CLINICAL PROCEDURE

THE BLUETLINE ULTRA SUCTIONAID TRACHEOSTOMY TUBE

Staff this document applies to:

Nurses, Medical Staff, Speech Pathologists, Physiotherapists on all campuses including ICU and the community

Who is authorised to perform this procedure:

Suctioning

Above cuff suctioning can be performed by Nurses, Medical staff, Physiotherapists, and Speech Pathologists who have received instruction in this procedure.

Voicing/Talking

The patient's ability to voice via the Suctionaid tracheostomy tube is initially assessed by the Speech Pathologist who advises the parameters for use on the Clinical Instruction Sheet “Use of the Suctionaid Tracheostomy Tube”. Voicing via the suction line can then be performed by others who have received instruction in use of this tube.

State any related Austin Health policies, procedures or guidelines:

- TRAMS Clinical Instruction Sheet – Use of the Portex Ultra Suctionaid Tracheostomy Tube
- Suctioning via the Tracheostomy Tube

Definition:

The Suctionaid tracheostomy tube is a cuffed tracheostomy tube. It is the most frequently used tube at Austin Health. This tube that allows for the removal of above cuff secretions and enables the patient to voice in the presence of an inflated cuff. It is generally used as a single lumen tube. An inner cannula can be ordered through Central Store Supply Department (CSSD) if that is required.

Suctioning

- Routine removal of above cuff secretions may enhance a patient's ability to tolerate cuff deflation as the first step towards decannulation.
- Above cuff suction is performed to reduce the risk of bacteria laden secretions accumulating above the inflated cuff and leaking into the lower airway.

Voicing/Talking (Does not apply in situations where there is no external air-source)

- The Suctionaid tracheostomy tube facilitates voicing in the presence of an inflated cuff. Medical air (preferably) or oxygen is entrained through an above cuff suction line. When the thumb control port is occluded air is directed over the vocal cords.

Clinical Alert:

Suctioning

- Suction above the cuff with caution. Use low pressure, intermittent suction.

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If using wall suction, do not apply continuous suction above the cuff as this may cause trauma to the tracheal wall. Cease suctioning once the majority of secretions have been cleared from above the cuff line. Do not continue to suction to clear minimal amounts of secretions due to the risk of trauma to the upper airway.

Voicing/Talking

Do not use the Suctionaid tracheostomy tube for voicing until 72 hours post insertion in order to avoid subcutaneous emphysema.

Expected Outcomes:

Suctioning

All patients with a Suctionaid tracheostomy tube in situ will have routine, safe removal of above cuff secretions as per recommended frequency.

The minimum recommended frequency of suctioning is once per shift. Recommendations for more frequent suctioning will be recorded on the Clinical Instruction Sheet Use of the Portex Suctionaid Tracheostomy Tube.

Voicing/Talking

Patients who have a Suctionaid tracheostomy tube in situ will be assessed by the Speech Pathologist for ability to voice via the suction line.

Equipment:

Suctioning

- Suctionaid thumb control valve (stored in specimen jar, do not discard).
- Suction tubing attached to portable or wall suction (set to low pressure where available).
- Yankauer sucker.
- Sterile water.

Voicing/Talking

- Tubing connected to medical air (preferably) or oxygen.

Procedure:

Suctioning

- Insert the thumb control valve into the above-cuff suction line.
- Connect the suction tubing to the thumb control valve.
- Set the wall pressure gauge to low pressure.
- Perform intermittent suctioning by briefly occluding the thumb control valve on the suction line. Remove thumb from the port and if further suctioning is required repeat procedure.
- Cease suctioning once the majority of secretions have been cleared from above the cuff line. Do not continue to suction for only minimal amounts of secretions due to the risk of trauma to the upper airway.
- If above cuff suction line becomes blocked, insert 3-4 ml of air via 10 ml syringe through the line to remove secretions. Clear secretions from the mouth with a Yankauer sucker. If this fails, inject 1ml sterile water into the above cuff suction line and then suction. Repeat if required.

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Voicing/Talking

- Suction as appropriate (via the tracheostomy tube, above the cuff and orally).
- Connect medical air (or oxygen) via tubing to the thumb control port attached to the above cuff suction line. Set the flow rate as recommended by the Speech Pathologist (normal range 2 to 8 lpm).
- Finger occlude thumb control valve to direct air into the larynx in synchrony with patient’s attempt at voicing.
- Follow the recommendations for voicing listed on the TRAMS Clinical Instruction Sheet-Blueline Ultra Suctionaid Tracheostomy Tube posted at patient’s bedside.

Post Procedure Care:

Suctioning

- Document the amount, colour and consistency of secretions removed.

Voicing/Talking

- Document the ability of patient to voice and any associated problems.
- Notify the unit Speech Pathologist as required.

Author/Contributors:

Maria Garbutt, TRAMS Clinical Nurse Consultant
Claire Stanley, Speech Pathologist

In Conjunction With

TRAMS team, Bill Silvester, Helen Opdam, Anna Brown

Legislation/References/Supporting Documents:


McNarry AF, Goldhill DR. Evaluation of the blue line Ultra™ Suctionaid™ tracheostomy tube. Care of the Critically Ill 2004;20(3).


Authorised/Endorsed by:

Assoc Prof Graeme Hart, Assoc Prof Christine McDonald, Clinical Nursing Standards Committee, Cathy Nall, Joanne Sweeney and Clinical Policy and Procedure Committee

Primary Person/Department Responsible for Document:

Tracheostomy Review and Management Service (TRAMS)

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