DAYTON CHILDREN'S HOSPITAL

CLINICAL PRACTICE GUIDELINES

DISCLAIMER: This Clinical Practice Guideline (CPG) generally describes a recommended course of treatment for patients with the identified health needs. This CPG is not presented and should not be used as a substitute for the advice of a licensed independent practitioner, as individual patients may require different treatments from those specified, and guidelines cannot address the unique needs of each patient. Dayton Children’s shall not be liable for direct, indirect, special, incidental or consequential damages related to the use of this CPG.
Physician has discussion with caregivers regarding medical diagnosis which requires tracheostomy.

Consult sent to social work (see Home situation/Resources flow chart).

Care Conference held.

Caregivers are given a binder with educational materials at care conference prior to trach surgery.

Does caregiver agree to tach?

Stay sutures identified by surgeon in OR and labeled.

CXR AP & LAT done in OR.

Patient to NICU, PICU, or IMCU.

See preprinted orders for post-op trach care.

Place “go bag” at the bedside (see “go bag” contents list).

Assign Pulmonary Discharge Planner.

Send consult to OT, PT, ST to evaluate and treat and developmental peds if appropriate.

Begin education at bedside using trach education binder.

First trach change by surgery or ENT after one week.

Speaking Valve Evaluation (See Speaking Valve Flow Chart).

A

Medical decision made to trach

B

Trach done in OR

N

Make an alternative care plan

A

Does caregiver agree to tach?

Y

Surgical or ENT consult sent, and anesthesia consult sent as needed.

Surgeon to speak with caregivers regarding procedure; obtain consent.

N

Does caregiver agree/consent?

Y

Trach done in OR.

N

Dayton Children’s Hospital
Dayton, Ohio
Trach
Clinical Practice Guideline

Reviewed 12/18/2013
Revised 12/18/2013
Does the child meet medical stability criteria?

Ongoing adjustments to ventilatory support and other care (i.e. feedings, meds.)

Complete caregiver education and check-offs

Order additional home equipment

Discharge Planning Care Conference (refer to content attachment)

Order home ventilatory support equipment for trial

BioMed to check equipment

Place patient on home ventilatory equipment while in hospital for trial

Does the patient tolerate home ventilatory support?

Are educational goals met? *Refer to care conference goals.

Caregivers may take child off unit independently

Does the patient tolerate home ventilatory support?

Respiratory dept. notifies BioMed to check equipment; D/C planner has BioMed check equipment

Giving rooming-in-preparation information to caregivers

Caregiver to room-in with patient on home equipment prior to D/C

Complete rooming-in checklist and review with caregiver

Was rooming-in successful?

Identify failures and needs for further education

Complete D/C orders/scripts

Discharge patient

Discharge patient

Reviewed 12/18/2013
Revised 12/18/2013
Home Situations / Resources

Social Work Referral

Arrange family conference prior to trach placement and q 4-6 weeks thereafter unless otherwise documented.

*Social Work Referral Assessment

Maintain contact and identify resources

Are there barriers to discharge?

YES

Discharge barriers are:
1. Home stability and/or
2. Caregiver ability and/or
3. Environment/Resources

Intervention and referrals made to resolve barriers

NO

Proceed to discharge

Were interventions successful?

YES

NO

Revised 12/18/2013
Reviewed 12/18/2013
Go-Bag Supplies

This bag of supplies and the portable suction machine must be with the child at all times!!!

- Two tracheostomy tubes with obturators:
  - current size
  - one size smaller
- Water soluble lubricant
- Trach ties
- Split 2x2 gauze
- Scissors
- Soft material for neck roll
- Self-inflating resuscitation bag and face mask
- Hand sanitizer

- Manual suction device
- Suction catheters
- Saline solution (bullets)
- Tissues
- Artificial nose
- Medications
- Medical history of child
- Cell phone (suggested)

Check contents of bag prior to every patient transport!!!!

Revised 12/18/2013
Reviewed 12/18/2013
Speaking Valve Evaluation

Follow through with recommendations and reassess medical status at patient care rounds

Is patient still a potential candidate for a Speaking Valve?

Yes

End

No

Attending Physician, LP, SLP and RCP to discuss whether patient meets clinical criteria

Does patient meet clinical criteria to place Speaking Valve?

No

Yes

Order for Speaking Valve trial

Educate caregiver(s)

RCP (only)
- Selection of valve
- Manometry assessment
- Respiratory equipment adjustments

RCP (including RN)
- Suctioning
- Baseline respiratory and vital signs, vent settings
- Properly positioning
- Trach cuff inflation/deflation
- Placement and removal of Speaking Valve

SLP
- Assess alert status
  - Presence/absence of phonation
  - Level of perceived fatigue
  - Facial symmetry
  - Body positioning.

  Vocal assessment
  - Coordination of respiration & phonation
  - Phonation length
  - Intensity of vocalization
  - Vocal quality

  Speech/language considerations
  - Eye contact, facial affect
  - Turn taking
  - Expression of wants/needs

  Pre-feeding skills assessment
  - Cough response
  - Secretion management
  - Swallow initiation

Speaking Valve trial successful?

No

- Attempt gradual transition
- Consider downsizing trach tube
- Investigate upper airway patency
- Consider need to grow

Yes

Educate caregiver(s)

Is patient still a potential candidate for a Speaking Valve?

No

Yes

Follow through with recommendations and reassess medical status at patient care rounds

Reviewed 12/18/2013
Revised 12/18/2013
A

Obtain order to continue trials with respiratory / parameters

RCP/SLP initiates sessions in first week

Trial success of up to 30 minutes by the 5th session? No

Yes

Reinforce education and explain individual mechanics and use to staff, caregiver(s) and patient (if applicable)

Speaking Valve use by RCP or RN. SLP or caregiver with RCP/RN assistance as needed

Gradually increase wear time of Speaking Valve with goal of total awake time for wear

End

B

Trach tube cuff must be 100% deflated at all times while speaking valve is in use

Place all warning signs and document appropriately to ensure patient safety

Clean Speaking Valve daily

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