

Tracheostomy tubes and accessories in Critical Care

Aim: To provide background information for all doctors working in Critical Care on the different types of tracheostomy tubes and their important features.

Scope: Adult patients in Critical Care that require tracheostomy placement or already have tracheostomy in situ.

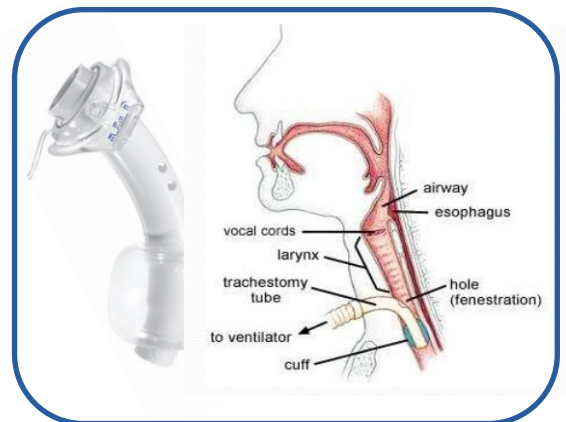
Standard/Unfenestrated:

- Default tube used in Critical Care
- Inner tube always in situ – if becomes blocked can be easily replaced
- Can only connect to ventilator with inner tube
- Sizing as per page 1



Fenestrated:

- Fenestrations (holes) above the cuff allow some expired air to pass through the vocal cords
- Phonation therefore possible
- Good for weaning off ventilator
- Inner tubes **must** also be fenestrated otherwise acts as a standard tube



Subglottic suction:

- Extra port above the cuff but below the cords
- Allows regular suction of secretions
- Important particularly before periods of cuff deflation when aspiration is a risk



Adjustable flange:

- Allows tracheostomy tube to be longer
- For use in patients with larger necks or deep trachea
- Tube also reinforced to prevent kinking in soft tissues



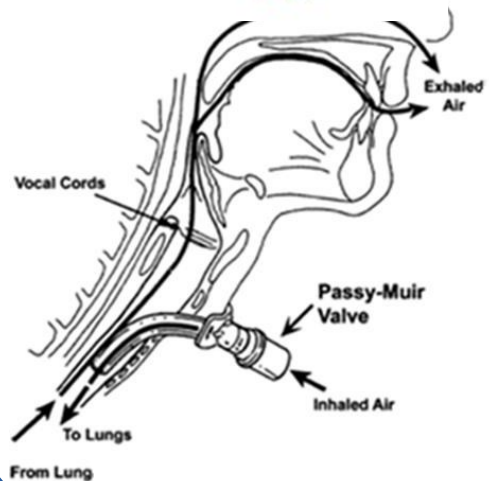
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Speaking valve OR Passy Muir valve (PMV)

- One way valve attaches to the end of a tracheostomy
- Allows passage of air into trachea
- Valve closes to divert air through cords enabling phonation
- **CUFF MUST BE DEFLATED** – otherwise patient cannot exhale
- Suitable for patients off ventilator or latter stages of weaning from ventilator



Swedish Nose

- Attaches to the end of the tracheostomy tube
- Humidifies air or supplemental oxygen for tracheostomy patients
- This is important as air passing into the lungs bypasses the usual humidification mechanisms
- Tracheal mucosa can become damaged
- Usually used near the end of weaning or in the context of long term tracheostomy

