

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