

Tracheostomy and Peg Guidelines

APP/Clinician rounds on Post-op Day 1, then every Tuesday and/or Friday while inpatient in coordination with service attending, with clinic follow up as indicated.

Goal: Assessing for continued need, weaning, preventing adverse complications, ensuring appropriate follow up

Tracheostomy

- Assess for Trach Wounds/ Suture Removal/Excessive Bleeding
 - o Plate sutures removed at POD 7, stay sutures removed at POD 14
- Progression to Decannulation
 - o Downsizing - Must discuss with faculty prior to downsizing.
 - Items needed for Trach Downsizing, Respiratory Support, Appropriate Size Trach (current size and downsize) Trach Tray obtained from sterile processing,
 - appropriate team members- Faculty or Senior resident that is comfortable, additional trauma clinician, respiratory support, bedside nurse
- Minimum Criteria for Decannulation
 - o No increased oxygen requirement or need for positive pressure.
 - o SLP Consulted and Patient tolerating Speaking Valve
 - o Respiratory Following and Cap Trial Initiated – Patient monitored for 24 hours inpatient if not going to LTACH/Facility capable of monitoring
 - o Additional Care coordination prior to decannulation
 - No planned Head/Neck Surgical procedures, clinically improving without hemodynamic instability/decompensation, Stable Mental Status
- Multi-disciplinary Team Involvement - Trach nurse consult placed, Respiratory Evaluation, Dietician Following, SLP Following
- Discharge Planning
 - o Following for appropriateness for downsizing/anticipating ability to decannulate
 - o Supplies needed if Home Discharge is appropriate
 - o Trauma Follow Up standard is 6 weeks for trach and peg

Peg Tube Placement for Nutritional Access in absence of Abdominal Trauma

- Immediate Post-Operative
 - o When Tube Can be Used for Medications and Feeds
- Ongoing Evaluation
 - o Ensuring Proper Peg Tube Bumper – Bumper should be at the same length as in operative note and documented, bumper should also freely move and skin should be clean/dry without wounds
 - o Dietician Following, SLP Following
- Trauma Clinic Follow-up placed at 6 weeks from placement
- Criteria for Peg Tube Removal

- At least 6 weeks from placement
- No immediate surgical procedures necessitating potential need
- Not using for feeds or medications
- Maintaining or gaining weight for at least 2 weeks