

NURSING CARE OF THE TRACHEOSTOMY PATIENT

by

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THE patient on whom a tracheostomy has been performed needs special nursing care. The likely post-operative complications call for close observation and prompt action on the part of the nurse delegated to care for the patient.

Definition

Tracheostomy consists in making an artificial opening into the trachea to enable the patient to breathe. A mid-line incision in the neck will expose the trachea into which a tracheostomy tube is inserted.

A tracheostomy may be performed for any condition which causes laryngeal obstruction. This may be caused by a number of diseases e.g. cancer; œdema due to inhaling irritating fumes; foreign bodies and direct injury to the larynx; and as a preliminary to operations on the larynx or operations likely to cause respiratory obstruction.

Observations on admission

The patient may be admitted with dyspnoea, cyanosis or stridor.

Dyspnoea is noted by the movement of the extra-respiratory muscles: *sterno-mastoid*, *serratus anterior*, *trapezius*, *latissimus dorsi supra-sternal*; and the epigastric notch may be prominent. The neck veins may be engorged, the rate of respiration increased and the patient may present an extreme picture of distress. Here is an emergency with the patient's life at stake and immediate action is demanded. Call for medical aid at once and prepare for restorative treatment: start Oxygen and keep suction apparatus and a tracheostomy set at hand.

The surgeon may perform a tracheostomy immediately if necessary; or if the patient's condition permits, he may be moved to the operation theatre for surgical intervention. The urgency varies with the patient's condition. The operation may be done under a local anaesthetic; the preparation of the skin and pre-medication follows the hospital routine.

Post-operative Nursing Care.

The tracheostomy tube consists of two parts: one fitting inside the other—these are referred to as the inner tube and the outer tube.

The nurse assigned to care for the patient must be carefully instructed in the care of the tubes; and she must be aware that the patient's life depends on a **free air-way all the time**. Should the tube become blocked with secretions, she must know how to remove

the inner tube and how to replace it.

Kept at the patient's bedside, and in readiness for use, is a sterile tray with the following:

2 tracheotomy tubes of the required size

1 tracheal dilator

1 pr. dressing forceps

Feathers or pipe cleaners for cleaning the tube

Sodium Bicarbonate solution.

Suction apparatus and oxygen outfit should be at hand.

If oxygen is given, it should be given through the tracheostomy tube.

When nursing laryngeal diphtheria, the usual steps taken are as for nursing infectious diseases, but precautions must be taken by the nurse to protect her face, particularly her eyes, against material that may be coughed from the tube.

Since the patient cannot speak, he should be provided with a pencil and pad.

Room

The room in which the patient is nursed should be warm, free from dust. Steam may be necessary to provide the right degree of humidity.

Care of the tube

It is important to maintain a free airway. The inner tube should be changed hourly on the first day, then two hourly, and four hourly by the third day. When the inner tube is removed it is immediately replaced by a spare tube; the used one is then cleansed, boiled and put back on the sterile tray ready for use. Excessive secretions may be removed by suction.

Outer Tube

This is usually changed on the third day by the surgeon. It is replaced by another sterile tube and held in place by means of tape, tied around the neck. The wound is kept open with the tracheal dilator while the outer tube is changed.

Complications

One should watch for complications like.

- (i) Hæmorrhage from the wound.
- (ii) Swelling in the neck—this is due to surgical emphysema—air escaping into the tissue spaces.
- (iii) Dyspnoea—difficulty in the breathing—may be due to blockage of the tube by secretion—blood clot etc., or displacement of the tube.

The doctor should be immediately informed in any of these conditions.

Wound

Care must be taken to see that the tapes are not too tight. The wound is protected with a sterile gauze placed in such a way that the outer tube rests on it. The inner tube opening is covered with a sterile gauze soaked in sterile water unless the patient is being nursed in a steam tent. The stitches, if any, are usually removed on the seventh day. If the tracheostomy is temporary, the tube is closed by a cork and the response of the patient closely watched. This is undertaken by the surgeon who will instruct the nurse in what to watch for and how to deal with any emergency. When finally the tube is discarded, the wound is allowed to heal naturally; adhesive plaster will help to bring the edges of the wound together.

Feeding

The presence of the tube may cause difficulty in swallowing. Thickened fluids such as thin *sujee*, arrow-root and custard are easier to manage than ordinary fluids. Nourishing food should be given frequently. Solid food can generally be taken by the third day. In pharyngeal paralysis or in an unconscious patient, tube feeding may be required.

General nursing care of a patient with a tracheostomy is the same as for all surgical patients. Good nursing will do much to bring the patient safely through a difficult and anxious time with a minimum of physical and emotional trauma.

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Attention Nurses !

WITH the high qualifications and standard of the **NURSES OF TODAY**, there comes a need for imparting the knowledge of good health and rendering of First Aid to lay persons throughout India.

NURSING and the **RED CROSS** both started on battlefields, one at the Crimea in 1854 when Florence Nightingale revolutionised the meaning of the word Nursing, and the other at Solferino in 1859, when Henri Dunant started the movement for rendering help to the sick and wounded. Both these great pioneers did not stop, but dedicated their whole lives in educating the world and the public in health measures and in service to mankind.

The Indian Red Cross Society and its Sister Society the St. John Ambulance Association realise the important role Nurses of India can play in enhancing this service by teaching Home Nursing and First

Aid to lay persons, so that people may have the opportunity to take care of their family members at home and render immediate help in case of accidents.

Registered nurses may impart Home Nursing instruction by giving eight lectures, followed by demonstrations and guided practice, for two hours a week, making a total of 16 hours instruction.

Recently the Executive Committee of the St. John Ambulance Association amended the Rule for Lecturers' qualifications etc. for teaching First Aid. Sister Tutors and Public Health Nurses who receive an extensive training in teaching methods, are now permitted to teach First Aid without acquiring the certificate of the Association. This is a great opportunity for Sister Tutors and Public Health Nurses to impart First Aid knowledge to student nurses and to the community in general.

It was also agreed that Nurses who have once obtained the St. John Ambulance First Aid Certificate may continue to teach First Aid without having to undergo any further examination in this subject.

Further it was agreed by the Committee that Public Health Nurses, Midwife Tutors and Sister Tutors may examine trainees in "Mothercraft and Child Welfare".

Here now lies the opportunity for Nurses, whose motto should be "SERVICE ABOVE SELF", to impart instruction in Home Nursing, First Aid and Mothercraft & Child Welfare to the Public throughout India so that the people of our country may have a chance to live healthy and happy lives.

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