

Standardization of Tracheostomy Care in Order to Prevent Related Skin Breakdown

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Standardization of Tracheostomy Care in Order to Prevent Related Skin Breakdown

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BACKGROUND / INTRODUCTION

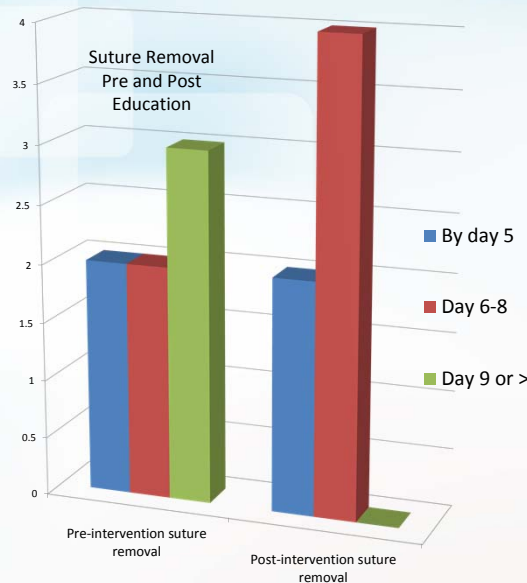
- There has been an increasing number of pressure ulcers related to tracheostomies.
- Pressure ulcers increase hospital costs and patients length of stay.
- While there are multiple factors that come in to play with pressure ulcers, tracheostomy care provided by nurses can help prevent related skin breakdown.
- The current LVHN policy is specific as to what proper tracheostomy care includes and the times at which it should be performed.
- Current LVHN policy does not address the tracheostomy that is sutured to skin upon insertion, the timing of suture removal. Sutured trachs impede proper trach care. Trach sutures are remaining in for up to 2 weeks post insertion.

METHODS

- Chart audits were completed for five weeks and tracheostomy sites were assessed to discover current tracheostomy care practiced in TNICU.
- Trach suture removal was standardized by trauma surgeons to occur post insertion by day 5.
- We created education tools on new standardizations and proper trach care practices through TLC and an additional PowerPoint for small group education of TNICU nursing staff.
- Chart audits were re-performed for four weeks to evaluate the effectiveness of education and standardization on skin breakdown.

OUTCOMES

- Chart audits post-intervention revealed a decrease in pressure ulcers from pre-intervention.
- Irritation around suture sites decreased and length of time sutures were in place decreased overall.
- Improvement in charting of trach care in Epic was noted on post-intervention auditing.



RESULTS

- Pre-intervention tracheostomy pressure ulcers: 3
- Post-intervention tracheostomy pressure ulcers: 1
- Pre-intervention suture removal time: 7.5
- Post-intervention suture removal time: 5.8 (avg. days)

CONCLUSIONS

- Barriers included a need for further evaluation and auditing of tracheostomy care and small sample size due to limited tracheostomies in TNICU during auditing time frames.
- Results of this study showed a need for further education among nurses regarding tracheostomy care policy.
- Laminated sign at bedside showing trach insertion day and date of suture removal will be utilized.
- The issue of suture necessity, placement of sutures, and timing of removal is currently being addressed with Trauma Surgeons. Necessity of sutures or an earlier removal within 1-3 days is also being considered.
- Trial of Mepilex Lite & Kerramax dressing placed beneath inferior aspect of trach phalange until sutures are removed to reduce pressure & contain secretions.
- Policy to be updated to address sutures.

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