



Caring For Your Child With a Tracheotomy



What is it?

A tracheotomy is made by the doctor making an opening through your child's neck into the windpipe (or trachea). Into this opening, a tracheotomy or “trach tube” will be placed to make breathing easier for your child. Instead of breathing through the nose and mouth, your child will now breathe through the trach tube. The nose and mouth provide warmth, filtering and moisture for the air. The new trach tube does not.

The following information will help you and your support persons learn how to meet the needs of your child.

There are different types of tracheotomy tubes: metal or plastic. Metal trach tubes have three parts. Plastic trach tubes can have one, two, or three parts.

1. The outer tube is the basic tracheotomy tube which is placed into the trachea and stays in place with cloth ties.
2. The guide or obturator is used with all metal and some plastic tubes. It helps make insertion easy and without injury. **ALWAYS** keep the obturator on hand in case the tube needs to be replaced.
3. All metal and some larger plastic tubes have a smaller tube inside. It slides into the outer tube (cannula) and is locked in place. This smaller tube collects mucus as it is coughed out and must be removed often for cleaning.

What can I expect?

Having a tracheotomy is a new experience for you, your child, family and friends. Caring for a child with a trach can lead to a variety of emotions as a parent. You may want to protect your child from discomfort or other people who do not understand. It will take some time to adjust to caring for your child with a trach.

To prevent feelings of isolation, seek help from supportive family and friends. Encourage them to learn how to care for your child. Ask to speak with a pastor, social worker, or financial counselor to help with special needs. If interested, ask your doctor or healthcare provider to help you identify a support group or families in similar situations. **It is important that anyone left alone with your child be completely trained in trach care to prevent any unnecessary accidents.**

The age of your child may affect his response to his illness and to the tracheotomy. However, it is important not to be overly protective. Treat your child so that he does not feel different from other children. Specific concerns, such as separation anxiety, school transition, body image and independence may be discussed with your child's nurse, doctor, teacher, etc.

What does my child need?

Eating or swallowing will not be affected in most children with a trach. It is important to suction the trach well prior to eating. This often limits the need for suctioning after eating which may cause excessive coughing and result in vomiting. If your child requires suctioning during a meal,

do so gently and shallowly. Encourage fluid which will help the secretions to be coughed out easily.

Bathe your child in a tub of shallow water with close supervision. Try to prevent water from splashing into the trach. Showers are discouraged. If your child must shower, trach filters should be used to protect against splashed water. To wash your child's hair, carefully pour water over the hair with a cup while your child is leaning back and firmly supported.

A child with a tracheotomy can do most things other children do. Except for the limitations listed below, treat your child as you would treat other children. This helps your child grow and mature properly. It will also help your family and loved ones maintain a healthy atmosphere.

Limitations:

- Do not submerge your child's head and neck into water.
- Prevent foreign objects from entering the trach tube such as water, sand, dust, leaves, small toy pieces, etc., by wearing a trach filter (or artificial nose) such as a loose scarf or bib.
- Avoid contact sports to prevent trauma to the trach.
- Avoid clothing that blocks the trach tube such as fuzzy or heavy clothing. Use front button, zippered or V-cut necklines.
- Choose a pet that does not shed excessively or one that can live outdoors.
- Do not smoke near your child as it can irritate your child's airway and lungs.
- Do not use baby powder, talc, or aerosol sprays near children with tracheotomies.
- Check with your doctor before applying any salves or ointments near the trach.

All parents occasionally need a break. To allow for this, we encourage you to ask for help from a support person to learn your child's care.

List of emergency equipment should include:

- Portable suction machine
- Suction catheters
- Saline squirt vials
- Same size trach tube and one one-size smaller
- Scissors and hemostats
- Ambu bag (self inflating breathing bag)
- Extra trach filters

Always be prepared for an emergency when away from the house. Be certain the equipment is working properly before you leave the house.

How will my child communicate?

Your child's ability to make sounds will depend on the individual airway problem. Some children can get air around the trach tube and up through the vocal cords to create sound. If your child is not able to make sounds, speak to him as before the tracheotomy. Your child's doctor, nurse and speech therapist can help plan for different ways to communicate. These may include sign language, picture cards, communication board, or electrolarynx.

For Questions or Emergency Care:

Do not hesitate to ask questions of your doctor, nurse or caretakers. You may contact the office anytime by calling **601-984-5160**. You may need to speak with the doctor on-call.