Procedure for Tracheostomy Decannulation

Please note prior to decannulation:
- Criteria for decannulation must be met (see Trust Guidelines for Weaning and Decannulation of Tracheostomy)
- Decannulation should not take place after 3pm, unless the patient is on ITU, or under direct request from a Head & Neck (H&N) Consultant
- If decannulation is taking place outside of ITU, ensure H&N Consultant or on-call Anaesthetist (bleep 009) aware of the patient beforehand

1) Prepare the area – equipment needed:
   - Obs monitor
   - Gloves
   - Working suction unit
   - Suction catheters
   - Stitch cutters + tweezers
   - Gauze
   - Saline
   - Oxygen face mask and tubing
   - Tegaderm or Duoderm
   - Emergency equipment, i.e. spare tracheostomy tube (x1 same size + x1 size smaller), hyperventilation bag, tracheal dilators

2) Prepare the patient in a semi-recumbent position with their neck extended
3) Pre-oxygenate the patient if necessary. Monitor SpO₂ throughout the procedure
4) Ensure cuff is fully deflated
5) Suction the patient (it will reduce coughing during the procedure)
6) Explain the procedure to the patient
7) Unfasten trache ties / remove stitches, ensuring 1 operator holds the trache in situ
8) If possible, get the patient to cough as the trache is removed, pulling it forward in an up and over motion
9) Apply facial oxygen
10) Clean the stoma with gauze & normal saline
11) Dress the stoma with gauze & tegaderm
12) Encourage the patient to support the dressing whenever they speak or cough
13) Obs should be taken every 10 mins over the next hour, and hourly thereafter for 6 h
14) Document the procedure clearly in the notes, incl. any signs of distress or trauma (e.g. bleeding)
15) For 24 h following tube removal, it is recommended trache equipment is kept by the bedside in case reinsertion is required
16) The wound should be cleaned and dressed once daily with an occlusive dressing, more frequently if required

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