## SKILLS CHECKLIST:  TRACHEOSTOMY CARE

**NAME:** _____  **UNIT:** _____  **DATE:** _____

| 1=Cannot Perform Skill Independently    3=Can Perform Skill Independently |
| :--- |
| 2=Requires Some Assistance to Perform Skill   N/A=Not Applicable          **Evaluator must initial every line** |

| MEASURABLE CRITERIA | 1 | 2 | 3 | N/A | **Evaluator's Initial | COMMENTS |
|---|---|---|---|---|---|---|
| 1.  Verify physician's order for any special instructions. | | | | | | |
| 2.  Ensures the availability of an oxygen and suction set-up and gathers needed materials. **(The obturator and extra tracheostomy tube should be at the bedside at all times)** | | | | | | |
| 3.  Perform hand hygiene, put on gloves and personal protective equipment as needed to comply with standard precautions. | | | | | | |
| 4.  Confirm the patient's identity using 2 patient identifier and explain the procedure to the patient or family member. | | | | | | |
| 5.  Provide privacy | | | | | | |
| 6.  Assess the patient's respiratory condition, status of tracheostomy, noting integrity, patency, dressing condition and surrounding area. Assess the need for suctioning. | | | | | | |
| 7.  Help the patient into the semi-Fowler position, if possible, or place the patient in supine position with the head of the bed elevated as tolerated. | | | | | | |
| 8.  Perform hand hygiene. Put padding on top of the patient near trach. Open trach care kit and place on flat work surface and set up sterile field. | | | | | | |
| 9.  Put on sterile gloves. | | | | | | |
| 10. Hyperoxygenate the patient for 30 to 60 seconds. | | | | | | |
| 11. Using your nondominant hand/contaminated hand, disconnect the ventilator or humidification device and with your dominant hand/ sterile hand unlock the tracheostomy tube's inner cannula by rotating it counterclockwise. | | | | | | |
| 12. Place inner cannula in a container of 50% sterile normal saline solution with 50% hydrogen peroxide. | | | | | | |
| 13. Place the ventilator oxygen device or humidification device over or near the outer cannula | | | | | | |
| 14. Working quickly, use your dominant hand to scrub the cannula with the sterile nylon brush. You may also use a sterile pipe cleaner if necessary to clean the inner cannula. Inspect the inner cannula to make sure it is clean. | | | | | | |
| 15. Reinsert the inner cannula into the patient's tracheostomy tube. Lock it in place and then gently pull on it to make sure it's positioned securely. Reconnect the mechanical ventilator or humidification device. | | | | | | |
| 16. Hyperoxygenate the patient for 30 to 60 seconds. | | | | | | |
| 17. Remove and discard gloves. Wash hands thoroughly. | | | | | | |
| 18. Document procedure. | | | | | | |

| Cleaning the Stoma and Outer Cannula | | | | | |
|---|---|---|---|---|---|
| 1. Perform hand hygiene and put on clean gloves | | | | | |
| 2. Remove old dressing and inspect the stoma site and surrounding skin for redness, swelling and drainage | | | | | |
| 3. With your dominant hand, moisten a sterile gauze pad with the sterile normal saline solution or sterile water and squeeze out the excess liquid. Then wipe the patient's neck under the tracheostomy tube flanges and the twill tape or commercially prepared tracheostomy tube holder. | | | | | |
| 4. Use a sterile cotton-tipped applicator and a sterile gauze pad to clean the stoma site and the tube's flanges. Wipe only once with each applicator or gauze pad and then discard it. | | | | | |
| 5. Rinse debris with one or more sterile 4"x4" gauze pads dampened in sterile normal saline solution or sterile water. | | | | | |
| 6. Dry the area thoroughly with additional sterile gauze pads; apply skin barrier as needed | | | | | |
| 7. Apply a new sterile tracheostomy dressing. Site with excessive moisture may require a foam tracheostomy dressing. | | | | | |
| 8. Remove old trach ties and place new one. | | | | | |
| 9. Remove gloves and wash hands thoroughly. | | | | | |
| 10. Document procedure. | | | | | |

**OVERALL REVIEW**

_____ Outstanding
_____ Satisfactory
_____ Needs Improvement
_____ Unsatisfactory

**ACTIONS RECOMMENDED**

_____ Schedule makeup of procedure
_____ Review procedure policy before makeup
_____ further demonstration of skill by supervisor
_____ In-service/Continued Education required

Comments:

_____

_____

Print Staff Name: _____ Print Evaluator's Name: _____

Staff Signature: _____ Evaluator Signature: _____

**Evaluation/Validation Methods:** ___ Verbal ___Demonstration/Observation ___Practical Exercise ___ Interactive Class