

11-81-2503

NG and Tracheostomy Teaching Torso:

Care and Instructions for Use

Plexiglass Cleaning:

- For best results, the use of mild soap is recommended followed by air drying before next use

Manufacturer Recommendations:

- For best results, it is not advised to use lubricants on this torso when demonstrating correct technique. If disassembly is necessary for cleaning purposes, gently remove the screw while being careful not to strip holes in model or lose o-rings. Then wipe model with dampened cloth and mild soap. Allow to air dry and secure plexiglass back onto model without overtightening the screws.



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**Tracheostomy Care:
General Recommendations**

**NG Tube Insertion:
General Recommendations**

**NG and Tracheostomy
Teaching Torso:
*Care and Instructions for Use***

Tracheostomy Care: General Recommendations

Provide effective and safe trach tube care while preventing drainage, secretions, skin irritations, or breakdown.

Inner cannula removal:

1. Gather equipment
2. Wash hands
3. Identify patient
4. Provide privacy
5. Assess need for care
6. Explain care to patient, obtain consent provide reassurance
7. Place equipment on stand or overbed table
8. Adjust bed to comfortable height:
 - a. Conscious – Semi-Fowler's position
 - b. Unconscious – Horizontal

9. Don PPE
10. Open new disposable inner cannula and trach care tray
11. Don exam gloves
12. Temporarily remove oxygen source from trach tube
13. Grasp inner cannula by wings, squeeze, and remove
14. Discard inner cannula and gloves
15. Don sterile gloves
16. Insert new inner cannula into trach site, press tabs to lock in place
17. Reattach oxygen source

Dressing and trach holder change:

18. Remove trach mask if applicable
19. Remove and dispose of soiled trach gauze
20. Temporarily remove oxygen source
21. Clean stoma under faceplate with saturated cotton tip applicators

22. Clean skin at trach site, dry well
23. Change trach holder:
 - a. Obtain assistance to hold trach in place
 - b. Remove holder
24. Place new clean holder according to package or institution policy
25. Apply clean 4 x 4 trach gauze
26. Reapply oxygen source
27. Assess patient's respiratory status including: SpO₂, respiratory rate, lung sounds
28. Remove and dispose gloves
29. Wash hands
30. Document in electronic health record (EHR)

NG Tube Insertion: General Recommendations

Correct insertion of NG tube

1. Verify order
2. Gather equipment
3. Wash hands
4. Identify patient
5. Explain procedure and obtain consent
6. Gather equipment
7. Provide privacy
8. Adjust bed to high Fowler's position by elevating head 45 degrees

9. Drape chest with disposable pad or towel
10. Measure distance for tube insertion by placing tube tip at the patient's nostril and extend it to the tip of earlobe, then to tip of the xiphoid process. Mark tube with tape or marker
11. Don gloves
12. Coat tip of NG tube with water-soluble lubricant
13. Choose one nostril. Ask patient to flex head slightly back. Insert tube into nostril, guiding tube upward and back along passage to pharynx
14. Once pharynx reached, instruct patient to touch chin to chest and swallow
15. Advance tube downward till tape or marking is met
16. Secure tube to nose with tape or NG securing device

17. Confirm proper tube placement (choose one):
 - a. Attach syringe and aspirate small amount of gastric contents
 - b. Measure pH by placing contents on pH strip and comparing color against bottle
 - c. Inject air bolus into tube while listening at stomach area with stethoscope for "whooshing" noise
 - d. X-ray
18. Start patient care according to order (suction, feeding)
19. Remove and dispose gloves
20. Wash hands
21. Document in electronic health record (EHR)