

Changing Tracheostomy Ties

Female1: So Heather, we've now gone over how to clean the cannula and how to change that. How to change the dressing. What about the ties?

Female2: Okay, so ties we will change only when we need to. So if they're looking really bad, you know, they're caked with secretions, that would be the time to change them. Or if they're, you know, broken or someone's cut them or--

F1: These look pretty nice.

F2: These are nice ones

F1: I can remember that they had, you know, we used to use twill tape

F2: Twill

F1: Remember that?

F2: Oh, yes.

F1: Like, strings around there.

F2: Yeah, like, tie a knot and-- yeah, they had to be cut off at the time, yes, absolutely. And they would cut into the neck. You'd actually use trach dressings or four-by-four's on the side of their neck, especially if they had a really thick neck. They were awful. They really were.

F1: So if we do happen to see something like that we should make sure that we get something that's a little bit more appropriate.

F2: Yes especially if it's a long-term trach. These are, I think, called dales. There's a variety of different ones out there, but these are nice and soft. They have Velcro on them. They're easy to adjust. Easy to remove and replace.

F1: Do you ever find that there's some, like, if there's a lot of secretions and it gets

wet in here, does that Velcro let go at all?

F2: It's not too bad, actually. It seems to hold quite well. But what you'll find is if it gets super wet then it starts to stretch.

F1: Oh, so then this whole thing can sort of stretch.

F2: Exactly. So it would be a matter of readjusting. And that's part of the R.T.'s job as well is to make sure that this trach tie is on correctly. And the correct way to check is that you should be able to only get two fingers underneath. If you can get your whole hand under there it's too loose. If you can't get any fingers it's too tight. So loosen it off.

F1: So that's part of nursing care and RT care?

F2: Absolutely.

F1: To make sure that we have the safety equipment at the bedside and that this is secure.

F2: That's right. So two fingers should give them enough flexibility, not cut into their neck. But it's not also not going to allow the tracheostomy to be coughed out. All right, so we'll change this one up. We'll say this one looks kind of gross. It's much safer if you have another person. You can do it by yourself, but it is much easier and safer, to have somebody else hold the tracheostomy while you're changing the trach ties.

F1: I happen to have gloves on, I can assist you.

F2: My helper-- absolutely. This is a clean procedure. There's nothing sterile about this. This would usually be done after we've finished putting dressing on, etc. So I'm going to put some gloves on to protect myself here. I have a new

tracheostomy tube holder. Okay, so what I'm going to do is guesstimate how wide their neck is.

F1: Oh, I see. This is just on the back of the neck and then you can adjust this for the size.

F2: That's right. You got it.

F1: Well, I'll just hold this.

F2: So we're going to get someone to hold the flange, and you don't have to press really hard.

Just enough so that it's secure. And I can start removing the trach ties.

F1: This is probably easier if the patient's sitting up or does it matter?

F2: Sitting up, semi Fowler's, something like that. You can do it when they're laying supine as well. But it is much easier if they're up a little bit. So this is the dirty one. We're just going to remove it and get rid of it. I could change my gloves at this point as well, especially if this was really, really gross looking. Okay. And we'll grab the new one. So we're just going to insert the one end in here. And secure it down. And I'm going to bring the other end around. And again, letting the patient know what you're doing. Okay, Jean-Luke, I'm just changing your ties here so you look marvelous for your family. Oh, my goodness, I think I might have actually calculated that right. Wendy, you can let go now. Make sure these are down and I'm going to check to make sure that it's two fingers only and it is. If it wasn't I could adjust the width. Or I can adjust this portion as well to give him more flexibility or to tighten it up. Either way.

F1: Is this something that you have to chart?

F2: I would chart it, absolutely. Then it lets the next R.T. or nurse know how often we have to change these ties. Maybe you could put it in as part of their plan for the day for the next 12 hours. You know, we've been changing this every 4 hours. I know in 4 hours I'm going to have to change it again.

F1: Yes.