You have difficulty breathing.
- You are coughing up or having to suction more often than usual.
- Your secretions change colour for example yellow, green, brown or blood stained.
- Your tracheostomy becomes smelly.
- The skin around your stoma becomes irritated or sore.

Do not worry – all of the above can be easily dealt with by the healthcare team, report these changes early so that they can be resolved quickly.

Dealing with emergencies

The first thing to remember is **don't panic!**

If your tube falls out do not worry. Once a tracheostomy tube has been in place for 2 weeks the stoma is well established and will not close over suddenly. If you feel able to, get your spare tube and insert it.

For this reason we advise that you take a spare tube with you when you leave the house. If you do not feel able, then ring 999 and take your spare tube and equipment with you.

If you are finding it difficult to breathe, it is likely that your tube is partially blocked with secretions. First of all try a really big cough and see if this will dislodge the blockage. If this does not work, remove the inner tube. This will leave a clear outer tube through which you can breathe freely. Clean the inner tube and replace it. It is important that you wear the inner tube provided at all times.

If you are still finding it difficult to breathe you may need to use the suction machine provided.

If you are still experiencing difficulties it is recommended that you attend the nearest accident and emergency department or dial 999.

Resuming normal activities at home

Most people resume a normal lifestyle after returning home. You should be able to continue with your normal activities, hobbies and interests.

Outdoor activities such as walking, gardening and golfing are encouraged. The only activities not advised are those that are water-related such as sailing, fishing and swimming. Always remember to wear a protective cover when outdoors. Cotton scarves or specialist covers are excellent for preventing particles from entering your lungs and the nurses will be happy to advise you on the products available.

The general advice is to **shower** not bathe. When showering use a special shower BIB/shield (you will be shown this by the hospital nurses). Do not smoke and where possible avoid smoky environments as this will irritate your lungs.

Discharge equipment checklist (Please tick)

- Suction machine (with maintenance/service information and contact number).
- Suction connection tubing (District Nurse to order further supply).
- Suction catheters (District Nurse to order further supply).
- Tracheostomy bag/box with spare tubes same size +one smaller/suction catheters/gauze swabs/tapes/lubricating gel/10 ml syringe, tracheal dilators and speaking valve (if applicable).
- Dressings.
- Non-filamented gauze swabs.
- Nebuliser machine (with maintenance/service information and contact number), saline and nebuliser solution.
- Bib/HME.
- Neck ties.
- Tracheostomy tube cleaning swabs
- The ward nurses will register you with either Countywide Supplies or Fittleworth free delivery prescription service before you are discharged and will show you how to order the appropriate tracheostomy care products.
- Tracheostomy Passport

Discharge skills for patient and family/carer.

The following skills can be taught to carers prior to discharge:

- Suction technique.
- Cleaning of tube and inner tube.
- What to do in an emergency.

Finally

A good quality of life with a tracheostomy is not just about looking after your tube. It involves looking after yourself as well.

This means taking exercise, eating and sleeping well and getting out and about. Continue to do the things that you enjoy.

It is important that you talk to and include your family and friends in your care.

Useful Information/Support groups

National tracheostomy safety Project - <http://www.tracheostomy.org.uk/patient-info>

NHS Choices – <https://www.nhs.uk/conditions/tracheostomy/>

The Global Tracheostomy Collaborative - <http://globaltrach.org/>

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

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☎ : 0161 627 8770

@ : interpretation@pat.nhs.uk

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For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

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