Tracheotomy wound care 氣管切開傷口的護理(英文)

Tracheotomy adaptations for patients

1. Obstruction from upper airway: causes include obstructive tumors, foreign bodies, and pharyngeal edema;
2. To much mucus secretion making patients coughing involuntarily;
3. Breathing difficulty caused by coma, unconsciousness, respiratory muscle paralysis;
4. Respiratory diseases.

Purposes of tracheotomy wound care

1. Clean mucus around tracheotomy wound to maintain airway opened.
2. To prevent infection from occurring.

Preparations

1. Cleaned forceps
2. 2% of H2O2
3. 0.9% of sterilized NaCl
4. Better-iodine solution
5. Several sterilized cotton swabs
6. Several V. Gauzes
7. Suction equipment

Procedures for tracheotomy wound care

1. Wash hands and put on gloves.
2. Sputum suction before wound care.
3. place patients in a proper position: check their cuff and secure their neck strap (one to two fingers wide).
4. Take the V. Gauzes off and observe to see if there is mucus secretion coming out of the wound.

5. Wet the cotton swabs with 0.9% NaCl; clean patients' wound outward to remove mucus and sputum clusters.
6. To swab and clean the tracheotomy wound with Better-iodine, circuit around the wound from inside out.
7. Wait for 30 seconds for sterilizing, then swab the wound again with 0.9% NaCl to clean out better-iodine.
8. Pick up V gauze with forceps and cover the tracheotomy wound.

Cautions

1. When the neck trap gets dirty, replace it with a clean one. Adjust the trap, with an ideal adaptability that fits one-to-two fingers in between, when using neck string to tie a knot next to patients' neck.
2. Change the dressing and observe patients' tracheotomy wound at least once a day. Do visit our outpatient department when there is erythematous change around the wound or when you observe any abnormal discharged from the wound.
3. Please return to OPD for changing the non-metal (plastic) tracheotomy set.