

## TRACHEOSTOMY REVIEW AND MANAGEMENT SERVICE (TRAMS) CLINICAL PROCEDURE

### THE BLUELINE ULTRA SUCTIONAID® TRACHEOSTOMY TUBE

#### Staff this document applies to:

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

#### Related Austin Health policies, procedures, or guidelines:

- [TRAMS Clinical Instruction Sheet – Use of the Portex Suctionaid & Blue Line Ultra Tracheostomy Tubes](#)
- [TRAMS Clinical Instruction Sheet – Above Cuff Voicing](#)
- [Suctioning via the Tracheostomy Tube](#)

#### Who is authorised to perform this procedure:

This clinical procedure supports clinical staff including nurses, medical staff, physiotherapists, and speech pathologists in the safe use of the Blueline Ultra Suctionaid® Tracheostomy Tube (including removal of above cuff secretions and above cuff voicing).

#### Removing above cuff secretions

- Removal of above cuff secretions 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 vocalise via the Suctionaid® tracheostomy tube is initially assessed by the Speech Pathologist who will determine the parameters for use on the Clinical Instruction Sheet "Use of the Suctionaid® Tracheostomy Tube."
- Voicing via the Suctionaid® line can then be performed by others who have received instruction in use of this tube.

#### Clinical alert:

- Do not use the Suctionaid® tracheostomy tube for voicing until 72 hours post insertion to avoid subcutaneous emphysema. Patients who have a Suctionaid® tracheostomy tube in situ will be assessed by the Speech Pathologist for ability to voice via the suction line.
- If required, intermittent low pressure wall suction can be used when clearing above cuff secretions via the suctionaid line. Do not apply continuous suction as this may cause trauma to the tracheal wall.

## Purpose:

The Suctionaid® tracheostomy tube is a cuffed tracheostomy tube. It is the most frequently used tube at Austin Health. This tube allows for the removal of above cuff secretions and may enable the patient to voice in the presence of an inflated cuff.

### Removing above cuff secretions

- All patients with a Suctionaid® tracheostomy tube in situ require routine, safe removal of above cuff secretions as per recommended frequency. The minimum recommended frequency is once per shift. Recommendations for more frequent above cuff secretion removal will be recorded in Cerner (Allied Health CPV as well as TRAMS Progress Notes).
- Routine removal of above cuff secretions may enhance a patient's ability to tolerate cuff deflation as the first step towards decannulation.
- This is performed to reduce the risk of bacteria-laden secretions accumulating above the inflated cuff and leaking into the lower airway.

### Voicing/Talking

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

## Equipment:

### Removing above cuff secretions

Via syringe: (Preferred method)

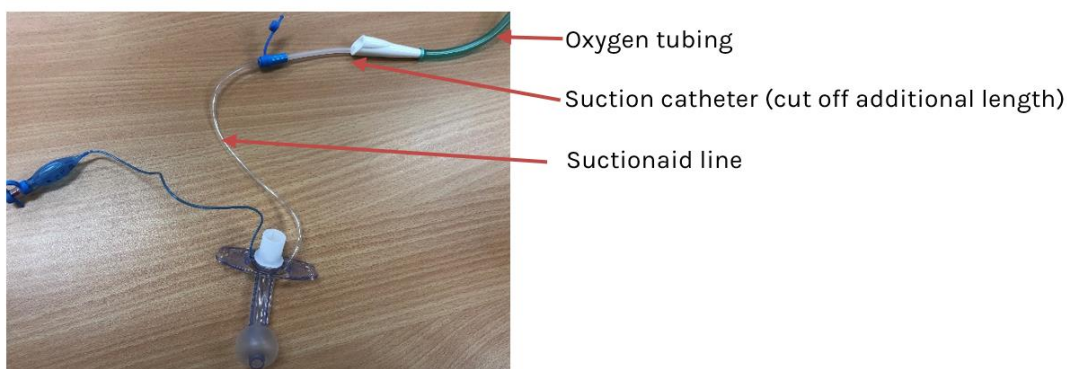
- 10mL syringe

Via wall suction:

- Suctionaid® thumb control valve
- Suction tubing attached to portable or wall suction (set to low pressure where available).
- Yankauer sucker.

### Voicing/Talking

- Suctionaid® thumb control valve or suction catheter
- Tubing connected to medical air (preferably) or oxygen.



Inner cannulas for the Suctionaid® tracheostomy can be ordered through Sterile Stores Supply Department.

## Procedure:

### Removing above cuff secretions

Via syringe: (Preferred method)

- Insert 10mL syringe into Suctionaid® line.

- Gently pull the plunger towards you to collect the secretions.
- Remove syringe from Suctionaid® line.
- Document the amount of secretions removed from above the cuff in Allied Health CPV (Lines, Devices & Procedures) on Cerner.

Via wall suction:

- If required, intermittent low pressure wall suction can be used. Do not apply continuous suction above the cuff as this may cause trauma to the tracheal wall.
- Insert the thumb control valve into the Suctionaid® 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 Suctionaid® line. Do not continue to suction for only minimal amounts of secretions due to the risk of trauma to the upper airway.

### **Blocked Suctionaid® line**

- If the Suctionaid® line becomes blocked, insert 3-4 mL of air via 10 mL syringe through the line to remove secretions.
- If line remains blocked, inject 1 mL sterile water into the Suctionaid® line and then remove using the same syringe and discard.

### **Voicing/Talking**

- Remove above cuff secretions and suction via the tracheostomy tube.
- Connect medical air or oxygen via tubing to the thumb control port attached to the Suctionaid® 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
- 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:**

### **Removing above cuff secretions**

- Document the amount, colour and consistency of secretions removed in Allied Health CPV (Lines, Devices & Procedures) on Cerner.

### **Voicing/Talking**

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

## **Author/Contributors:**

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## **Legislation/References/Supporting Documents:**

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**Authorised/endorsed by:**

Clinical Nursing Standards Committee

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