Collaborative Regional Benchmarking Group

Tracheostomy Care in Critical Care

Aim: To provide guidance on nursing care for patients with a tracheostomy in Critical Care
Scope: All adult patients with a tracheostomy

Emergency Algorithm

SAFETY FIRST!

- Tracheostomy Bedhead sign should be in place for all patients with a tracheostomy[2,5]
- Emergency Box should be present at the bedside & stocked
- All staff caring for patients with a tracheostomy should be familiar with the Emergency Tracheostomy Algorithms (NTSP)

RISK OF DISPLACEMENT

Bedhead sign

STANDARD TRACHEOSTOMY CARE

1	Ensure adequate oxygen and humidification therapy is delivered for both ventilated and non-ventilated patients[1,5]
2	Where an inner cannula is present, it should be removed, inspected and cleaned with sterile water 8-12 hourly[1] or as the patient condition dictates
3	Perform suctioning as often as clinically indicated but as a minimum this should be 8 hourly. Subglottic tubes should have the port aspirated every 4 hours[5]
4	Closed suction systems should be changed in line with manufacturers recommendations and documented.
5	The tracheostomy site should be kept clean and dry and dressing changed if soiled[1]
6	The tracheostomy stoma site/ skin integrity should be checked 4 hourly and assessment documented[4] The stoma site should be swabbed if there are any signs of infection
7	Tracheostomy cuff pressure should be maintained between 20 – 30 mmH2O if the patient is ventilated or inflated to an agreed level where a leak is present. If monitoring is not continuous, manual checks of cuff pressure should be checked at least once per nursing shift (typically 8-12 hours).[1]
8	Perform oral care 4 hourly or as required[3,7]
9	Continuous monitoring of $C0_2$ is required[1,2]
10	A swallow assessment should be undertaken by a Speech and Language Therapist or a clinician trained to carry out swallow assessments prior to commencing oral [1,8]
11	Communication aids should be made available for non sedated patients (e.g. speaking valves, wipe boards or flash cards)[1,8]

Please see your units full guidelines for more information

V4 2026

	References
1	Guidance For: Tracheostomy Care (2020) Prepared on behalf of the Council of the Intensive Care Society by:The Short-life Standards and Guidelines Working Party of the UK National Tracheostomy Safety Project
2	NCEPOD (2014) - On the right Trach? A review of the care received by patients who underwent a tracheostomy.
3	Department of Health (2011) High Impact Intervention Care bundle to reduce ventilation-association pneumonia. HCAI High Impact Interventions
4	NICE (2014) Pressure ulcers: prevention and management. Clinical Guidance CG179
5	UK National Tracheostomy Safety Project. http://www.tracheostomy.org.uk/ accessed 12/08.2026
6	Muscedere, J. et al., 2011. Subglottic secretion drainage for the prevention of ventilator-associated pneumonia: a systematic review and meta-analysis. Critical Care Medicine, 39(4), pp.1331–1339.
7	BACCN (2020) Evidence-based consensus paper for oral care within adult critical care units
8	RCSLT (2019) Critical Care Guidance