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Tracheostomy Tubes

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In their article "Tracheostomy tube" (Hess, & Altobelli, 2014) offers literature review on the need of sophisticated diagnostic and treatment equipment to aid in treatment Patients presenting with airway obstruction and provides guidelines to achieve patent airway. Tracheostomy tubes serve as essential tubes used to deliver positive ventilation force in patients suffering from upper airway obstruction to allow for patent airway and equally acting as a guide. The patient utmost care and recovery depend on the correct choice of tracheostomy by the clinician to tailor to the patient's needs (Hess, & Altobelli, 2014). The tubes come in different sizes from different manufactures and quality. The anatomical differences exist among individuals that warrant a specific choice of the tubes for maximum effectiveness.

The tubes are made from different components such as silver and stainless steel to prevent the growth of bacteria and facilitate easy insertion. The majority of the tubes are, however, made of polyvinyl chloride and polyurethane. The PVC can soften at body temperature to conform with the patient's anatomy, while the silicon has the advantage of resistance to colonization and biofilm buildup.

The tubes are always in variable diameter, length, and curvature. The size can be determined by the Jackson size and it is critical for effective communication and restricts undesired feeling, example a short tube may obstruct the posterior tracheal wall. Equally, patients with large necks require an extra proximal length for compatibility. However, several undesired effects exist, such as incompatibility with diagnostic procedures such as magnetic resonance imaging and electrosurgical devices.

Malpositions of the tracheostomy are a serious challenge leading to bronchoscopy. It is mostly due to tissue obstruction of the lumen. Malposition was also attributed to prolonged mechanical ventilation at post –tracheostomy, which led to advocating for better tubes and

use of PEEP to enlarge the trachea, inhibiting attempts to occlude from the tip (Hess, & Altobelli, 2014).

The other groups of tracheostomy in the market are the Dual-cannula Tracheostomy tubes that offer a means of cleaning without removing the tubes from their position hence cutting down the formation of biofilms. A fenestrated tracheostomy tube is made of holes on its posterior surface. It is a distinguishing feature from the normal tracheostomy. It allows the patient to breathe through the fenestrated areas with more fenestration serving better than single. Its main drawback is the inability to fit firmly.

The cuffs are equally different, and the tracheostomy may fit different cuff depending on the patients' needs. The tubes equally may require changing as the patient condition changes or to meet the patient's needs. Decannulation can only be done upon patient recovery from upper airway obstruction. Care should be paramount while performing every procedure to provide a patent (Hess, & Altobelli, 2014).

Reference

Hess, D. R., & Altobelli, N. P. (2014). Tracheostomy Tubes Discussion. *Respiratory Care*, 59(6), 956-973.

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