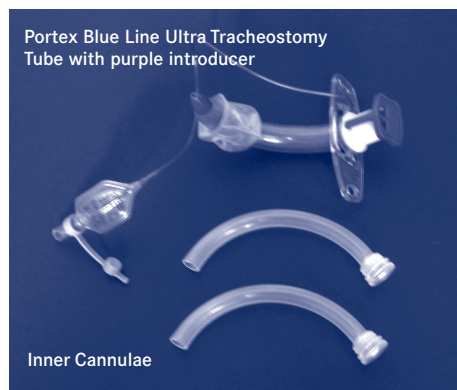


Portex Blue Line Ultra Tracheostomy Tube with an Inner Cannula

UR: _____
 Patient Name: _____
 Given Name(s) _____
 Date of birth: _____
 Affix Patient Label Here

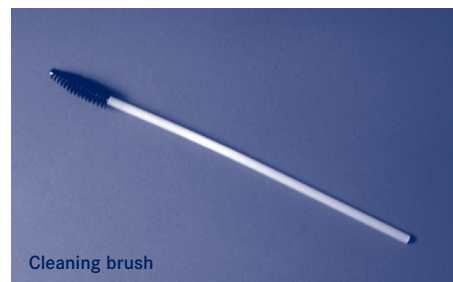
TUBE INFORMATION

- The advantage of an inner cannula is that it can be removed, cleaned and replaced allowing for the tube to remain patent.
- At Austin Health, a tube with an inner cannula
 - patients who have had head and neck or microvascular free flap surgery. Blood clots and secretions tend to collect in the tracheostomy tube in these patients who experience haemoserous ooze;
 - patients who have unusually thick or sticky secretions may also be managed with an inner cannula.



PLACING/INSERTING THE INNER CANNULA

- Insert the inner cannula into the tracheostomy tube. You should feel a slight snap indicating proper positioning.
- This tube comes with 2 inner cannulae; one is in use while the spare is clean and ready to use. The inner cannulas are also available to order separately through Sterile Store.
- Change the inner cannula every 2 – 4 hours, or more frequently if necessary:
 - Remove the old inner cannula and then insert the spare inner cannula.
- Clean the inner cannula by placing under running tap water or if heavily encrusted with secretions soak in mild detergent solution for up to 15 minutes.
 - Use the cleaning brush provided to help remove any blood clots or secretions.
 - After soaking and cleaning, rinse the inner cannula and cleaning brush with fresh tap water.
 - Ensure the clean brush and inner cannula are stored and dry between uses.
 - *Use a new cleaning brush every day; do not reuse for more than 24 hours.*



NOTE

The inner cannula can remain insitu when using the aqua, clear or purple Passy-Muir Valve (PMV).
 The inner cannula should be removed when using a white PMV. This is because the grasp ring on the inner cannula can extend outward, interfering with the valve function.

CONTACT

_____ Clinician _____ Pager
 or TRAMS pager 1291

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