

**Tracheostomy Management for Children and Young People**

**Standard Operational Procedure**

September 2025

**Document Profile**

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| **Type** | Standard Operating Procedures |
| **Title** | Tracheostomy management for children and young people, standard operational procedure. |
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| **Category** | Clinical |
| **Version** | 3 |
| **Approval Route** | Organisational Governance Approval Group (OGAG) |
| **Date approved** | 3.09.25 |
| **Review date** | *3 years from approval* |
| **Document Status** | This is a controlled document. Whilst it may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, it should not be saved onto local or network drives but should always be accessed from the intranet. |

**Version Control**

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| **Date** | **Version** | **Summary of changes made** |
| October 2021 | 2 | All care plans have been compiled, reviewed and edited to create an up-to-date standard operating procedure |
| September 2025 | 3 | * Changes to BLS algorithm on page 35 and 37 to reflect updates from resuscitation council guidelines 2021 * Use of clinical skills / NTSP links for appendices * Change of title to Tracheostomy management for children and young people. |

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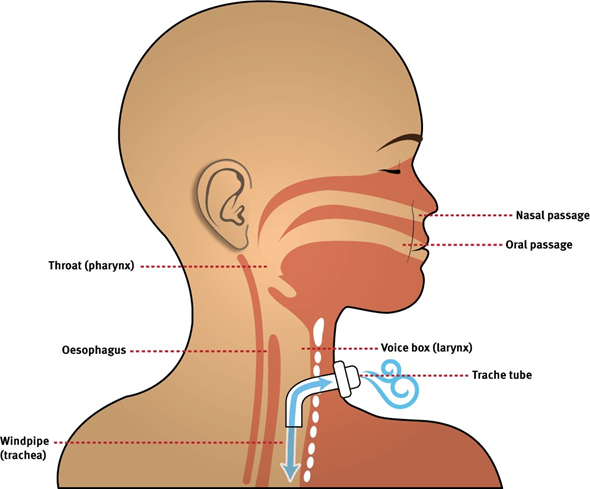
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# Introduction

A tracheostomy is an artificial opening into the trachea via the front of the neck. A tube is inserted and creates an effective way of breathing when the child is unable to do this through their nose and mouth. A tracheostomy can be short term during an acute illness or lifelong if a child or young person has a condition that requires the tube stays in place for the child to breathe. The tube is held in place by tube holders (or tapes) that are worn around the neck.



This standard operating procedure (SOP) has been developed to guide the practice of the Community Children’s Nursing staff in the provision of safe and effective tracheostomy Management.

The tracheostomy care included in this document are:

* Care of a tracheostomy site
* Tracheostomy Suction
* Humidification
* Tracheostomy Tube Change
* Emergency Tracheostomy Tube Changes
* Unable to Insert a tracheostomy tube
* Basic Life support with a tracheostomy
* Seldinger Technique
* Handover of care
* Monitoring Vital Signs of a child or young person with a tracheostomy.
* Training other care givers
* Infection Prevention and Control

**Overarching guiding principles for safe and effective practice when using this SOP**

These standard operating procedures do not replace professional judgement which should be used at all times.

A clear rationale should be presented in support of all decision making.

Practice should be based on the best available evidence.

Appropriate escalation when care needs have this requirement

When care is delegated to a non-registrant, the registered nurse remains accountable for the appropriateness of the delegation and the overall outcome of the delegated task.

The CCNT will follow the FNHC Safeguarding Policy and ensure that any potential safeguarding issues are identified and reported appropriately.

# SOP 1 Care of the Tracheostomy Site

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| ***Purpose*** |

Keeping the tracheostomy site clean and dry will help to prevent infection and the potential for skin breakdown. If secretions from the tracheostomy collect around the stoma they can act as medium for bacterial growth. They can also prevent the site from healing properly

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| ***Scope*** |

This SOP details how to care for the tracheostomy site including infection prevention and control requirements

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| ***Core Requirements/Procedure*** |

Apply standard infection control precautions to prevent the spread of infection between infants/children/young people and to protect both the child receiving care and the person providing the care.

Whilst undertaking any care of a tracheostomy, good hand hygiene should always be undertaken alongside the use of the correct personal protective equipment (see ‘Hand Hygiene and use of Personal Protective Equipment policy and procedures [https://www.fnhc.org.je/procedural-document-library/)](https://www.fnhc.org.je/procedural-document-library/)

In the home setting, it is not always necessary to use sterile equipment as used in hospital because the child is exposed only to the germs present in their own family home

Adhere to the National Institute for Clinical Excellence (NICE) recommendations on ‘Infection control: prevention of healthcare – associated infection in primary and community care.’ <https://www.nice.org.uk/guidance/cg139>

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| Log on to the [Clinicalskills.net](https://clinicalskills.net/) website, and navigate to:  Dashboard ⮚ Guides ⮚ Children ⮚ Tracheostomy Care ⮚ Tracheostomy care in children Part 3: Cleaning the stoma and changing the tracheostomy tapes  Alternatively, double-click on the PDF icon below. Please check the clinicalskills.net to make sure the advice in the guide is current and in line with best practice. |

# SOP 2 Performing Tracheostomy Suction

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| ***Purpose*** |

A tracheostomy requires suctioning at various times to clear secretions from the tube. These secretions would normally be cleared naturally by coughing and swallowing but this mechanism is interrupted by the position of the tube which means secretions build up inside the tube and must be cleared by suction instead.

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| ***Scope*** |

This SOP details how to perform tracheostomy suctioning

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| ***Core Requirements/Procedure*** |

The child or young person must be kept comfortable and able to breathe freely.

**This procedure is not without risk and if not carried out correctly can cause discomfort, trauma, hypoxia (low oxygen levels) and infection.**

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| Log on to the [Clinicalskills.net](https://clinicalskills.net/) website, and navigate to:  Dashboard ⮚ Guides ⮚ Children ⮚ Tracheostomy Care ⮚ Tracheostomy care in children Part 2: Suctioning and collecting a sputum sample  Alternatively, double-click on the PDF icon below. Please check the clinicalskills.net to make sure the advice in the guide is current and in line with best practice. |

# SOP 3 Performing Humidification via a Tracheostomy

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| ***Purpose*** |

It is important that adequate humidification and suction are used throughout the day and night if necessary, to minimise the risk of producing thick tenacious secretions that may obstruct the tracheostomy tube and airway causing respiratory distress

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| ***Scope*** |

This SOP details how to perform humidification via a tracheostomy

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| ***Core Requirements/Procedure*** |

Humidification can be given in various ways and the methods recommended by the Community Children’s Nursing Team are:

* H.M.E (Heat and Moisture Exchange Device – often called a ‘Swedish Nose’)
* Nebulised saline via a tracheostomy mask or T piece.

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| Please visit the website for the National Tracheostomy Safety Project to view a short video explaining how to stop a paediatric tracheostomy tube from becoming blocked by using a series of different humidification devices. Devices vary from each child and in different situations, so it is essential to know the basics.  **https://tracheostomy.org.uk/healthcare-staff/paediatric/basic-care-humidification**  A logo for a safety company  AI-generated content may be incorrect. |

# SOP 4 Changing a Tracheostomy Tube

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| ***Purpose*** |

Tracheostomy tube changes are usually carried out routinely

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| ***Scope*** |

This SOP details how to change the tracheostomy tube

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| ***Core Requirements/Procedure*** |

Depending on the type of tracheostomy tube used, it will require changing from between 1 – 4 weeks

The individual infant/child/young person’s routine should be recorded in their care records/care plan.

In the hospital setting, the tube is single use only but when in the community (home, school and respite centres) some tubes can be washed following the manufacturer guidelines and re-used.

The procedure is not without risks and in order to increase safety, it is important to plan the tube change when two competent and fully trained people can be present.

When planning the tube change, it is advisable to avoid just after feeds or meals. Taking the tube in and out of the airway can induce coughing which in turn may cause the child to vomit.

Tube changes are best done when the child is calm, not when they are tired or irritable.

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| Log on to the [Clinicalskills.net](https://clinicalskills.net/) website, and navigate to:  Dashboard ⮚ Guides ⮚ Children ⮚ Tracheostomy Care ⮚ Tracheostomy care in children Part 4: Changing a tracheostomy tube  Alternatively, double-click on the PDF icon below. Please check the clinicalskills.net to make sure the advice in the guide is current and in line with best practice. |

# SOP 5 Performing an Emergency Tracheostomy Tube Change

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| ***Purpose*** |

Tracheostomy tube changes are usually carried out routinely however there may be times when this must be done in an emergency. If the tracheostomy tube becomes blocked or misplaced it must be changed immediately to maintain the child’s airway.

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| ***Scope*** |

This SOP details how to perform an emergency tracheostomy tube change

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| ***Core Requirements/Procedure*** |

Carry out an emergency tube change if there is a concern that the tube is blocked for any reason

Follow the guidance for a normal tube change acting in a swift and prompt manor.

All equipment required for an emergency tube change should be found in the infant/child/young person’s emergency tracheostomy box.

If the emergency tube change is successful but there are any concerns about the infant/child/young person’s condition or patency of the airway, dial 999 for assistance from the emergency services and transfer to hospital for medical assessment and intervention.

An emergency tube change can be carried out at any time by a competent practitioner.

Lone individuals should temporarily use a set of Velcro tapes to secure the tube in place. Change for the usual tapes as soon as there is someone who is competent and trained to assist.

A set of pre-cut Velcro ties should be available in the emergency kit.

See [Appendix 1](#_Appendix_1_) for the rationale behind an emergency tube tracheostomy tube change. This also includes information on Basic Life Support for a child or young person with a tracheostomy tube alongside the Seldinger Technique.

# SOP 6 Training parents/carers/non-registrants in tracheostomy care.

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| ***Purpose*** |

Any person caring for a child or young person with a tracheostomy must be trained to do this and be assessed to be competent in undertaking all aspects of tracheostomy care. Registered nurses may be required to teach non-registrants within their team or parents/informal carers

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| ***Scope*** |

Nursing staff teaching and assessing others to undertake tracheostomy care for infants, children and young people on the Community Children’s Nursing Team (CCNT) caseload, in the home setting, school setting and other community settings.

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| ***Core Requirements/Procedure*** |

This Standard Operating Procedure should be used in conjunction with current version of The National Tracheostomy Safety Project <http://www.tracheostomy.org.uk/>

All children requiring tracheostomy care in the community must have been referred to the CCNT by their local paediatrician and accepted onto the caseload by the CCNT Team Leader (see Standard Operating Procedures.)

All tracheostomy care requirements of the infant/child/young person will be agreed by the team lead for CCNT in conjunction with their named nurse, paediatrician and tertiary centre professionals (Namely Southampton General Respiratory Nurses) prior to any commencement of care or approval onto the CCT caseload.

Full training and successful achievement of all competencies must have been undertaken prior to an individual undertaking lone care of an infant/child/young person with a tracheostomy. All tracheostomy care should be undertaken by fully trained and competent persons only.

: To achieve competency in all areas of tracheostomy care, parents and care givers should have completed:

* the Tracheostomy Training Package for Parents and Care Givers
* Paediatric Basic Life Support and Life Support for a Tracheostomy Patient

Where tracheostomy care is to be undertaken by a Non-Registrant working as part of the Children’s Community Nursing Team, module 7 of the training package in this link <http://www.tracheostomy.org.uk/e-learning>should be successfully completed, including the assessment. A copy of the certificate should be sent to the Education and Training Department, and one kept in the staff member’s Knowledge and Skills portfolio.

Training completed by a Non-Registrant in the Children’s Community Nursing team should be done on a named child basis with full and complete re-training should they be required to care for additional children.

Delegation of nursing tasks documentation must be completed to evidence competency of all tasks. An electronic copy should be sent to the education and development department and the original kept in the staff members portfolio. Competence to carry out a specific intervention should be reassessed annually or more often if required. The training pack shown in link below shows the competencies to be completed and signed off by a registrant.

[TRACHEOSTOMY TRAINING AND COMPETENCY - MARCH 2018 and Jan 2025.doc](https://fnhcje-my.sharepoint.com/:w:/r/personal/lara_deer_fnhc_org_je/_layouts/15/Doc2.aspx?action=edit&sourcedoc=%7Bac5a04fd-3fe6-4f8d-919a-d8392ffe5dd0%7D&wdOrigin=TEAMS-MAGLEV.undefined_ns.rwc&wdExp=TEAMS-TREATMENT&wdhostclicktime=1749134154248&web=1)

# SOP 7 Handover of Tracheostomy Care

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| ***Purpose*** |

Providing a comprehensive handover of care will promote the safety of the infant/child/young person by ensuring that important information is shared, and care transfer is seamless.

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| ***Scope*** |

Handover of the care of infants, children and young people with a tracheostomy to Registered Nurses, parents/carers or non-registrants

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| ***Core Requirements/Procedure*** |

Prior to the commencement of any tracheostomy care, a full hand over from the previous caregiver (be that a parent, relative or other health care professional) should be taken. This should include any interventions required such as nebulisation needed, oxygen given and medications required and/or the condition of the child or young person e.g. has it been noted that they are coughing more than usual etc. Recognition must also be given to the child or young person’s vital signs if they have been taken.

At the start of every shift the care giver should check the:

* Emergency Tracheostomy box to ensure all items required are present and in date/correct working order - this should always remain with the child/young person and a copy of the box’s contents should be laminated and found in the underside of the lid for a reference ([Appendix 2](#_Appendix_2._Contents))
* Child/young person’s tracheostomy ties are the correct tightness, clean and intact – if this is not the case then a tracheostomy tie change should be completed with the care giver from the previous shift.

# References

Critical Care Practitioner Tracheostomy Care

<https://www.criticalcarepractitioner.co.uk/tracheostomy>[-care/](https://www.criticalcarepractitioner.co.uk/tracheostomy-care/) (accessed 17/2/25)

Clinical skills.net (accessed July 2025)

[clinicalskills.net](https://www.clinicalskills.net/)

National Tracheostomy Safety Project

[Tracheostomy](https://tracheostomy.org.uk/who-we-are/collaborate) 2025 (accessed 14/7/25)

Southampton Children’s Hospital, University Hospital Southampton NHS Trust

[Tracheostomy - patient information](https://www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Childhealth/Tracheostomy-1139-patientinformation.pdf) ( accessed 14/7/25)

# Appendix 1 Emergency Tube Changes in the Home, School and Community Setting

The following pages contain a flow chart for action to be taken if:

* Unable to insert a tracheostomy tube – during either routine or emergency tube change.
* Required to apply the Seldinger Technique, to attempt to place a tracheostomy tube
* Required to commence basic life support for a child with a tracheostomy

**UNABLE TO INSERT A TRACHEOSTOMY TUBE**

**SELDINGER TECHNIQUE**

**BASIC LIFE SUPPORT FOR A CHILD WITH A TRACHEOSTOMY**

# Appendix 2. Contents of Emergency Tracheostomy Change Box

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| --- | --- | --- | --- | --- |
| Spare Tracheostomy tube - same size as currently uses | A close-up of a tube  AI-generated content may be incorrect. |  | Sodium chloride ampules x 2 |  |
| Spare Tracheostomy tube (one size smaller) | A close-up of a tube  AI-generated content may be incorrect.**Badge with solid fill** |  | Lubricant jelly x 1 | **A group of packets of gel  AI-generated content may be incorrect.** |
| Gauze swabs x 1 pack | A close-up of a gauze  AI-generated content may be incorrect. |  | One way valve connector | A plastic tube with a white arrow  AI-generated content may be incorrect. |
| Marpac tracheostomy ties x 1 | **A close-up of a white strap  AI-generated content may be incorrect.** |  | Suction catheters x 2 appropriate size for size of trache | **Badge with solid fillA close-up of a medical tube  AI-generated content may be incorrect.** |
| Velcro tracheostomy ties x 2 | **Badge with solid fillA white plastic hair clip  AI-generated content may be incorrect.** |  | Wedge | **A white plastic object with a hole  AI-generated content may be incorrect.** |
| Tracheostomy dressing x 1 | A close-up of a few pink and white square objects  AI-generated content may be incorrect. |  | HME x 1 | A white plastic tube with a hole  AI-generated content may be incorrect. |
| Scissors x 1 | A yellow and silver scissors  AI-generated content may be incorrect. |  |  |  |