1. Label the components of the tracheostomy tube to the right.
   a. A TRACHEOSTOMY TIE STRINGS
   b. B FLANGE
   c. C OUTER CANNULA
   d. D CUFF
   e. E 15 mm ADAPTER
   f. F INFLATION TUBE
   g. G INNER CANNULA
   h. H OBTURATOR
   i. I PILOT BALLOON
   j. J ONE-WAY VALVE

2. List three indications for a tracheostomy to be performed.
   a. UPPER AIRWAY TRAUMA/OBSTUCTION (MAXILLOFACIAL INJURIES AND TUMORS)
   b. LONG TERM PULMONARY HYGIENE
   c. PROLONGED INTUBATION (>21 DAYS)

3. Where in the neck is a tracheostomy most commonly performed? BETWEEN THE 2ND AND 3RD TRACHEAL CARTILAGE

4. List three early complications of a tracheostomy.
   a. HEMORRHAGE AND HYPOTENSION
   b. APNEA, CARDIAC ARREST
   c. OBSTRUCTION
   d. CLOTS, MUCUS, TRACHEAL WALL COLLAPSE
   e. DISPLACEMENT
   f. SUBCUTANEOUS EMPYSEMA, PNEUMOTHORAX, AND PNEUMOMEDIASTINUM
   g. ASPIRATION AND ATELECTASIS
   h. RECURRENT LARYNGEAL NERVE DAMAGE
   i. TRACHEOESOPHAGEAL FISTULA
   j. AEROPHAGIA
5. List three late complications of a tracheostomy.

a. TRACHEAL STENOSIS (SECONDARY TO THE DEVELOPMENT OF GRANULOMAS)
b. TRACHEOMALACIA
c. HEMORRHAGE (INNOMINATE ARTERY EROSION)
d. TRACHEOESOPHAGEAL FISTULA
e. PNEUMONIA
f. OBSTRUCTION
g. TRACHEITIS
h. WOUND INFECTION & STENOSIS
i. SUBGLOTTIC EDEMA
j. DYSPHASIA
k. DIFFICULT DECANNULATION
l. UNSIGHTLY SCAR


a. AVOIDANCE OF LARYNGEAL AND UPPER AIRWAY COMPLICATIONS
b. GREATER COMFORT
c. AIDS FEEDING, ORAL CARE, SUCTIONING AND SPEECH
d. EASIER PASSAGE OF BRONCHOSCOPE
e. EASIER REINSERTION
f. AESTHETICALLY LESS OBJECTIONABLE
g. FACILITATION OF WEANING FROM VENTILATOR
h. ELIMINATION OF RISK OF MAINSTEM INTUBATION
i. REDUCED WOB
j. BETTER ANCHORING WITH REDUCED RISK OF DECANNULATION
k. IMPROVED ABILITY TO PASS A CATHETER INTO LEFT MAINSTEM FOR SUCTIONING
l. IMPROVED MOBILITY

7. List three disadvantages of a tracheostomy.

a. EXPENSE
b. MAY REQUIRE USE OF OR UNLESS DONE AT BEDSIDE WITH PERCUTANEOUS DILATION
c. PERMANENT SCAR FORMED
d. MORE SEVERE COMPLICATIONS THAN ETT
e. GREATER MORTALITY RATE THAN ETT
f. DELAYED DECANNULATION
g. INCREASED FREQUENCY OF ASPIRATION THAN NO TUBE
h. GREATER BACTERIAL COLONIZATION RATES THAN NO TUBE
i. PERSISTENT OPEN STOMA AFTER DECANNULATION REDUCING COUGH EFFICIENCY
j. PHYSIOLOGICAL & PSYCHOLOGICAL ALTERATIONS
k. LOSS OF ABILITY TO PERFORM VALSALVA RESULTING IN INEFFECTIVE COUGH AND DIFFICULTY WITH BOWEL HABITS. (RCP MUST ASSIST WITH AIRWAY CLEARANCE & RN MONITORS AND ASSISTS WITH BOWEL HABITS)
l. LOSS OF SENSE OF SMELL AND DECREASE SENSE OF TASTE (MAY EFFECT APPETITE AND NUTRITION)
m. BYPASS OF NORMAL CONDUCTION, FILTRATION, HUMIDIFICATION AND WARMING (RCP MUST TAKE OVER)
n. LOSS OF COMMUNICATION ABILITY (PROVIDE ALTERNATE MEANS)

8. List the five steps in performing tracheostomy care.

a. WOUND CARE
b. INNER CANNULA CLEANING OR CHANGING
c. TIE CHANGE
d. DRESSING CHANGE
e. CUFF AND TUBE ASSESSMENT