

## Bedside equipment

### Emergency equipment

Any clinical area caring for patients with a tracheostomy must have emergency equipment immediately available. Some of this will be at the patients bedside as it is required for routine care, whilst other equipment is provided in the ward or nursing area.

If a patient is transferred to a different location within a hospital then the accompanying staff must ensure that any equipment that may be required in an emergency is available at the destination, and also en route. There have been many incidents recorded in hospital lifts, corridors and remote departments where a blocked or displaced tube could not be managed due to a lack of immediately available equipment.

Equipment may be in the form of a dedicated case or box that accompanies the patient, or stocked on a difficult airway trolley in a critical care area. This equipment, including suction, should accompany the patient wherever they go during their hospital stay. An appropriately trained carer who is competent to use the equipment in an emergency must also accompany them.

### Emergency equipment available in a ward or clinical area

- Basic airway equipment – oxygen masks, self inflating bags, oral and nasal airways
- Advanced airway equipment – Laryngeal Mask Airways and laryngoscopes with appropriate tubes (arrest trolley or similar)
- Capnography<sup>1</sup>
- A fibroscopic ‘scope<sup>2</sup>
- Tracheal dilators<sup>3</sup>
- Bougies

<sup>1,2</sup> Waveform capnography and a fibroscopic ‘scope (suitable for immediate use) should be *available* for all patients with a tracheostomy. In critical care, specialist ward areas and areas who look after a high volumes of tracheostomy patients these should be *immediately* available. For other ward areas, availability should be within minutes (e.g. on a cardiac arrest trolley). This should ideally be portable and able to be used quickly without a lightsource and separate ‘stack’ system. All staff caring for tracheostomy patients and those who respond to emergencies should know how to access and operate these devices around the clock.

<sup>3</sup> There is conflicting opinion on whether tracheal dilators are useful in an emergency. This should be agreed locally and influences include patient demographics, types of tracheostomy performed and clinician preference.

### Equipment for routine care kept at the bedside

- Humidification equipment
- Suction with selection of appropriate suction catheters
- Spare tracheostomy tubes
  - One the same size
  - One tube one size smaller
- Clean pot for spare inner cannula
- Sterile water for cleaning the suction tube
- Scissors (and stitch cutter if tracheostomy tube is sutured)
- Water soluble lubricating jelly
- Sterile dressing pack
- Tracheostomy dressings
- Tracheostomy tapes
- Personal protective equipment (gloves, aprons, eye protection)
- Sterile gloves- for performing deep suction
- Nurse call bell: the patient may be unable to verbally call for help
- Communication aids: the patient may not be able to verbalise
- Bedside equipment checklist

It is important to check all equipment is available at the beginning of every shift. A suitable container or carrier box is useful to keep all of this equipment together. TRACHI-CASE™ is one of a number of commercially available kits for this purpose. These types of cases can then accompany the patient if they need to be transferred to a different location. Remember that you will need portable suction and a portable oxygen supply to accompany the patient.



The case should contain:

- Spare trachy tubes
- Suction catheters
- Scissors
- Stitch cutter
- Lubricating jelly
- Tapes
- Dilators (local choice)