



CLINICAL PROCEDURE

PLANNED TRACHEOSTOMY DECANNULATION PROCEDURE

Staff this document applies to:

Medical Staff, Nurses, Speech Pathologists, Physiotherapists on all campuses

Who is authorised to perform this procedure?

Medical Staff, Nurses and Physiotherapists trained in decannulation

State any related policies, procedures or guidelines:

[Management of patients with a Tracheostomy](#)

[Tracheostomy - Mandatory Equipment & Emergency Tracheostomy Management Poster](#)

[Suctioning via the Tracheostomy](#)

[Tracheostomy Cuff Management](#)

Tracheostomy - Decannulation Documentation (SMR Form M79.30)

Tracheostomy - ICU Discharge Form (SMR Form M79.3)

Tracheostomy e-learning package - (access via ATLAS or www.tracheostomyteam.org)

[Escalation Response to Clinical Deterioration - Austin Hospital](#)

[Aseptic Technique](#)

Definition:

The safe and timely removal of a tracheostomy tube when it is no longer medically indicated

Clinical Alert:

- Prior to decannulation, a clearly documented plan is required including actions in event of acute deterioration. Use Tracheostomy - Decannulation Documentation SMR Form M79.30
- If a patient experiences stridor or respiratory distress post decannulation, activate Respond Blue
- A percutaneous dilatational stoma may close quickly after decannulation which may make emergency tracheostomy tube reinsertion more difficult
- The initial 48 hours post decannulation is critical and the patient must be monitored closely by the parent medical team and nursing staff.
- If specified on the Tracheostomy ICU Discharge Form (M79.3), ICU should be notified prior to decannulation.
- Notify parent medical unit, nurse in charge, bedside nurse, treating physiotherapist and speech pathologists

- Ideally, tracheostomy tubes should be removed Monday-Thursday, during daytime working hours, and preferably in the morning to enable increased observation.
- If decannulation is to occur on a Friday or prior to a public holiday, the patient will be reviewed by the Respiratory Registrar or home unit the next day.
- If decannulation is performed <7 days since initial tracheostomy insertion, the parent medical unit will manage this process and review the following day.

Equipment:

- Routine tracheostomy personal protective equipment (PPE)
 - Clean gloves
 - Safety shield, goggles or glasses
 - Disposable apron
 - Surgical mask
- [Mandatory tracheostomy equipment](#)
- Mouth or nose -oxygen delivery system
- Pulse oximeter
- Dressing pack, normal saline and stitch cutter (if sutures in situ)
- Transparent adhesive film dressing

Procedure:

- Prior to decannulation complete the pre-decannulation entry on Tracheostomy - Decannulation Documentation (SMR form M79.30)
- This is a 2 person procedure
- Identify the patient with 3 x ID checks
- Explain the procedure to the patient and obtain consent
- Check all mandatory equipment is available
- Pause enteral feeding
- Debrief and don personal protective equipment
- Set up dressing pack with normal saline and dressings
- Connect pulse oximetry and pre oxygenate if required
- Position the patient comfortably lying in bed with neck in neutral or slight extension
- Remove the tracheostomy dressing
- Remove tracheostomy sutures if present
- Deflate the cuff and suction
- Undo the Velcro tapes or ties
- Ask the patient to take a deep breath, and gently withdraw the tube on exhalation

- Occlude stoma with folded up gauze and check that the patient is able to breathe comfortably
 - **If a ward based patient experiences respiratory distress and/or stridor, activate a Respond Blue**
 - **Reinsert new tracheostomy tube if trained to do so otherwise wait for Respond Blue team to arrive**
 - **Check the patient's oxygen saturation. Apply oxygen to the mouth/nose (or the tracheostomy stoma if the upper airway appears to be obstructed)**
- Clean the stoma with saline
- Inspect the stoma for bleeding, infection or granulation tissue.
- Fold gauze into a small square to fit over stoma, then apply transparent adhesive film dressing to prevent air leak. Optional: Steri-strips could be used to bring edges of stoma together.
- Ensure the patient is comfortable and observations stable
- Ensure the patient can reach the nurse call bell
- Advise patient to apply firm pressure over the stoma dressing during speech or coughing to prevent air leak for the next 24 hours

Post Procedure Care:

- Complete post decannulation entry on Tracheostomy - Decannulation Documentation (SMR form M79.30)
- Perform half hourly observations for 2 hours.
- If concerned, follow ePPIC guideline: [Escalation Response to Clinical Deterioration - Austin Hospital](#)
- For non urgent enquiries, contact the parent medical unit responsible for decannulation or contact TRAMS during business hours.

Author/Contributors:

TRAMS Policy and Procedure Committee (Updated July 2020)

In Consultation with and Endorsed by:

TRAMS Team, Associate Professor Mark Howard (Director Victorian Respiratory Support Service), Mr Matthew Campbell (Director ENT Service), Mr Simon Knight (Director Thoracic Surgery), Mr Nicholas Rutherford (Director Maxillofacial Surgery), Dr Stephen Warrillow (Director Intensive Care Unit).

Legislation/References/Supporting Documents:

Agency for Clinical Innovation (2013), Care of Adult Patients in Acute Care Facilities with a Tracheostomy: Clinical Practice Guideline

https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0005/181454/ACI_Tracheostomy_CPG.pdf

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Primary Person/Department Responsible for Document:

Tracheostomy Review and Management Service (TRAMS)