COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

MANGUM REGIONAL MEDICAL CENTER

TITLE		POLICY
Trach Decannulation		**RES-010**
MANUAL	EFFECTIVE DATE	REVIEW DATE
Respiratory	**03/2020**	
DEPARTMENT	REFERENCE	
Respiratory		

SCOPE

This policy applies to all Respiratory Care Practitioners of Mangum Regional Medical Center.

PURPOSE

To provide guidelines for planned trach decannulations.

DEFINTION

NA

POLICY

To provide a safe process for planned decannulations.

PROCEDURE

1. Refer to Lippincott Clinical Resource Guide.
2. Requirements: A patient is considered a candidate for decannulation once the following conditions are met:
    a) Patient is alert and oriented and responsive to commands.
    b) Patient is no longer dependent on a ventilator for assisted breathing.
    c) The frequency requirement for tracheal suctioning is less than once a day or patient has adequate cough and ability to clear secretions effectively and independently.
    d) A physician order is obtained.
    e) Patient has met the criteria for decannulation outlined below.
    f) The patient should have their tracheostomy tube downsized to a size 6 or less or similar tracheostomy tube and they should not have breathing difficulty in the presence of this tube.
    g) The size should be a size 6 or less or similar tube should be occluded (with a trach plug/cork) for twelve hours during the day with close monitoring of the nursing and

respiratory staff with no evidence of respiratory difficulty or requiring of suctioning of the trach tube.

h) Once the patient is able to tolerate the previous steps listed above, the trach is plugged for twenty-four hours and they are monitored for respiratory difficulty or suction requirement.
i) Once the patient is decannulated the Respiratory Care Practitioner must remain at the bedside for a minimum of 15 minutes to monitor the patient for tolerance to the decannulation.

In the event of Respiratory Distress:

Patients fail decannulation for several reasons; therefore, the patient requires close observation post decannulation. Reasons for failure include increased work of breathing, inability to clear secretions and damage to the trachea including stenosis, tracheomalacia and granuloma that may have previously been undiagnosed. Clinical indications of these latter complications include stridor, change in voice quality and/or an increase in work of breathing. Notify the Medical Provider and appropriate personnel if any acute respiratory distress is observed.

REFERENCES

Lippincott Clinical Resource Guide

ATTACHMENTS

NA

REVISIONS/UPDATES

Date	Brief Description of Revision/Change