

Tracheostomy: Child

Taking Care of Your Child's Tracheostomy

Dear parent or caregiver,

As you have already discussed with your ENT doctor, a tracheostomy will be performed on your child to help him or her breathe. We understand this is a frightening and stressful time. There are many new things you will learn and questions you will have, especially when preparing to go home with your child. It is our goal to provide you and your family the support you need to make this as smooth of a transition as possible.

Your tracheostomy journey will begin in the hospital with surgery. The length of the hospital stay can vary and will depend on your child's medical needs, your learning needs, and individualized homecare plan.

This booklet is to serve as a reference guide to help you learn about taking care of your child and his or her new tracheostomy. We hope the information helps ease some of the anxieties you may have. We encourage you to be involved in caring for your child during the stay. The more you are able to practice skills, the more comfortable you will become. Pick a co-caregiver who can help you with caring for your child at home. It is unreasonable for one person to do this 24hrs a day, every day. Also, please feel free to ask lots of questions and let us know your concerns so we can meet your needs! We are here to help!

We know this is a difficult and challenging time for you and your family. Our team is here to help support and guide you through this journey.

Sincerely,

Your ENT care team

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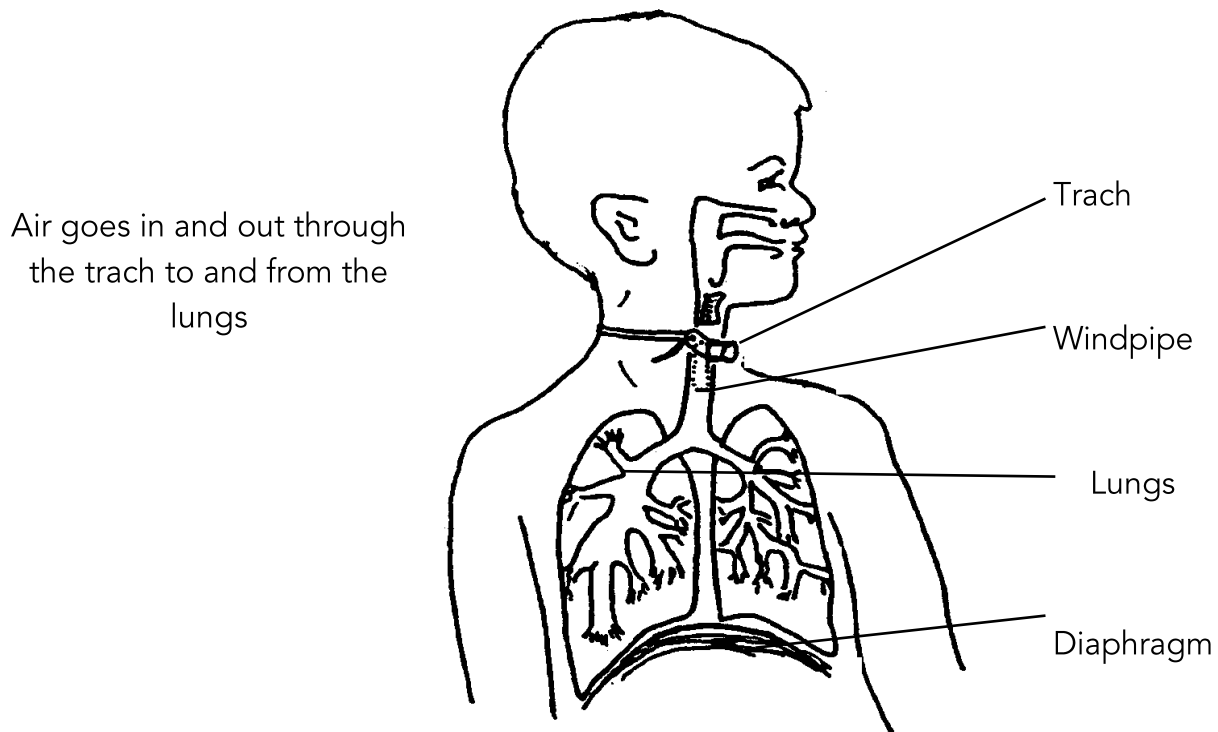
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Introduction

Why does my child need a trach?

Children need a tracheostomy (TRAY key AHS toe me), or “trach”, for many different reasons. Your doctor will help you understand why your child might need a trach.

The doctor makes a small hole (stoma) in your child’s neck and windpipe (trachea) to help him or her breathe. How long your child has a trach depends on why your child needs a trach and how his or her medical problems change over time. When the trach is removed, the stoma often shrinks quickly and can close entirely within a week. If it does not close, a small surgery may be required.

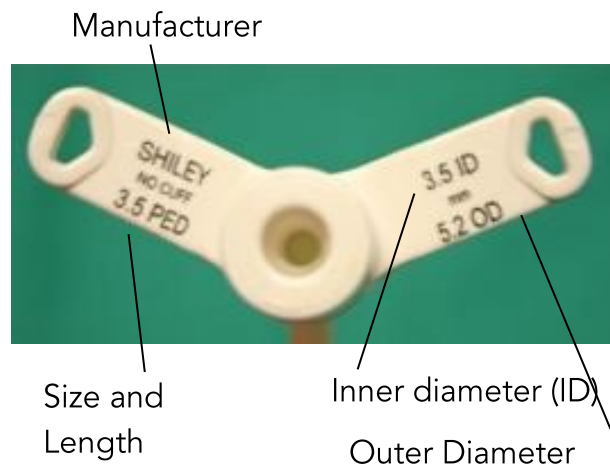
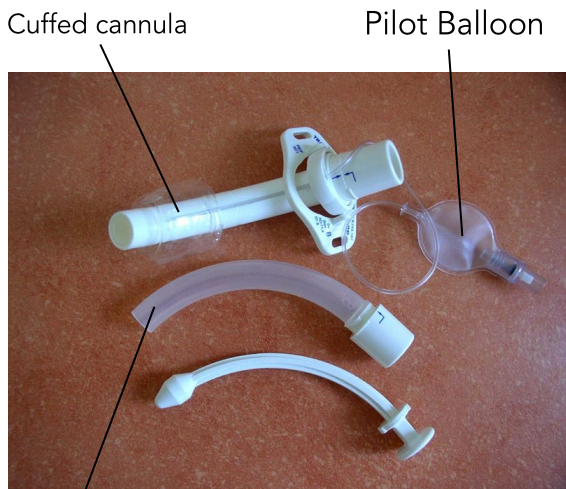
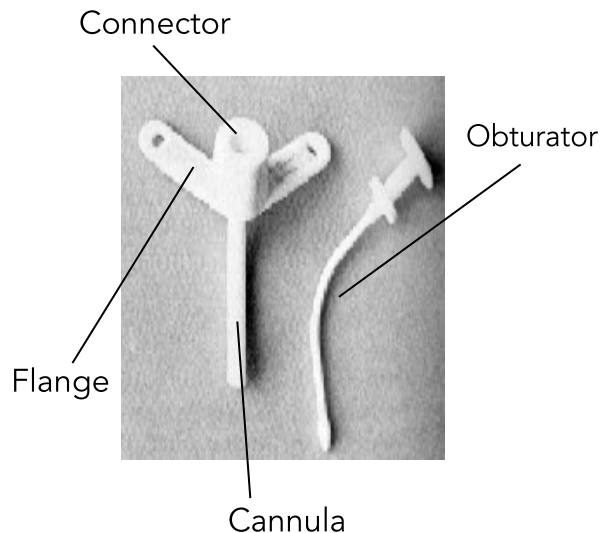
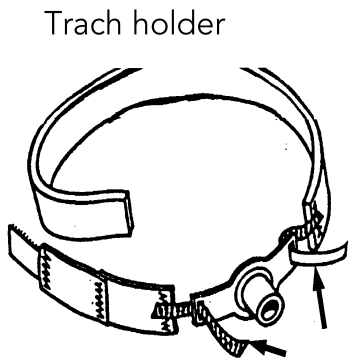


What is a trach?

A trach is a small plastic tube that is put into a hole (stoma) in the windpipe (trachea) to hold it open. There are different types and sizes of trachs and your doctor will select the one to best fit your child. People with a trach breathe through this tube in their windpipe rather than through their nose or mouth. Air goes through the trach and into the lungs. Since the air is not going through their voice box, your child might not vocalize anymore. It can be hard not to hear their voice or cry. Sometimes this can improve over time.

Parts of a Trach:

The cannula is the main part of the trach. Some trachs have inner cannulas that can be removed. Cannulas can also have cuffs. With cuffed trachs, the trach will have a pilot balloon that indicates if the cuff is inflated or not. The connector is the outer opening to the trach. This part can attach to other equipment (ex: ambu-bag, ventilators, passy-muir valves, etc). Each trach has flanges where a trach holder, or trach tie, can be attached. The holder fits snugly around your child's neck to hold the trach in place. The trach flanges also have the information on the type and size trach your child has. The obturator fits inside the trach to help guide the trach when putting it in the stoma. Obturators are specially made for the specific type of trach your child has.



Trach Accessories:

There are other kinds of trach equipment that you might use for your child and some that attach to a trach.

A. Ventilator

A ventilator is a machine that gives positive pressure to help your child breathe. Some children use ventilators all the time, intermittently, or not at all. Your pulmonologist can help manage your child's vent and specific settings.



B. HME (Heat and Moisture Exchange)

An HME, or "trach nose", holds warmth and moisture when the child breathes out and then puts that moisture back in the air when the child breathes in. Your child should **not** be alone or sleep with an HME as mucus can collect in the device and cause choking. HMEs need to be changed regularly.



C. Passy-Muir Valve (PMV)

The Passy Muir valve is a device that improves the child's ability to vocalize, or speak. The PMV has a one way valve that allows your child to breathe in through the trach tube, but does not allow air out through the trach. The air goes up through the vocal cords instead, helping your child vocalize. Your child should **not** be alone or asleep while wearing a PMV because air cannot go out through the trach. Ask your doctor when your child might be ready for one.



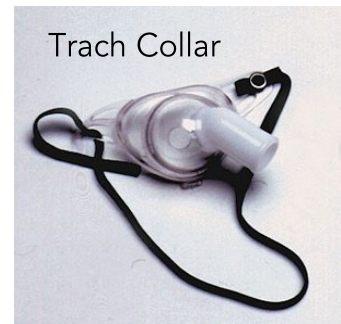
D. Trach Cap

A trach cap is a plastic cap that does not allow air to go in or out through the trach tube. Like a PMV, a child should not sleep with this on and always be under adult supervision with wearing.



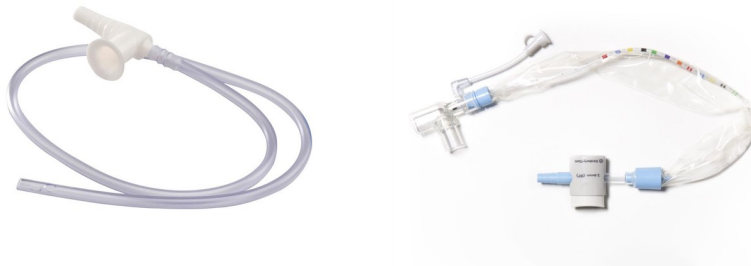
E. Trach collar

A trach collar fits over the trach and attaches a machine that gives off humidified air. Children often use this when sleeping.



F. Suction tubing

Suctioning is one of the skills you will learn to do that removes mucus from the trach tube and your child's airway. There are different types of tubing. How deep you suction your child's trach will depend on the length of the trach tube. You can use the obturator to measure how far the suction tubing should go into the trach for suctioning.



G. Ambu-bag

An ambu-bag, or bag-valve-mask, is a device that you can give rescue breaths through the trach if your child is having difficulty breathing or oxygen levels have decreased. You should always have the mask available for emergencies.



General Care and Safety

A. Humidification

It is good to keep some type of moisture over the trach to moisten the air in the windpipe. Humidification, or moisture, helps keep mucus thin to reduce coughing and prevent the trach from clogging. There are multiple ways to provide moisture. An HME and trach collar are good options to provide humidification.

Your child may also need a humidifier in his or her room to help moisten the air in the windpipe. Your doctor will tell you if your child needs to use a humidifier. You will know your child is getting enough moisture if his or her mucus is thin. If the mucus gets thick, give more moisture.

Clean the humidifier and tubing every day with hot soapy water. Then fill the container with sterile or distilled water. Your home health care agency will tell you what water to use and how to clean your system.



Humidifier

If there are times when you can't use a humidifier, such as when the electricity goes off or you go on a long trip, put one or two drops of saline into the trach tube every few hours or give your child extra water to drink. You can also buy a saline spray to squirt into the trach.

B. Bathing

There are several safety tips that will help make bathing your child with a trach safer:

- ◆ **NEVER** leave your child alone in the tub.
- ◆ Do not overfill the tub; this helps to avoid excessive splashing and water entering the trach.
- ◆ Place an HME or PMV on the trach tube to help keep splashes out of the trach tube.

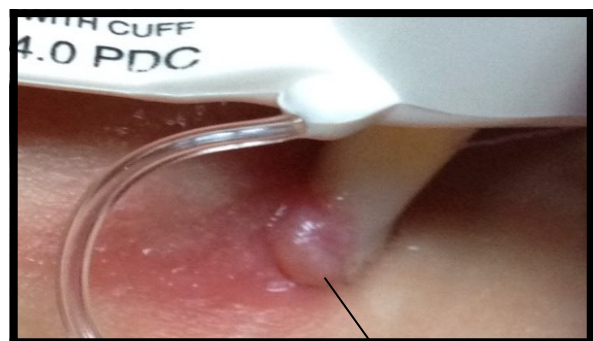
C. Eating and Drinking

Many children with a tracheostomy are able to eat and drink normally. However, many of the reasons for a tracheostomy can interfere with the mechanics of eating and drinking. For example, a child with a brain injury can have difficulty with normal breathing and damage to the nerves and muscles that are involved with swallowing. Conditions that affect the voice box also make swallowing more difficult. You should always consult with your child's physician to see if oral feeding should be formally tested, limited, or withheld based on the child's individual medical issues. For most patients, swallowing is better when they use a Passy-Muir valve if able to tolerate one. This device allows the child to generate a small amount of positive pressure under the vocal cords during swallowing. This pressure helps to keep the liquids out of the airway. It makes the swallow seem more natural.

D. Skin Care

Skin breakdown can be a common problem for children with trachs as trach ties can hold moisture and rub the neck. Each child is unique and has different skin care needs. The key to good skin care is meticulously keeping the skin dry and clean. Some children do well with a dressing around the trach and others do better with none. There are various types of gauze and absorbable dressings as well as topical ointments and creams to help when skin problems arise. Let your provider know if your child's skin is having any redness, swelling, breakdown, or cuts.

Granulomas are a red fleshy tissue that can develop around the trach stoma. They sometimes fluctuate in size. They can also bleed easily. This can be normal and doesn't usually cause problems with changing the trach. However, they can be treated with drops or cautery. Call your provider if you notice one and are having problems.



Granuloma

E. Other General Care and Safety Tips

- ◆ Use good infection control, such as handwashing and clean handling and storage of supplies to help minimize germs.
- ◆ Pets with fine hair should not be inside the house. The hair may get into the trach.
- ◆ Do not use powders or sprays in the same room with your child.
- ◆ Keep your home as free from lint and dust as you can.
- ◆ Avoid necklaces, strings, fuzzy clothes, fuzzy blankets, and fuzzy stuffed animals. Tiny beads or fibers from these things can get into the trach and make it hard for your child to breathe.
- ◆ Your child should not be around anyone who smokes cigarettes, cigars, etc.
- ◆ Babies and children with trachs should be kept away from wood burning fireplaces and kerosene heaters.
- ◆ Always keep your emergency kit with an extra trach and 1 size smaller on hand in case of an emergency. You should always know where your emergency kit is and it should be with your child **at all times** (See page 20 for what to put in kit).
- ◆ Siblings, other children, and other caregivers that are around your child should be taught trach safety.
- ◆ Do not leave your child alone or allow to sleep with a HME, PMV or trach cap on the trach. They can collect mucus and your child could choke or develop respiratory distress and not be able to remove the device. These are also not as reliable for humidification as humidified air with the trach collar.
- ◆ Replace supplies before they get too low.

Tracheostomy Skills

You will learn many skills in order to take care of your child's trach. These include suctioning, cleaning the skin around the trach, changing trach ties, and changing the trach tube. Your nurses and care team will help teach you these skills. Like every skill, the more you practice the more comfortable you will become. In time, you will be an expert and do each skill easily. Your nurses and care team will agree when you have learned these skills well to be checked off.

A. Suctioning Your Child's Trach Tube

The purpose of suctioning is to remove mucus from your child's trach and windpipe. At first, you will need to suction your child often. Over time, you may be able to suction less often. As your child gets older, he or she may be able to cough out the mucus and not need to be suctioned as frequently.

No matter how careful you are, there may be some streaks of blood when suctioning. This is ok. Call your doctor if bleeding happens often when you suction, or if there is a large amount of blood.

Signs that your child needs suctioning:

- ◆ Child becomes restless and cannot be calmed.
- ◆ Child has trouble breathing or breathes faster.
- ◆ You hear or feel rattling in your child's chest.
- ◆ Child is making grunting, noisy breaths.
- ◆ You see the hollow in your child's neck, the skin below the breast bone or the skin below his ribs "pull in."
- ◆ Child's nostrils flare out.
- ◆ Child looks frightened.
- ◆ Child becomes pale, blue, dusky, or sweaty.
- ◆ An infant has trouble sucking.
- ◆ You see bubbles or mucus at the trach opening.
- ◆ You hear whistling from the trach.

If you see any of these signs, you may need to suction your child's trach.

Supplies you will need:

- ◆ Suction machine with tubing and jar
- ◆ Suction catheter size: _____
- ◆ Sterile water (see page 25 if you wish to make your own sterile water)
- ◆ Small sterile jar for sterile water (see page 25 on how to sterilize containers)
- ◆ Gloves



Steps for suctioning (clean technique):

1. Wash your hands well with antibacterial soap, such as Dial®, or use an alcohol-based hand sanitizer.



2. Pour sterile water into a sterile jar, glass, or plastic container



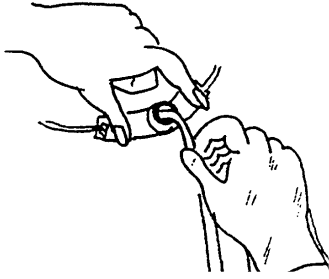
3. Put on gloves.



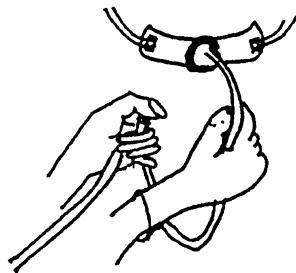
4. Attach a clean suction catheter to the suction machine tube. Turn on the suction machine.

5. Dip the catheter into the sterile water and cover the thumb port to make sure the suction works.



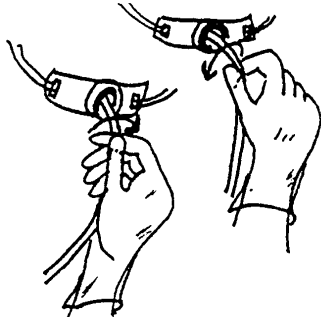


6. Take your thumb off the port. Gently insert the catheter into the trach tube. Do not force the catheter if it will not go in. Do not apply suction as you insert the catheter

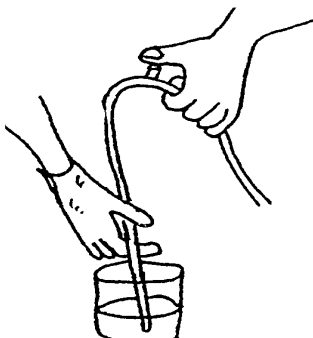


7. Insert the catheter no more than _____centimeters. This should be just slightly beyond the length of the trach.

8. When the catheter is in the trach, cover the thumb port to apply suction.

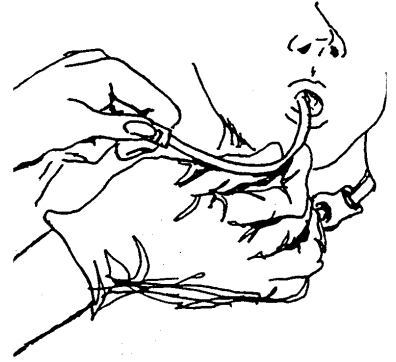


9. Roll the catheter in half circles as you remove it from the airway. **Never suction longer than a few seconds.** If more suctioning is needed, wait about 30 seconds before suctioning again so your child can catch his or her breath. Have your child take several deep breaths to get more air into the lungs. If your child uses a ventilator, you may need to give a few manual breaths with an Ambu-bag. Then, suction again. Repeat suctioning until the airway is clear.

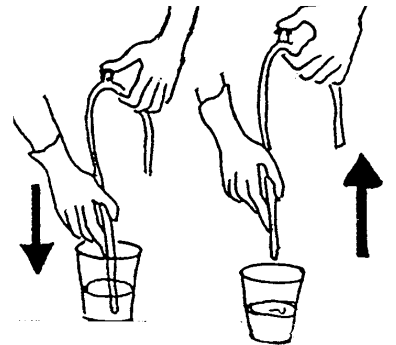


10. Each time you remove the catheter from the trach, clear the catheter and tubing of mucus by putting the catheter in the sterile water and applying suction.

11. After suctioning the trach, it is a good idea to suction the mouth if oral secretions tend to build up. Keeping the mouth clean is important for people with a trach. After suctioning the mouth, the catheter should NEVER be put back down the trach as this can put germs into the windpipe.



12. When you have finished suctioning, clear the tube of mucus by putting the catheter in the sterile water and applying suction. Take the catheter out of the water and apply suction again. Put the catheter back into the water and apply suction. Repeat until the tubing is cleaned of mucus. Discard the water when finished.



13. Throw away the gloves. Unless you have been told otherwise, throw away the catheter.



14. Wash or sanitize your hands again.

Note: You may have a different type of suction catheter when you go home than what you used in the hospital. Your equipment company or home health agency will teach you how to use them.

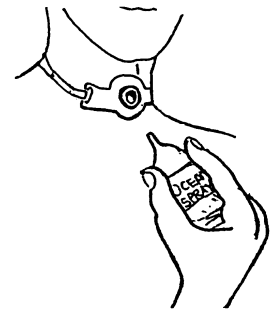
Tips for Suctioning

- ◆ Some children receive oxygen. If so, oxygen can be given into the trach **between** each suction pass. If you can, have your child inhale the oxygen deeply since suctioning removes oxygen from the lungs. You will need special instructions about using oxygen in the home. Remember: oxygen is a drug. It should only be used at the rate and for the amount of time your doctor orders. **NO SMOKING OR OPEN FLAMES SHOULD BE IN THE SAME ROOM AS THE CHILD OR SUPPLIES BECAUSE OXYGEN IS FLAMMABLE.**



- ◆ Always watch closely for signs of removing too much oxygen during suctioning. If your child looks blue or short of breath, allow more rest time and/or more oxygen between suctioning.

- ◆ If your child has very thick mucus, you can use a saline spray or drops in your child's trach. This will loosen and thin the mucus so it can be suctioned more easily. Put several squirts or drops of the saline down the trach before suctioning. Be careful not to touch the top of the bottle to your child's tracheostomy tube.



- ◆ If your child is still having trouble breathing after suctioning, then there could be a mucus plug and you will need to change the trach tube (see page 17).
- ◆ It is not unusual to occasionally see pink or blood tinged secretions. This could be related to the airway being dry, frequent deep suctioning, excessive coughing, irritation in the airway, or a difficult trach change. If the blood seems excessive, call your ENT provider.

Daily Care of Your Suction Machine & Tubing:

- ◆ Empty the suction jug at least once a day. The fluids can be flushed down the toilet.
- ◆ Wash the suction jug and tubing with soap and water and rinse well.
- ◆ Allow all equipment to air dry before putting it back together.

Note:

Portable suction machines that run on batteries can be used for travel. Your suction machine should be plugged in to charge when it is not in use.

B. Cleaning the skin around the Trach:

Mucus can come up and around the trach and become hard and crusty. You should clean the skin around and under the trach at least every day. Many people clean the skin before changing trach ties.

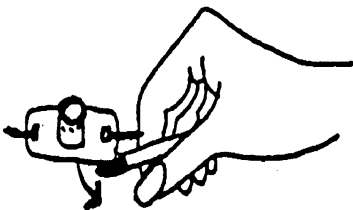
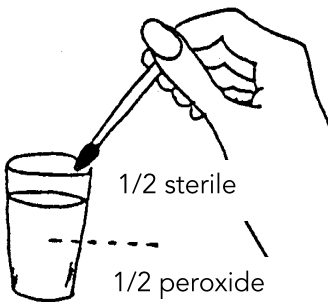
Supplies you will need:

- ◆ 2 cups or glasses
- ◆ For cleaning: mild soap with sterile water or saline, OR may use half strength hydrogen peroxide for heavy crusting (equal parts sterile water and hydrogen peroxide).
- ◆ For rinsing: Sterile Water (put in second cup)
- ◆ Cotton tip swabs (like Q-Tips®)
- ◆ Wash cloth

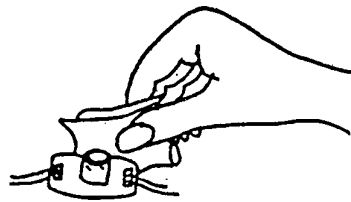


Step for cleaning:

1. Wash your hands well with antibacterial soap, such as Dial®.
2. Have cleaning solution ready (mild soap with sterile water or saline OR half strength hydrogen peroxide). You will only need a small amount. Wet a cotton-tipped swab with the fluid. Press the swab on the side of the cup to remove excess fluid.
3. Hold the trach tube with your fingers to keep it from moving around. Gently clean around the trach. Roll the swab around the tube and **away** from the opening to remove all the crust. Be careful not to let the fluid drip into your child's trach. You may need to repeat this several times. Always use a clean swab each time.
4. Lightly wet a cloth or another clean swab with sterile water to rinse the skin. Your cloth or swab should not be dripping wet.



5. Use a dry wash cloth to gently pat dry.



6. Check to make sure the trach tube holder is secure and dry. Change it if it is wet.

7. Throw away the extra cleaning solution used. Mix a new solution each time you clean around the trach.

TIPS:

- ◆ Keep the bottle of peroxide in a dark place out of a child's reach.
- ◆ Do not use peroxide if the color is not clear.
- ◆ If you see red skin or pimples around the trach, you may need to use 1/4 strength peroxide (3/4 sterile water to 1/4 hydrogen peroxide) OR sterile water to clean the skin. This will be more gentle on these irritated areas.
- ◆ If there is broken skin, drainage, or a bad smell around the trach, call your doctor for advice.

C. Changing Trach Tube Ties/Holder

The trach ties should be changed at least once a day. Sometimes they get wet or dirty. Trach ties should always be changed if they are wet or dirty. Ties can be washed and reused if needed. When you change the ties, you will need to clean the skin around the trach.

Supplies you will need:

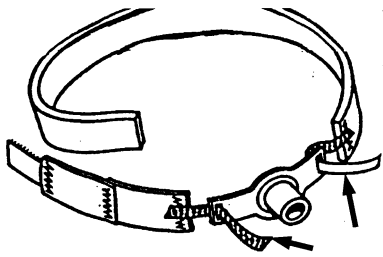
- ◆ Velcro® trach tube holder
- ◆ Rolled blanket to put under your child's shoulders
- ◆ Scissors
- ◆ Blanket for wrapping child (if needed)

You should have another person help you with any routine trach tie changes. One person can hold the trach in place while the other person changes the ties. Suction the trach before changing the trach ties to decrease the chance of your child coughing while the ties are off.

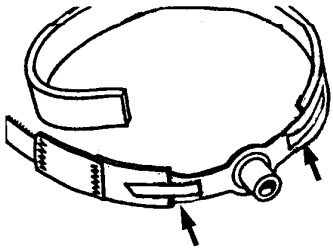
Steps for changing trach ties:

1. Wash your hands well with antibacterial soap, such as Dial®.
2. Babies can be wrapped in a blanket to help him or her stay still (if needed).
3. Position the child's head by placing a rolled blanket under the shoulders. The blanket roll helps expose the neck and trach to make changing ties easier.
4. Hold the trach in place with one hand. Keep holding until you have the new ties secured.
5. Remove the old trach ties. This is a good time to wash the neck and look at it for any cracks, redness, or pimples. Make sure the neck is dry before putting on the new trach tube holder.

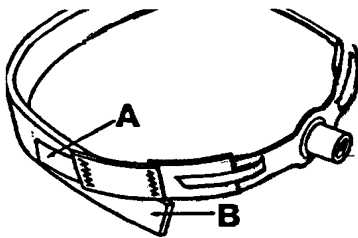




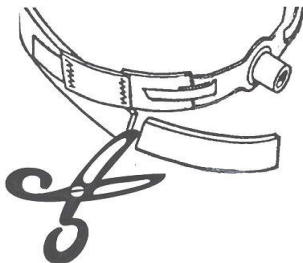
6. Thread the narrow Velcro® fastener tabs through the flanges on the trach tube. The rough side should face outwards.



7. Fold the tabs back over the openings and press them on the soft material on the band. Make sure there are no gaps.



8. Adjust and secure the wider fastener (A) to the soft material on band (B) for proper length. The ties should be snug. Now you can let go of the trach.



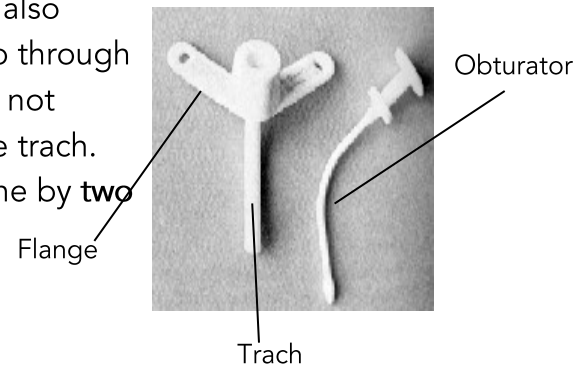
9. Cut off excess material.

TIPS:

- ◆ The old trach tie makes a good pattern to know where to trim new ones.
- ◆ If a trach tie gets dirty, you can hand wash it in soap and water, rinse, and let air dry. Throw away the holder when the Velcro® no longer sticks.
- ◆ For some children, it can be easier to adjust and tighten the ties in a sitting position.
- ◆ Make sure the trach ties are snug, but not too tight.

D. Changing the Trach Tube

Your child's trach needs to be changed regularly. You will also change the tube if you cannot get a suction catheter to go through the tube, the tube comes out, your child's breathing does not improve with suctioning, or you hear whistling through the trach. Unless it is an emergency, all trach changes should be done by **two trained adults**.



Supplies you will need:

- ◆ New regular size trach tube
- ◆ Back-up trach (one size smaller): You should ALWAYS have a trach one size smaller available. You don't need to open it but should to be on hand in your emergency kit
- ◆ Obturator. Make sure the obturator slides in/out easily before changing trach.
- ◆ Water-soluble lubricant (like KY Jelly®) - put a small amount on the outside tip of the trach tube.
- ◆ Velcro® trach ties (tip: go ahead and attach ties to both flanges)
- ◆ Syringe (if trach tube is cuffed)
- ◆ Wash cloth
- ◆ Gloves
- ◆ Cotton swabs
- ◆ Rolled blanket to put under your child's shoulders
- ◆ Blanket to wrap your child (if needed)
- ◆ Suction catheters and machine
- ◆ Ambu-bag with face mask
- ◆ Another helper/caregiver



Steps for changing a trach tube:

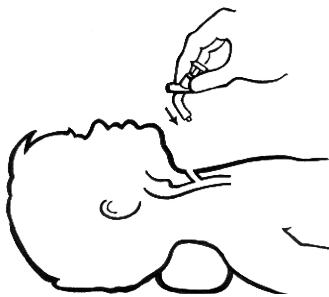
1. Wash your hands well and put on clean gloves.
2. Put your child on his or her back with a blanket roll under the shoulders. The blanket roll helps extend the neck and brings the trachea close to the skin to minimize the risk of inserting the trach tube into a "false passage", or into the space between the skin and the windpipe. Also, have good lighting.
3. Babies can be wrapped in a blanket to keep him or her still, if needed.

5. Release the Velcro® ties.
6. Remove your child's trach tube by following the curve of the tube. Use an upward and outward arc.



Remove the old trach.
Arc up and out

7. Put in the new trach tube with the obturator in place:
 - a. Have trach ready with a very small amount of water soluble lubricant on the end of the trach, such as KY Jelly®. Do NOT use Vaseline® or petroleum jelly.
 - b. Hold the tube so it curves down.
 - c. Put the trach into the tracheostomy opening (stoma). Avoid touching the part of the new trach you will insert into the airway.
 - d. Follow the curve as you put in the trach. Direct the top of the tube toward the back of the neck in a downward and inward arc.
 - e. If the tube is hard to get in, **do not force it. Do not panic!** *See Emergencies: pg 21*



Insert the new
trach.

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Source: www.tracheostomy.com

8. When the trach tube is in place, immediately remove the obturator. Your child cannot breathe with an obturator in place!
9. Changing the trach tube will cause the child to cough. DO NOT let go of the tube!
10. Continue to hold the trach tube in place and clean the skin around the trach with cotton swabs. Wipe and dry the child's neck with the washcloth.
11. Fasten the Velcro® tube holder to the flanges on the trach. It should be tight enough so that it is snug but not too tight.

TIPS:

- ◆ Suctioning your child before changing the trach can help decrease coughing.
- ◆ Sometimes your child will cry or tense up their neck when changing the trach and it can be difficult to go in. Calming them down can help them relax to be able to put the trach in. Distracting them with a toy can also be helpful. Wait until they take a breath in to place the trach tube.
- ◆ A small amount of bleeding when changing the trach can be normal.
- ◆ Please feel free to hold supplies and adjust how you do the skills so that it is comfortable for you. Ask your care team so they can help you do skills correctly but comfortably.

You must practice changing the trach tube before your child leaves the hospital. Your nurses and respiratory therapists will help you. This skill will get easier and you'll become an expert!

Troubleshooting and Emergencies

If your child needs emergency care, you need to know what to do. In Forsyth County and for most areas around, the emergency number is "911." Find out the emergency number in your area. Write this number down and put it by your phone.

NOTE:

It is a good idea to tell your local fire department and/or rescue squad about your child's trach. You should do this when you take your child home, rather than waiting until an emergency happens. This way they might have equipment ready and review what to do.

You may need to share your emergency kit in case the EMT does not have a certain item or know what to do.



If an emergency happens, **YOU** must be ready to act. Knowing what to do and how to do it will help you remain calm and be prepared. Make an emergency kit that has all the supplies you need in it. **ALWAYS** have your emergency kit near your child and know where it is. When you travel with your child, even for short trips, you need to be prepared in case an emergency occurs. Your child's trach may need suctioning or it may come out.

Emergency Kit

Always have this equipment with you and know where it is in your home. You should inventory it daily to make sure you have all needed supplies.

Items to include:

- ◆ Portable suction machine
- ◆ Suction catheters
- ◆ Gloves
- ◆ Extra regular size trach tube
- ◆ Back-up size trach tube (one size smaller)
- ◆ Obturator of current trach
- ◆ Extra trach ties
- ◆ Water-soluble lubricant (like KY Jelly®)
- ◆ Scissors
- ◆ Ambu-bag with face mask and trach adapter
- ◆ Syringe (if trach tube is cuffed)

What to Do if the Tube Comes Out:

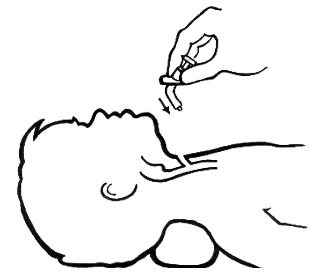
- ◆ ***If the tube comes out part of the way:***

Push it back in and tighten the trach tube holder.

- ◆ ***If the tube comes out all the way:***

Put in the extra trach tube. To do this, hold the tube so it curves downward. Moisten the tip of the trach with a small amount of water soluble lubricant (like KY Jelly). Put the tube in the stoma opening. Do not force it! If it does not go in easily:

- A. Pull back 1/4 inch.
- B. Make sure the obturator is in place to help with placement.
- C. Change the position of your child's neck if it is not going in.
- D. If your child is crying, try to soothe and comfort him/her so they relax. Wait for them to take a breath in.



- ◆ ***If the tube will NOT go in:***

Try to put in the smaller trach tube. If this does not work, stay with your child. Spread the skin to open the hole in the neck. You can insert a suction catheter into the stoma to help keep it open if needed. Stay calm! **The opening will not close quickly.**

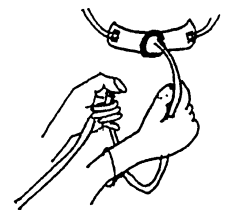
- ◆ ***If you don't have a spare trach tube:***

Put the same one back in and secure it with the trach tube holder. It is not ideal to place a trach without the obturator to guide the trach, but can be done in an emergency.

- ◆ ***If you can't replace the trach,*** but your child is breathing comfortably, bring your child to the emergency room immediately. If your child is in distress, **CALL 911 IMMEDIATELY!** Perform CPR if needed.

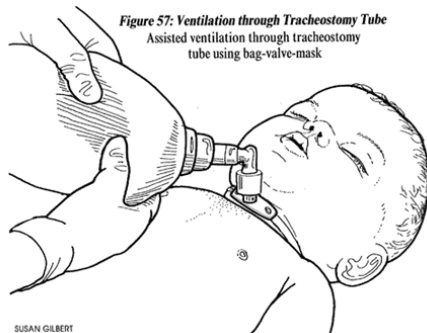
What to Do if Your Child Has Trouble Breathing or Stops Breathing:

- ◆ Suction the trach immediately.
- ◆ If the child still has trouble breathing or isn't breathing, change the trach.
- ◆ If your child does not breathe when the trach tube is clear of mucus, give **artificial respirations**, or rescue breathing. This means you should breathe **into the trach** either by mouth or with an Ambu-bag.
- ◆ If your child does not have a pulse, give **CPR**. Ask your nurse for a copy of the publication *Family and Friends CPR*. You will follow CPR steps except for the way you give breaths. You need to follow the steps for artificial respirations listed on the next page. Ask your nurse to show you how to do this and let you practice. It is important that you enroll in a basic CPR course for friends and family to get experience with what to do in an emergency.



How to Give Rescue Breaths/Artificial Respirations

- ◆ Gently shake your child's shoulders. This may arouse the child. If someone else is with you, have them call 911 immediately.
- ◆ Place your arm under the child's neck so the head falls back. This can help open the airway.
- ◆ Put your ear over the trach. Listen and feel for breaths. Look at the chest to see if it is rising. If your child is not breathing, start rescue breathing.
- ◆ Cover the trach opening with your mouth. Give 2 breaths of air. Blow hard enough to make the child's chest rise. Allow the chest to fall in between breaths. If air will not go in, change the trach tube.
- ◆ You may use the Ambu-bag for rescue breathing. You can attach the Ambu-bag to the trach OR use the mouth mask over child's face while keeping the trach stoma covered.



- ◆ Give 1 breath into the child's trach every 3 seconds . Count "1- one thousand, 2 - one thousand, 3—one thousand" then give breaths.
- ◆ After giving your child rescue breaths for 1 minute, call 911 or emergency services for help.
- ◆ Continue rescue breathing. Look every 2 to 3 minutes to see if the child has started breathing, is coughing, or moving.
 - * If the child is moving but not breathing, continue rescue breathing every 3 seconds
 - * If the child is not moving and not breathing, begin CPR with 2 breaths then 30 chest pushes.
- ◆ If your child vomits, turn your child onto his/ her side and wipe all the contents out of the mouth with your fingers. Suction the trach and then the mouth at once.

Before You Take Your Child Home

This is a checklist of things you need to do **before** you take your child home. Each family needs *at least one* second trained caregiver.

- Read this manual
- Skills and knowledge that needs to be demonstrated by the first and second caregiver prior to discharge include the following.



1. Suctioning the trach
 2. Cleaning the skin around the trach
 3. Changing trach ties
 4. Changing the trach tube
 5. What supplies your child needs nearby at all times
 6. How to clean your child's specific trach
 7. Signs and symptoms of respiratory distress
 8. How to use the Ambu-bag for rescue breathing
 9. CPR and Emergency situations
- You will be required to room in with your child and demonstrate that you can provide ALL care for a 24 hour period.
 - Have all supplies and equipment at home. The hospital social worker or care coordinator will help you set up an equipment company.
 - Plan where your child will sleep so that you are able to hear alarms as well as where you will store supplies.
 - Contact:
 - ☒ The Fire Department and
 - ☒ The Power Company

Both need to know, in the event of an emergency, that you have a child with a trach and/or ventilator and that you use a suction machine for routine airway care.

- Check your outlets at home and call an electrician if there is any question about power management for your humidifier, suction machine, oxygen saturation monitor, etc. You **WILL** need ground adapters if you do not have adequate 3-prong outlets.
- **ALWAYS** have emergency kit ready and at the child's bedside. Every caregiver should know its location. Check supplies **daily** to make sure all supplies there.

Call the Doctor If.....

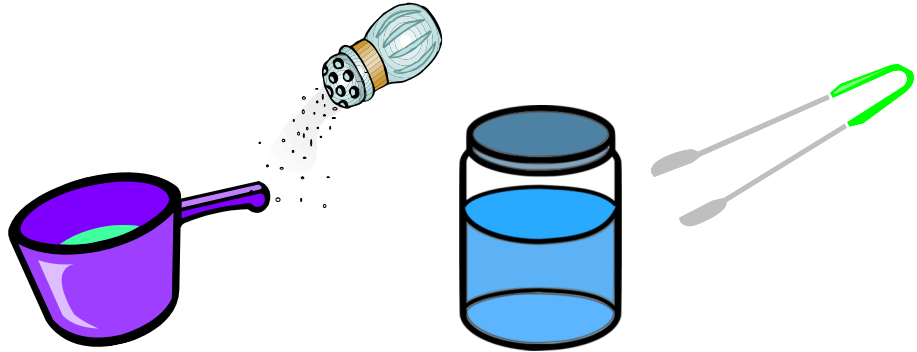
Call your doctor if you child:

- ◆ Has a fever.
- ◆ Is coughing up yellow or green mucus.
- ◆ Mucus has a bad odor.
- ◆ Coughs up blood in mucus.
- ◆ Has lots of bleeding when suctioned.
- ◆ Trouble breathing or increased need in oxygen requirement
- ◆ Oxygen saturation is below _____
- ◆ You cannot replace the trach tube or had to use the back-up size.
- ◆ Child stops breathing (should call 911).
- ◆ You had to do rescue breathing or CPR (should call 911).

Recipes for Sterile Water and Normal Saline

Supplies you will need:

- ◆ Bottles or plastic containers with tight fitting lids to store water and saline. (Baby food jars will work well).
- ◆ Kettle
- ◆ Pan or pot
- ◆ Tongs
- ◆ Water
- ◆ Salt (for normal saline)



Steps to follow for:

Sterilizing Containers:

- ◆ Put containers and lids in the pot. Cover with water.
- ◆ Boil water for 5 minutes. Start timing after water begins to boil.
- ◆ Remove the pot from the stove. Let the water cool.
- ◆ Remove the jars and lids with tongs. Do not touch the inside of the jar.
- ◆ You also may sterilize the jars by placing them through a complete cycle of an electric dishwasher.

Making Sterile Water:

- ◆ Put water in the kettle.
- ◆ Boil water for 5 minutes. Start timing after water begins to boil.
- ◆ Remove the kettle from the stove. Let the water cool.
- ◆ Put water in the sterile containers. Close the containers with tight fitting lids.
- ◆ Label with the date.
- ◆ Put the containers in the refrigerator. Discard after one week. You can keep small amounts in covered containers at the bedside, but throw it away after 24 hours.

Making Normal Saline:

- ◆ Boil the water for 5 minutes. Start timing after the water boils.
- ◆ Remove the pot/kettle from the stove. Let the water cool.
- ◆ Put 2 level teaspoons of un-iodized salt in 4 1/2 cups of water in the pot or kettle (makes 1 quart).
- ◆ Pour salt water in the sterile containers. Close the containers with tight fitting lids.
- ◆ Label the container with the date.
- ◆ Put the container in the refrigerator. Discard after one week. You can keep small amounts in covered containers at the bedside, but throw it away after 24 hours.

RESOURCES

There are several resources on the Internet that you can read for more information:

- ◆ **Aaron's Tracheostomy Page:** <http://www.tracheostomy.com>

- ◆ **Brenner's Pediatric Enhanced Care Program:**
<https://www.brennerchildrens.org/Enhanced-Care>

- ◆ **Cincinnati Children's Hospital Infant and Child CPR with a Tracheostomy Video:**
<http://www.cincinnatichildrens.org/health/c/child-trach-cpr/>
<http://www.cincinnatichildrens.org/health/c/cpr-trach-infant/>

- ◆ **CPR classes:**
 - ⇒ Ask your nurse about CPR classes offered here at Brenner's as these dates can vary.
 - ⇒ You can watch videos on the Interactive TV system in your child's room to help you review trach care and CPR. Select "Watch Health Videos" to access videos on Child CPR and Tracheostomy Care.

The staff at Brenner Children's Hospital hope the information in this book has helped you as you prepare to take your child home.

Emergency Information and Contacts



Child's Name:

Date of Birth:

Home address:

Caregivers' Names:

	Name	Phone Number:
EMERGENCY		9-1-1
Primary Care Doctor		
ENT Doctor		336-716-4161
Pulmonology Doctor		336-713-4500
Other Doctors/Providers:		
Hospital Emergency Room		
Home Health Company		
Equipment Company		
Pharmacy		
Brenner Children's Hospital and Health Services.	Ask for the doctor on-call for ENT.	(336) 716-2011
Medications:		
Other Important Information:		

Tracheostomy: Child

Taking Care of Your Child's Tracheostomy

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The information in this publication is general.

If your doctor tells you something different, follow his or her advice and instructions.

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Patient Education Systems Coordinator and/or the Director of Nursing

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