

Tracheostomy Tube Capping in the General Care Areas

PURPOSE: To safely allow capping of the tracheostomy tube in order to promote communication and prepare patient for de-cannulation.

PRACTICE STATEMENT:

To provide an interdisciplinary team (Licensed Independent Provider (LIP), Speech Therapy (ST), Nursing staff and Respiratory Therapy (RT)) approach to tracheostomy tube capping trials.

Patients with fenestrated tracheostomy tubes and fenestrated inner cannulas may be capped using white push-on caps.

Patients in the General Care Areas with non-fenestrated tracheostomy tubes will not have tracheostomy capping trials performed.

If a patient could not tolerate the trial and trial could not be continued, notify the LIP. To reinstate the capping trial, a new order must be obtained.

Tracheostomy capping trials will not be initiated on the weekend.

EQUIPMENT:

1. MULTI-DISPLINARY TRACHEOSTOMY FLOWSHEET (Print Shop #4405)
2. Appropriate signage ("Trach Capping in Progress") for placement at head of bed.
3. Cuffed tracheostomy tube (with inner cannula) the same size of the existing trach tube (in clean bag and secured to wall at head of bed)
4. Obturator (in separate clean bag and secured to wall at head of bed)
5. Fenestrated inner cannula (green hub)
6. **White** cap that fits fenestrated inner cannula
7. Appropriate oxygen delivery device(s) (nasal cannula or face mask for capping)
8. Continuous pulse oximeter
9. Functional suctioning equipment
 - a. Yankauer suction set-up
 - b. Appropriate size suction catheter
10. Personal Protective Equipment
11. All equipment found in tracheostomy box (do not discard any equipment in box)

PROCEDURE:

1. Provider

Provider shall complete a request for Speech Therapy evaluation on the PM&R order form (Print Shop Form # 2162) and place in patient's chart.

2. Speech Therapy

Upon receipt of the physician order, ST will complete a full evaluation of the patient.

ST shall document the outcome of the evaluation and recommendations in the progress notes section of the patient's medical record.

When the patient appears ready/safe for capping, ST will obtain a verbal order from the physician staff and place the "Tracheostomy Capping Trial" order form in the physician order section.

If the patient is not ready to cap, ST will maintain documentation in the Speech Therapy note in the PT/OT/ST section of the chart indicating the patient's progress toward readiness for capping.

3. HUC

Once ST deems that the patient can tolerate capping trial and notifies the HUC, the HUC shall enter the order to Respiratory Therapy.

4. Respiratory Therapy

Verify completed "Tracheostomy Capping Trial" orders and initiate tracheostomy capping trials per order.

RT will verify correct equipment for capping prior to initiating capping trial.

RT will place patient on continuous pulse oximetry for the duration of the capping trial and for all subsequent capping trials. (Refer to Procedure RC O1: Oximetry Monitoring)

RT will obtain the following "baseline" (uncapped) vital signs: heart rate (HR), respiratory rate (RR), oxygen saturation ($S_{P}O_2$), and breath sounds (BRS). RT will obtain baseline blood pressure (BP) from nursing personnel.

RT will verify that the fenestrated inner cannula is in place. If patient has a fenestrated, cuffed tracheostomy tube, deflate the cuff prior to capping.

If patient is breathing without difficulty with the fenestrated inner cannula in place and the cuff deflated, place the **white** cap on the inner cannula of the tracheostomy tube.

Document on Tracheostomy Communication Summary the baseline (without cap) and "Start" (capped) vital signs: $F_{I}O_2$, HR, RR, $S_{P}O_2$, and BRS with tracheostomy cap in place. Nurse or patient care (PCA) will obtain BP.

RT will encourage patient to speak and monitor patient for a minimum of ten minutes after capping. If the vital signs are not stable, RT will remove the cap from the tracheostomy, document on the multi-disciplinary tracheostomy flowsheet and report results of the capping attempt to RN.

If vital signs remain stable with cap in place for 10 minutes, the tracheostomy may remain capped. RT will place correct signage ("Trach Capping in Progress") at the head of the bed, document the 15 minute vital signs in trach capping section of the multi-disciplinary tracheostomy flowsheet and communicate the following to nursing: start time, ordered duration of capping trial and patient's status. Nursing shall continue to monitor the patient and their vital signs for duration of capping trial.

RT will end trial per physician order and document vital signs in the "End" column on the multi-disciplinary tracheostomy flowsheet.

5. Nursing Personnel

Nurse/PCA shall document baseline and start BP.

After the initiation of capping trial and report obtained from RT, the nurse shall monitor and document the patient's vital signs per physician order:

Every 15 minutes on Tracheostomy Communication Summary X 2, then

Every 30 minutes on Tracheostomy Communication Summary X 2, then

Routine VS on bedside flowsheet as previously ordered

Nurse shall stop the capping trial and notify the LIP anytime during the capping trial if patient does not tolerate the trial or if the following parameters are met:

Heart rate 20% change from baseline

Respiratory rate greater than 35 breaths per minute for 5 minutes

$S_{P}O_2$ less than 90% for greater than 30 seconds

Blood pressure 20% change from baseline

REQUIRED DOCUMENTATION

Bedside "multi-disciplinary tracheostomy flowsheet"

- Used by all disciplines
- Bedside equipment checks will be documented once a shift by nurse

- Suctioning of the tracheostomy tube will be documented by the discipline performing procedure.
- Tracheostomy care will be documented by discipline performing procedure
- Positive pressure therapy (IPPB) will be documented twice a day by RT
- Fraction of inspired oxygen (F_IO₂) once a shift by RT or nurse

Documentation for capping trials to include:

- Time and by whom patient tracheostomy capping was performed
- Vital signs prior to capping and with cap in place (frequency per policy)
- Patient's tolerance of procedure
- Other health care practitioners assisting with trial (Speech Therapy at bedside, physician at bedside, etc.)

DEFINITIONS:

Fenestrated: Tracheostomy tube/inner cannula with fenestrations {hole(s)} in tube to allow for breathing via upper airway and to facilitate communication

Non-fenestrated: Tracheostomy tube/inner cannula without fenestrations

Decannulation: Removal of tracheostomy tube

Cuffed tracheostomy tube: Tracheostomy tube with cuff in place to allow for positive pressure ventilation via trach tube

Uncuffed tracheostomy tube: Tracheostomy tubes without cuff in place to allow air flow around tube; usually do not allow for positive pressure breathing.

Other applicable policies

Nursing policies

[NSG-34-06: Suctioning of Adult Patient](#)

[NSG-34-12: Care of Tracheostomy & Discharge Teaching](#)

[NSG-34-05: Care of the Patient with Pulse Oximetry](#)

Respiratory Care

[RC S-4: Tracheal Suctioning](#)

[RC T-2: Tracheostomy Care](#)

[RC C-3: Continuous Aerosol Therapy](#)

[RC O-1: Oximetry Monitoring](#)

Speech Therapy

[ST Procedure Number 7093.9: Tracheostomy Suctioning](#)

[ST Procedure Number 7093.4.B: Tracheostomy Cleaning](#)

[ST Procedure Number 7093.4.E: Tracheostomy Capping](#)