Tracheostomy Care Curriculum *Example Only*

(Recommended Curriculum for Instructors' consideration)

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Curriculum Overview

Designed for: Healthcare professionals, including registered nurses, licensed practical nurses, respiratory therapists, and certified nursing assistants who provide direct patient care to individuals with tracheostomies.

Suggested Length (estimated): 8 hours (1 full day), including:

- 3 hours of didactic instruction
- 4 hours of hands-on practice
- 1 hour for assessment and certification

Primary Objective: To develop competency in providing safe and effective tracheostomy care using the Pocket Nurse® Tracheostomy Care Kit with Saline and Peroxide, while maintaining aseptic technique and ensuring patient comfort and safety.

Synopsis: This comprehensive curriculum combines theoretical knowledge with practical skills training in tracheostomy care. Participants will learn proper techniques for cleaning and maintaining tracheostomy sites, replacing inner cannulas, and managing common complications. The program emphasizes hands-on practice using simulation equipment and the Pocket Nurse® Tracheostomy Care Kit.

Curriculum Components

1. Theoretical instruction through multimedia presentations
2. Demonstration of procedures by qualified instructors
3. Hands-on practice sessions with simulation equipment
4. Case scenario discussions
5. Competency assessment
6. Written examination
7. Skills checklist completion

Learning Objectives

Lesson 1: Fundamentals of Tracheostomy Care (1 hour)

- Explain the anatomy and physiology of the respiratory system relevant to tracheostomy care
- Identify the components of the Pocket Nurse® Tracheostomy Care Kit
- Describe the importance of aseptic technique in tracheostomy care
- List the frequency and timing of routine tracheostomy care per institutional protocol

Lesson 2: Pre-Procedure Preparation (1.5 hours)

- Demonstrate proper hand hygiene and personal protective equipment (PPE) application
- Perform appropriate patient assessment before tracheostomy care
- Organize supplies efficiently from the Pocket Nurse® Kit
- Organize oxygen therapy equipment to include trach mask, tubing, and oxygen source
- Explain the proper use of saline and peroxide solutions in tracheostomy care
- Practice proper positioning of the patient for the procedure

Lesson 3: Tracheostomy Site Care Procedure (2 hours)

- Demonstrate correct cleaning technique for the tracheostomy site
- Practice proper stoma care using supplies from the Pocket Nurse® Kit
- Show proficiency in replacing tracheostomy dressings
- Exhibit correct technique for securing the tracheostomy tube
- Perform documentation of care provided

Lesson 4: Inner Cannula Care and Management (2 hours)

- Demonstrate safe removal and replacement of the inner cannula
- Practice cleaning and disinfecting the inner cannula using provided solutions
- Identify signs of complications related to inner cannula care
- Show proper technique for suctioning when necessary
- Perform emergency inner cannula replacement

Lesson 5: Complications and Troubleshooting (1.5 hours)

- Identify common complications associated with tracheostomy care
- Demonstrate appropriate interventions for various complications
- Practice emergency procedures related to tracheostomy care
- Show proficiency in communicating with patients and healthcare team members
- Complete proper documentation and reporting of complications

Assessment Methods

1. Written Examination (30 minutes)
    - Multiple choice questions
    - Case scenarios
    - Safety protocols
    - Complication management
2. Skills Assessment (30 minutes)
    - Demonstration of complete tracheostomy care procedure
    - Emergency scenario management
    - Documentation review
    - Communication evaluation

Required Materials

1. Pocket Nurse® Tracheostomy Care Kit with Saline and Peroxide, Latex-Free
    - Sterile gloves
    - Cleaning solutions
    - Dressings
    - Documentation materials
2. Simulation Equipment
    - Adult manikin with tracheostomy
    - Spare inner cannulas
    - Additional cleaning supplies
    - Oxygen source, mask, tubing
3. Educational Materials
    - Procedure manuals
    - Quick reference guides
    - Documentation forms
    - Assessment tools

Certification Requirements

To successfully complete the course, participants must:

1. Attend all five lessons
2. Score 80% or higher on the written examination
3. Demonstrate competency in all required skills
4. Complete the skills checklist with 95% accuracy
5. Participate in all hands-on practice sessions

References and Supporting Materials

- Current evidence-based guidelines for tracheostomy care
- Manufacturer's instructions for the Pocket Nurse® Tracheostomy Care Kit
- Institutional policies and procedures
- Emergency protocols
- Documentation requirements

Program Evaluation

1. Participant feedback forms
2. Instructor evaluation
3. Skills retention assessment (3 months post completion)
4. Clinical practice audit

Tracheostomy Care Assessment

Multiple Choice Examination (25 Questions)

Student Version

Instructions: Select the best answer for each question. Each question is worth 4 points for a total of 100 points.

1. When performing tracheostomy care, the first step should be to:

    a) Clean the inner cannula
    b) Perform hand hygiene and don PPE
    c) Position the patient
    d) Prepare cleaning solutions

2. The appropriate angle for suctioning a tracheostomy is:

    a) 30 degrees
    b) 45 degrees
    c) 90 degrees
    d) 180 degrees

3. How often should routine tracheostomy care be performed?

    a) Once per week
    b) Every 4 hours
    c) At least once per shift or every 8 hours
    d) Only when visibly soiled

4. Which solution from the Pocket Nurse® Kit should be used first when cleaning the tracheostomy site?

    a) Hydrogen peroxide
    b) Normal saline
    c) Betadine
    d) Sterile water

5. The maximum time for a single suctioning pass should not exceed:

    a) 5 seconds
    b) 10 seconds
    c) 15 seconds
    d) 20 seconds

6. Signs of tracheostomy site infection include all EXCEPT:

    a) Redness around the stoma
    b) Clear drainage
    c) Foul odor
    d) Increased warmth

7. When securing the tracheostomy ties, you should be able to fit ___ finger(s) between the tie and the neck:

    a) No
    b) One
    c) Two
    d) Three

8. The inner cannula should be cleaned:

    a) Only during scheduled tracheostomy care
    b) When visibly soiled
    c) At least every 8 hours and when needed
    d) Once daily

9. Which position is best for performing tracheostomy care?

    a) Supine
    b) Semi-Fowler's
    c) Trendelenburg
    d) Lateral

10. Before performing tracheostomy care, the nurse should:

    a) Suction the airway
    b) Check physician's orders
    c) Assess respiratory status
    d) All of the above

11. Which complication requires immediate intervention?

    a) Slight redness around stoma
    b) A small amount of clear drainage
    c) Displaced tracheostomy tube
    d) Dry secretions

12. The purpose of using hydrogen peroxide in tracheostomy care is to:

    a) Prevent infection
    b) Remove dried secretions
    c) Promote healing
    d) Reduce inflammation

13. After cleaning the inner cannula, it should be rinsed with:

    a) Tap water
    b) Sterile normal saline
    c) Hydrogen peroxide
    d) Betadine solution

14. Documentation of tracheostomy care should include all EXCEPT:

    a) Character of secretions
    b) Patient's blood pressure
    c) Stoma appearance
    d) Type of cleaning solution used

15. Which assessment finding requires immediate notification of the physician?

    a) Pink stoma
    b) Clear secretions
    c) Bloody secretions
    d) Small amount of mucus

16. Sterile technique must be maintained during:

a) Preparing supplies
b) Suctioning
c) Cleaning inner cannula
d) All of the above

17. When changing tracheostomy ties, the clean tie should be secured before:

a) Removing old tie
b) Cleaning the site
c) Assessing the patient
d) Applying skin barrier

18. A patient with a tracheostomy should be assessed for:

a) Breathing sounds
b) Secretion characteristics
c) Stoma appearance
d) All of the above

19. The appropriate cleaning motion for the stoma site is:

a) Circular
b) Side to side
c) Top to bottom
d) Inside to outside

20. Emergency supplies that should be kept at bedside include:

a) Same size tracheostomy tube
b) One size smaller tracheostomy tube
c) Obturator
d) All of the above

21. When suctioning, the catheter should be inserted:

a) Until resistance is met
b) 1-2 cm past tube tip
c) Halfway into the tube
d) Just to the end of the tube

22. The purpose of applying skin barrier around the stoma is to:

a) Prevent infection
b) Protect skin from secretions
c) Secure the tube
d) Promote healing

23. After cleaning the inner cannula, it should be:

    a) Air dried
    b) Wiped with gauze
    c) Shaken dry
    d) Used immediately

24. The frequency of suctioning should be based on:

    a) Physician's orders
    b) Hospital policy
    c) Patient's needs
    d) Shift schedule

25. Which of the following indicates proper placement of the tracheostomy tube?

    a) Absence of breath sounds
    b) Presence of wheezing
    c) Equal chest rise and fall
    d) Rapid breathing

INSTRUCTOR ANSWER KEY

1. b) Perform hand hygiene and don PPE *Rationale: Hand hygiene and PPE are the first steps in any patient care procedure to prevent infection.*
2. b) 45 degrees *Rationale: 45-degree angle allows for effective suctioning while minimizing trauma to the tracheal tissue.*
3. c) At least once per shift or every 8 hours *Rationale: Standard of care requires regular tracheostomy care every 8 hours minimum.*
4. b) Normal saline *Rationale: Normal saline is used first to clean and remove secretions before using other solutions.*
5. c) 15 seconds *Rationale: Suctioning longer than 15 seconds can cause hypoxia.*
6. b) Clear drainage *Rationale: Clear drainage is normal; other options are signs of infection.*
7. b) One *Rationale: One finger ensures the tie is secure but not too tight.*
8. c) At least every 8 hours and when needed *Rationale: Regular cleaning prevents buildup and maintains airway patency.*
9. b) Semi-Fowler's *Rationale: This position provides optimal access while maintaining patient comfort.*
10. d) All of the above *Rationale: Complete assessment is necessary before beginning care.*
11. c) Displaced tracheostomy tube *Rationale: Displacement is a medical emergency requiring immediate intervention.*
12. b) Remove dried secretions *Rationale: Hydrogen peroxide helps dissolve and remove dried secretions.*
13. b) Sterile normal saline *Rationale: Sterile saline removes cleaning solutions and maintains sterility.*

14. b) Patient's blood pressure *Rationale: BP is not typically relevant to routine tracheostomy care.*
15. c) Bloody secretions *Rationale: New onset of bloody secretions requires physician notification.*
16. d) All of the above *Rationale: Sterile technique must be maintained throughout the procedure.*
17. a) Removing old tie *Rationale: New tie must be secured before removing old tie to prevent accidental decannulation.*
18. d) All of the above *Rationale: Comprehensive assessment includes all listed elements.*
19. d) Inside to outside *Rationale: Cleaning from inside to outside prevents contamination of clean areas.*
20. d) All of the above *Rationale: All listed supplies are essential for emergency situations.*
21. a) Until resistance is met *Rationale: Inserting until resistance prevents trauma to carina.*
22. b) Protect skin from secretions *Rationale: Barrier prevents skin breakdown from secretions.*
23. a) Air dried *Rationale: Air drying ensures complete drying and prevents contamination.*
24. c) Patient's needs *Rationale: Suctioning frequency should be based on individual patient assessment.*
25. c) Equal chest rise and fall *Rationale: Equal chest rise and fall indicates proper placement and airway patency.*

Grading Scale:

- A: 90-100 (23-25 correct)
- B: 80-89 (20-22 correct)
- C: 70-79 (18-19 correct)
- Below 70: Not Passing

Test Administration Guidelines:

1. Allow 45 minutes for completion
2. No resources allowed during test
3. Must achieve 80% or higher to pass
4. Review missed questions with student before allowing patient care

Scenario-Based Tracheostomy Assessment Questions

Supplemental Assessment Material

Student Version

Instructions: Read each scenario carefully and select the best answer based on the situation presented. Each question is worth 5 points.

Scenario 1:

You enter your patient's room for routine tracheostomy care and notice they are anxious, breathing rapidly, and the pulse oximeter shows 89%. You observe thick, yellow secretions around the tracheostomy tube.

1. What should be your FIRST action? a) Begin tracheostomy care
   b) Suction the tracheostomy c) Call the physician d) Change the inner cannula
2. After implementing your first action, the oxygen saturation improves to 94%, but you notice the inner cannula is partially occluded with dried secretions. What is your next priority? a) Document your findings b) Clean and replace the inner cannula
   c) Apply humidity d) Change tracheostomy ties

Scenario 2:

During your morning assessment, your patient with a new tracheostomy reports mild pain around the stoma site. You observe slight redness and clear drainage around the stoma. The patient's temperature is 37.2°C (99°F).

3. Based on these findings, what is your best assessment?
   a) The patient has a stoma infection b) These are normal post-procedure findings
   c) The tracheostomy tube is displaced d) The ties are too tight
4. What intervention would be most appropriate? a) Remove the tracheostomy tube
   b) Perform routine tracheostomy care and document findings
   c) Start antibiotics immediately d) Loosen the tracheostomy ties

Scenario 3:

You are training a new nurse and observe them preparing for tracheostomy care. They have gathered supplies but forgotten the hydrogen peroxide solution from the Pocket Nurse® Kit.

5. What is the primary concern with omitting hydrogen peroxide?
   a) The stoma will become infected b) Dried secretions may not be adequately removed
   c) The patient will develop granulation tissue d) The inner cannula will be damaged
6. The new nurse asks why both saline and hydrogen peroxide are needed. The best explanation is: a) Saline is used first to clean, peroxide to disinfect
   b) Peroxide removes dried secretions, saline rinses and removes peroxide
   c) They must be mixed together for proper cleaning d) Either solution alone is sufficient

Scenario 4:

At 2 AM, your patient accidentally dislodges their tracheostomy tube while turning in bed. You respond immediately.

7. Your first action should be to: a) Call a code blue b) Attempt to reinsert the same tube
   c) Insert the spare tracheostomy tube kept at bedside d) Perform stoma care
8. After successfully managing the situation, required documentation should include:
   a) Only vital signs and oxygen saturation b) Time of incident and interventions only
   c) Complete assessment, interventions, patient response, and physician notification
   d) Physician notification only

Scenario 5:

During routine care, you notice your patient's stoma has a small amount of bleeding when cleaned, and there is visible granulation tissue.

9. The most appropriate intervention is to: a) Apply pressure to stop bleeding
   b) Document findings and notify physician c) Apply antibiotic ointment
   d) Change cleaning solution
10. The presence of granulation tissue most likely indicates: a) Poor cleaning technique
    b) Normal healing process c) Serious infection d) Allergic reaction

INSTRUCTOR ANSWER KEY

Scenario 1:

1. b) Suction the tracheostomy *Rationale: Low oxygen saturation with visible secretions requires immediate suctioning to maintain airway patency.*
2. b) Clean and replace the inner cannula *Rationale: Occluded inner cannula can compromise breathing; cleaning/replacement is priority after stabilizing oxygenation.*

Scenario 2:

3. b) These are normal post-procedure findings *Rationale: Mild pain, slight redness, and clear drainage without fever are normal post-procedure findings.*

4. b) Perform routine tracheostomy care and document findings *Rationale: Normal findings require routine care and documentation for tracking changes.*

Scenario 3:

5. b) Dried secretions may not be adequately removed *Rationale: Hydrogen peroxide's primary purpose is to dissolve and remove dried secretions.*

6. b) Peroxide removes dried secretions, saline rinses and removes peroxide *Rationale: This explains the correct sequence and purpose of each solution.*

Scenario 4:

7. c) Insert the spare tracheostomy tube kept at bedside *Rationale: Immediate reinsertion of spare tube prevents stoma closure and maintains airway.*

8. c) Complete assessment, interventions, patient response, and physician notification *Rationale: Thorough documentation is required for any significant event.*

Scenario 5:

9. b) Document findings and notify physician *Rationale: Changes in stoma appearance require physician notification for evaluation.*

10. b) Normal healing process *Rationale: Granulation tissue is a normal part of wound healing process.*

Teaching Points for Scenarios:

1. **Emergency Response:**
    - Emphasize ABC (Airway, Breathing, Circulation) priority
    - Review emergency equipment location and use
    - Discuss importance of spare supplies at bedside
2. **Assessment Skills:**
    - Differentiate normal vs. abnormal findings
    - Recognize early warning signs of complications
    - Understand wound healing process
3. **Procedural Knowledge:**
    - Proper sequence of cleaning solutions
    - Rationale for each step of care
    - Importance of complete documentation

4. **Critical Thinking:**
    - Priority setting in complex situations
    - Recognition of when to escalate care
    - Understanding cause-and-effect relationships

Using These Scenarios in Training:

1. Present scenarios during classroom discussion
2. Use as simulation scenarios
3. Incorporate into skills checkoffs
4. Use for group problem-solving exercises