

Summary of Medical Equipment Problems: Tracheostomies and Gastrostomies

Tracheostomy Problems:

- Evaluation of tracheostomy problems should always start with the ABCs:
 - Airway
 - Breathing
 - Circulation
- Provide respiratory support, as needed, including supplemental oxygen, suctioning, tube replacement, rescue breaths, and transfer to a higher level of care
- Call your supervisor for any new or unfamiliar problems
- Bleeding can be from external causes (trauma, granulation tissue, infection) or internal causes (suctioning trauma, internal granuloma, tracheal wall erosion, erosion into an artery, pulmonary hemorrhage)
- Desaturation can be from obstruction (mucous plugging, misplaced trach tube), decannulation, pneumothorax

Gastrostomy Problems:

- Tube blockage is treated with water, carbonated drinks, or pancreatic enzymes
- Management of tube displacement is: KEEP SITE OPEN using deflated foley, ensure proper placement before placing another tube
- Drainage around tube may be normal. Keep area dry and open to air, secure tube so that there is no excessive traction, consider upsizing tube
- Granulation tissue is treated with triamcinolone cream > silver nitrate > surgical debridement
- Treat infections (cellulitis, yeast infections) with systemic antibiotics (topical antibiotics for isolated yeast infections)
- Gastric fluid leakage is managed with barrier creams and acid suppression
- Vomiting may signal GER, duodenal obstruction by gastrostomy balloon, or other medical cause
- For all new or unfamiliar gastrostomy problems, call your supervisor to discuss