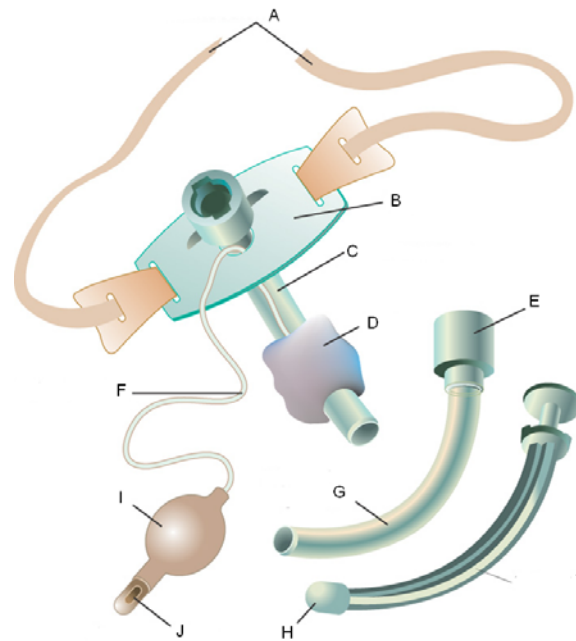


T. **SELF-ASSESSMENT – MODULE A-5: Tracheal Airways**

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/OBSTRUCTION (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 EMPHYSEMA, 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**

6. List three advantages of a tracheostomy.
 - 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**