Changing a Tracheostomy Site Dressing

Female1: Hi, Heather.

Female2: Hi, Wendy.

F1: What are we going to do today?

F2: Today we are going to change a trach dressing.

F1: Okay, so why would I have to do that?

F2: Trach dressings are usually put on when the patient has-- is maybe a recent tracheostomy. And there might be a little bit oozing occurring around the site. Or perhaps there's a lot of secretions coming up and around, like when the patient has a really forceful cough. They will cough out of their tracheostomy too, but sometimes there's enough of a force that the tracheostomy tube pulls out a little bit and secretions come out and around the flange itself.

F1: I was going to say that's not appetizing.

F2: No, so to keep the area clean we would put a trach dressing on. That would probably be the only time, or if there's a bit of a cut or abrasions on the skin. Maybe they've had some skin erosion occurring from the flange, we would put a trach dressing on, just to protect the skin a little bit.

F1: I could see even if this was really wet and being on the skin a lot, if that's not changed regularly, then just having a wet dressing on there could erode the skin.

F2: That's right. Absolutely. So if the skin looks absolutely normal and there's no oozing or anything else like that, then don't put a dressing on. Keep it dry.

F1: So it's okay to leave it without.

F2: Absolutely. They don't always have to have a dressing on there. Yeah, but if they

do have one, then it does need to be changed regularly. I mean, one, for cleanliness so they don't get infections in that area. Plus it just keeps their gown clean as well. It keeps the skin around-- plus when those secretions get on the dressing, they harden and then they'll get under the dressing and now you've got dressing stuck to their skin and it just makes a total mess.

F1: So this is something that either an R.T. or a nurse could do.

F2: Absolutely.

F1: They don't need an order or anything like that.

F2: No.

F1: Just as necessary.

F2: Absolutely, PRN. Yeah, so if you notice it's getting a little grungy looking, clean it up. Take it out of there. Put a new one on.

F1: I can imagine what it feels like from the patient's point of view.

F2: Oh, yes, exactly.

F1: You could probably have some odours and things coming from that and--

F2: It can get kind of smelly, yes. And I'm sure you've seen it as well where their gown can get solid like-- so if we were changing this dressing up, grab some gloves. For respiratory therapy it's a clean procedure that we do. We try to keep the dressing as sterile as possible when we're doing it. But it's not like a totally sterile procedure. But everything is clean.

F1: I know we teach our students to do it as a sterile (procedure).

F2: As sterile, yes. Yeah, so if they see the R.T.'s kind of cutting the procedure a little bit and not doing it totally sterile, that's why. That's the mindset we're coming at

it with.

F1: Yeah, it's probably-- you have a little bit more experience doing this than a lot of nurses do.

F2: Yeah, that's right.

F1: It's not often that we have to--

F2: So if they're concerned definitely ask the R.T., why are you doing it that way and they would explain what's happening. So we'll say this is a dirty dressing. We're going to take it off and replace it with something cleaner, obviously. So if it is stuck to the skin because it's been there for awhile or there's lots of secretions, wet it up. You can actually put some normal saline or sterile water on it. Get a little bit wet, so it's much easier to pull away from the skin. Otherwise you're going to be pulling skin with it as well. So be very gentle, pull it out. Okay, and while it is disposed of. I'm going to throw it over here. At this time we would have a really good look to see what's going on underneath that flange. You can't really see while the patient's got the trach dressing on it. We would clean the site at this time as well.

F1: And how would you do that?

F2: Well, we would have some q-tips, also some two by two's. We could soak them in normal saline. And we would do some swipes from the inner cannula itself out, so we're doing-- and that's kind of like a sterile procedure, right.

F1: It makes sense because you don't want to take debris here and move it here

F2: Yeah, and pull it in.

F1: -- push it-- pull it in, yeah, that makes perfect sense.

F2: So, for example, I'm just going to grab a q-tip here. Some of the tricks of the trade is you have your little cup of normal saline and you would have some two by two's in here soaking, especially if there are a lot of secretions. And you could actually wrap the two by two around the q-tip and then you would start in the center and then just do one swipe. That would get thrown away. And then you would continue doing that until you clean out underneath.

F1: Do you dry too?

F2: You dry it, absolutely. So you use a clean, dry q-tip. Dry two by two's. And dry it up before you start putting another dressing on there. Okay, so have a look at it. Make note of any abrasions that you see so that you can document that, so you can keep an eye on it over the shift. Make note of anything that's oozing out, what colour is it, does it smell, as part of your note as well of your assessment. Once it's cleaned and dry then we can put another dressing on. So I would change my gloves. Put new gloves on. Because these are dirty. Get my new dressing. And this is where we keep it as sterile as possible. I'm going to leave it in its package. And grab it with a pair of tweezers and now I'm touching it with my clean gloves. And we usually just kind of snake it up underneath the flange. You can use tweezers or use your fingers, whichever works for you. Okay, I like to use my fingers. And then just gently pull it through. And on the other side you can do the same thing or like I said you can use tweezers here. Pull it up.

F1: I noticed you've got two dressings there.

F2: Right, this is just how this one came in the package. Some of them are just single-- it doesn't matter.

F1: Doesn’t matter?

F2: No, I don’t think it matters at all. Make sure there’s no wrinkles in it. It lays nice and flat.

F1: I can see even the, you know, especially if they had a lot of secretions having the double one would be better, right.

F2: Yes, it would soak it up.

F1: Soak on the top one and then maybe provide a bit of a barrier.

F2: Yes it just depends on the brand that they’re using at the clinical site. Some of them, like I said, are single width only. And then you would chart that you’ve changed the dressing.