

ACH Tracheostomy and Ventilator Education Program: Differences in Respiratory Care

Children with a tracheostomy and/or a ventilator require respiratory care and monitoring. Respiratory care practices and monitoring supports are different between the Pediatric Intensive Care Unit (PICU), ACH Inpatient Units, Home, and Rotary Flames House. The reasons for these differences are:

Infection prevention:

- Infection prevention guidelines are different depending on where a child's care is provided
- When a child is in the PICU, the infection prevention guidelines are very strict because their risk of exposure to infections is high
- When a child is on the Units or at Rotary Flames House, their risk of exposure is less than it was in PICU
- When a child goes home, their risk of exposure is low

Monitoring requirements:

- Children in hospital are cared for and monitored by trained health care providers and equipment
- Children who are very ill are cared for in the PICU, where monitoring support is high; as a child's condition stabilizes, their monitoring requirements will decrease
- At home and in community care settings, children with tracheostomies are cared for by trained family members or caregivers and generally do not require monitoring equipment; if a child has a ventilator, the ventilator alarms provide additional monitoring support
- The Rotary Flames House is considered a community care setting

While caring for their child in hospital, families need to perform their respiratory care to the standard of the area and not to the standard in their home. For example: suctioning while in Unit 2 should be done to Unit 2 standards not to home suctioning standards like it would be performed in the home. Families and their health care team are partners in their child's care. When families are participating in their child's care in the hospital, the health care team will provide guidance and support as needed to make sure that the appropriate standard of care is provided.

Respiratory Care and Monitoring Differences Between Areas			
ICU	Unit 2	Home	Rotary Flames House
Suction: <ul style="list-style-type: none"> We suction every 4 hours and more if needed Suction can be done with inline or single use catheters Suction catheters are thrown away every time We use sterile water or normal saline to rinse and lubricate the suction catheters 	Suction: <ul style="list-style-type: none"> We suction every 4 hours and more if needed Suction catheters are thrown away every time We use sterile water to rinse and lubricate the suction catheters 	Suction: <ul style="list-style-type: none"> We suction every 12 hours and more if needed Suction catheters are funded for approximately 2 per day, so each catheter is cleaned with an alcohol swab after each suction and stored for re-use We use distilled water to rinse and lubricate the suction catheters 	Suction: <ul style="list-style-type: none"> We suction as per the care plan in conjunction with the family Suction catheters are thrown away every time We use sterile water to rinse and lubricate the suction catheters
Equipment: <ul style="list-style-type: none"> We always use new ties We use heated humidity for the ventilator circuit We use a cold nebulizer with a trach collar We use HMEs, and can change them as needed We have bagging units at every bedside 	Equipment: <ul style="list-style-type: none"> We use new ties We use heated humidity for the ventilator circuit We use a cold nebulizer with a trach collar We use HMEs, and can change them as needed We have bagging units if needed 	Equipment: <ul style="list-style-type: none"> We wash and re-use ties We use heated humidity for the ventilator circuit We use a cold nebulizer with a trach collar We use HMEs, and are funded for 1 per day Only ventilated children have bagging units provided for home 	Equipment: <ul style="list-style-type: none"> We wash and re-use ties as per family instructions We use home humidity as per the care plan We use HMEs, and can change them as per the care plan We have bagging units if needed
Stoma Care: <ul style="list-style-type: none"> We use normal saline for stoma care 	Stoma Care: <ul style="list-style-type: none"> We use normal saline for stoma care 	Stoma Care: <ul style="list-style-type: none"> We use distilled water for stoma care 	Stoma Care: <ul style="list-style-type: none"> We use sterile water for stoma care
Monitoring/Assessment: <ul style="list-style-type: none"> Ventilator alarms Monitors with alarms A nurse is near the bedside all the time Assessments are done every 4 hours minimum and more if needed 	Monitoring/Assessment: <ul style="list-style-type: none"> Ventilator alarms connect to the overhead system (call bells) Monitors with alarms if indicated A nurse that cares for more than one patient Assessments are done every 4 hours minimum and more if needed 	Monitoring/Assessment: <ul style="list-style-type: none"> Ventilator alarms No monitors At night, there is one caregiver for the child while the family sleeps During the day, family provides care with respite support as appropriate/indicated Assessments are done as needed 	Monitoring/Assessment: <ul style="list-style-type: none"> Ventilator alarms No monitors A nurse is near the child at all times Assessments are done as needed
Emergency: <ul style="list-style-type: none"> In an emergency, there is a button to call for help and there are always staff present If the trach falls out, we follow our hospital policies to reinsert 	Emergency: <ul style="list-style-type: none"> In an emergency, there is a button to call for help If the trach falls out, we follow our hospital policies to reinsert 	Emergency: <ul style="list-style-type: none"> In an emergency, we follow our emergency algorithms and call 9-1-1 for help If the trach falls out, we follow our community policies to reinsert 	Emergency: <ul style="list-style-type: none"> In an emergency, we follow our emergency algorithms and call 9-1-1 for help If the trach falls out, we follow our community policies to reinsert