

The risk of transmission of the SARS-CoV-2 virus that causes COVID-19 decreases over time and is low by the time tracheostomy is performed, reducing as patients recover. However, modifications to usual care are recommended to protect staff.

Review the frequency of these actions daily:

- Increase frequency of suction & inner tube care if lots / thick secretions
- Humidification may need to be increased (see humidification ladder)

	Action	Initial post-trachy frequency
T	Tube care Secure the tube (tapes / ties) Inner cannula (check / clean) Cuff check (pressure) Sub-glottic secretions (aspirate)	Daily Daily Daily (check if signs of leak) 4 hourly
R	Resus Review red flags Know what to do in an emergency	Start of every shift
A	Airway Suction to keep airway clear	4-8 hourly
C	Care of the stoma Keep skin clean, healthy and dry Change dressings Skin care	Daily Daily Daily
H	Humidification Keep secretions loose Humidification ladder Respiratory Physiotherapy	8 hourly 8 hourly 8 hourly
E	Environment Bedhead sign Equipment	Check at the start of every shift
C	Communication Non-verbal communication aids Communication plan Discuss with SLT	Per shift Per shift
M	Mouth care Oral secretion management Brush the teeth Saliva replacement / oral gel	8 hourly 8 hourly 8 hourly
S	Swallowing & nutrition Discuss: SLT & nutrition teams Swallowing assessment? Adequate nutrition?	Daily (if condition changes) Daily Daily

Humidification ladder: (review daily)

1. Start with a 'dry circuit' HME filter (changed weekly)
2. Add mucolytics if necessary
3. Add saline / hypertonic saline nebulizers
4. Consider changing to a 'wet circuit' (active humidification)

Check HME filter daily for waterlogging if using saline or a 'wet circuit'

Suspend ventilation if possible when breaking the circuit for inner tube or HME changes. Check you are familiar with how to do this on that particular ventilator.

Weaning: (have a clear plan, reviewed daily: involve nursing, physio, SLT, ENT, ICU)

- Keep the cuff inflated initially
- Increase duration of spontaneous breathing & reduce support slowly / 'sprints'
- Cuff deflation when the patient can tolerate ventilator-free periods
- Cuff deflation with pressure support is aerosol-generating (consider environment)