

Tracheostomy Tubes - Inflated Versus Deflated Cuffs

FemaleF1: So what is this blue thing?

FemaleF2: Good question, Wendy. This blue thing. This is the pilot line, pilot balloon for the cuff that's inserted or is part of the tracheostomy tube. So when it's inflated like this we know that the cuff itself is inflated.

F1: So what would be the problem with that?

F2: If it was deflated then the patient doesn't have a patent airway. It may be deflated at times when we are trying to wean the patient off of their tracheostomy tube to allow them to breathe around their trach tube, [to] use their upper airway. So it may be deflated at times. But that should be charted somewhere and it should be communicated between the nurse and the respiratory therapist that the R.T.'s taken the pressure out of that cuff, [in other words] deflated the cuff.

Communicate that with whoever's looking after this particular patient so that they know that the cuff is down, [the] patient may aspirate if they're trying to drink water or something like that. And they should also communicate when they're coming back to put the cuff back up again. So it's for short, short periods.

F1: So it's important from a nursing perspective to know why that's down and then [know] what we're doing in terms of our care. Like, if we're starting to give them sips of fluids or anything like that.

F2: That's exactly right. Yes. It's very important to communicate that. So this just indicates that the cuff is up. They can give it a little squeeze. Yes, we've definitely got pressure in there. And then as part of our care we have to come and check that cuff pressure every six hours or at least once a shift.

F1: Is everybody different for the amount of pressure?

F2: Yes, I mean, primarily we're just trying to make sure that the cuff is up to only a minimum amount of pressure to create a seal. We don't want to have too much pressure in there. You can't just keep putting volume after volume inside this cuff because it will start to decrease the amount of blood flow that's going to that area.

F1: And that could cause erosion and all sorts of things.

F2: Exactly. [It could] cause more problems for the patient. Yes, stenosis, all kinds of different things can happen with that. So it's really important that the R.T. comes around and checks the pressure and that would also be noted on the trach care flow sheet as well, what the pressure's at.

F1: Okay.

F2: Yeah, so that's pilot line, pilot balloon for your cuff.