

Title:	"TRACH TEAM"			
Chapter / Department:	INTERDISPLINARY TEAM			
Policy Number:		Original Effective Date:	DECEMBER, 2016	
Current Effective Date:	DECEMBER, 2016	Review /Revision Date:	JUNE, 2017	

SCOPE

- a. Surgical Team/Internal Medicine Team
- h FNT
- c. Respiratory Therapy
- d. Speech Therapy
- e. Physical Therapy
- f. Nursing Educators

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
- b. Downsizing and Tracheostomy Tube Changes
- c. Passy-Muir Valve Trials (for vented and non-vented patients)
- d. Decannulation Algorithm
- e. Post-decannulation Care
- f. Emergency Procedures
- g. Emergency and routine equipment stocked in the patient's room
- h. Initiate consults for speech-language pathology to assess communication, cognition and swallowing when clinically appropriate
- i. Cuff Care
- j. Tracheostomy and Oral Care
- k. Wound and Stoma Management
- I. Suctioning, Oxygen and Humidity
- m. Staff Competencies
- n. Patient and Family Education
- o. Documentation of Team Rounds
- p. Data Collection

PROTOCOL ORDER

- a. Tracheostomy Suctioning PRN
- b. Trach Care BID and PRN
- c. Oral Care with chlorhexidine
- d. Trach collar trials daily, when appropriate
- e. Check trach patency once per shift
- f. Speech Therapy consult
- g. Suture removal day 7, unless otherwise ordered
- h. Swallow evaluation when appropriate



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- i. Modified Barium swallow study and/or Fiberoptic Endoscopic Swallow Study with .2ml of 4% lidocaine via nare when appropriate
- j. PMV trials when appropriate
- k. PT, OT consults when appropriate
- I. Trach weaning when appropriate per ENT or Surgeon (trach change, downsizing, capping, decannulation)

Critical Care Committee Chairperson		

REFERENCES

Speed L., Harding K. E. Tracheostomy teams reduce total tracheostomy time and increase speaking valve use: A systematic review and meta-analysis. Journal of Critical Care 2012 doi:10.1016/j.jcrc.2012.05.005

Pandian V., Miller C.R., Mirski M. A., et al. (2012) Multidisciplinary Team Approach in the management of Tracheostomy Patients. Otolaryngology – Head and Neck Surgery 147, 684-691

Sudderth G.M. Multidisciplinary Team Management of the Patient with Tracheostomy. http://www.rtmagazine.com/2011/11/multidisciplinary-team-management-of-the-patient-with-tracheostomy/

Tobin A., Santamaria J. An intensivist led tracheostomy review team is associated with shorter decannulation times and length of stay: a prospective cohort study. Critical Care 2008; 12:R 48 doi: 10;1186/cc6864

Parker V., Shylan G., Archer W., McMullen P. Trends and challenges in the management of tracheostomy in older people: The need for a multidisciplinary team approach CN Vol26, Issue 2, October 2007

Norwood M., Spiers P., Bailess J., Sayers R. Evaluation of the role of a specialist tracheostomy service from critical care to outreach and beyond. Postgrad Med J 2004; 80:478-480