



留置氣切套管居家照顧(英文) Domiciliary Care for Tracheostomy Retainer

一、抽痰技術(詳見NSG-23-病人抽痰之護理指導)

Techniques used in phlegm suction (Refer to NSG-23 -Nursing Guidance for Sputum Suction for detailed information)

行氣切處傷口照護前要先以無菌技術由氣管造口抽痰。

Before performing wound care for tracheostomy site, first conduct phlegm suction through tracheostomy site by using sterile techniques.

二、氣切處傷口照顧

Wound care for tracheostomy site

(一) 用物準備：生理食鹽水、優碘、無菌棉枝、Y型紗布、頸部固定帶、清潔手套。

Preparing supplies: normal saline, Povidone-iodine, sterile cotton swab, Y-shaped gauze, neck fixing tapes, and clean gloves.

(二) 消毒前維持平躺臥位，且可先予抽痰。

Keep the patient in supine position before disinfection, phlegm suction may be performed in advance.

(三) 消毒步驟：

Procedure for disinfection:

1. 洗手（取下髒的Y型紗布前後均需洗手、執行完換藥後也需洗手）。

Hand washing (hand washing is required before and after removal of the stained Y-shaped gauze, as well as after performing dressings change).

2. 戴手套取下髒的Y型紗布，觀察氣切口是否發炎（紅、腫、熱、痛、不正常分泌物或息肉產生）。

Remove the stained Y-shaped gauze with gloves, observing if there is any inflammation from tracheostomy site (redness, swelling, heat, pain, abnormal discharge or polyp formation).

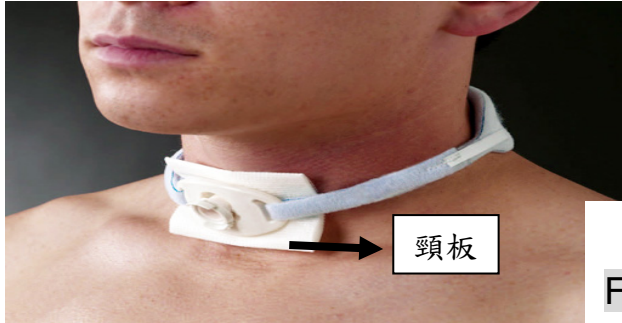
3. 先用生理食鹽水棉枝環狀清潔氣切傷口周圍之皮膚及氣切頸板（圖一），皮膚消毒範圍5~10公分，勿來回擦拭，順序由內而外，先傷口後氣切頸板。

Use a cotton swab stick dampened with normal saline first to

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annularly clean the skin around the tracheostomy wound and neck plate (Figure 1), disinfecting about 5 to 10 cm area of skin, avoiding to wipe back and forth, using the sequence from inside toward outside, wound first and then tracheostomy neck plate.



圖一 氣切頸板

Figure 1 Tracheostomy neck plate

4. 用棉枝沾優碘同樣行環狀消毒，待30秒至1分鐘後，再以生理食鹽水棉枝以相同方式清潔優碘溶液，棉枝用完一次即丟棄勿重複使用及來回擦拭。
Use a cotton swab dampened with Povidone-iodine to similarly perform disinfection annularly, 30 seconds to 1 minute later, use a cotton swab again with normal saline to wipe off the Povidone-iodine solution, disposable cotton swabs are not allowed for repeated use or wiping back and forth.
5. Y型紗布放在氣切傷口上圍住氣切套管。
Place the Y-shaped gauze on the wound to cover the tracheostomy tube.
6. 每天至少更換一次Y型紗布，但當Y型紗布弄髒或滲濕時應隨時更換。
Replace the Y-shaped gauze at least once a day, but immediately replacing it whenever the Y-shaped gauze get stained or wet.
7. 氣切套管固定帶弄髒或滲溼時即需更換，選擇固定帶寬度約2公分（圖二），固定帶與頸部間須留1指寬之空間（圖三）。
It is required to be immediately replaced when fixing belt of tracheostomy tube got stained or wet, choosing fixing belt with a width of about 2 cm (Figure 2), leaving a space of about 1-finger width between fixing belt and the neck (Figure 3).
8. 氣切套管更換方式：一手固定氣切套管位置，以另一手鬆開移除舊的固定帶後，固定的手勿放開，以另一手更換戴上新的固定帶後調整鬆緊度。
Replacement of tracheostomy tube: Fix the location of tracheostomy tube with one hand, loosening and removing the old fixing belt with the other hand, releasing the fixing hand, replacing with the other hand to put on the new fixing belt and adjust the tightness.

9.若有內、外管之氣切套管則需每日更換內管，取出內管後，將消毒過的內管平穩的置入外管內並扣好內、外管開關。

In case of a tracheostomy tube with inner and outer cannulas, it is required to replace the inner cannula once a day. Remove the inner cannula, steadily inserting the disinfected inner cannula into the outer cannula, closing the locks of inner cannula and outer cannula.

10.氣管套管在置入後1個月內不宜更換，以防造成造口閉合。

To prevent closure of the tracheostomy site, it is not recommended to replace the tracheostomy tube within the first month of placement.



圖二 氣切套管固定帶寬度2公分
Figure 2 Fixing belt with a width of 2 cm width



圖三 固定帶與頸部間須留1指寬
Figure 3 Leave a space of about 1-finger between fixing belt and the neck

三、氣切套管之消毒

Disinfection for tracheostomy tubes

(一) 鐵、銀、不鏽鋼材質

Materials of iron, silver and stainless steel

1.清潔：取出的內管先用清水沖洗去除痰液之後，將氣切套管置入雙氧水中至少泡5~10分鐘，再以內管清潔刷清洗，於流動的自來水下沖洗乾淨。

Cleaning: First rinse the removed inner cannula under clear water to remove the sputum, putting the tracheostomy tube in a container with hydrogen peroxide solution to soak for at least 5 to 10 minutes, then brushing and rinsing tracheostomy tube with a tiny brush under running tap water.

2.消毒：將清潔好的氣切套管沒入水中，水煮沸至少10分鐘後熄火，待水冷卻即可。

Disinfection: Drop the cleaned tracheostomy tube completely into



water, boiling the water for at least 10 minutes and putting out the fire for cooling.

3. 若含內外兩管之氣切套管，內管由家屬每天更換消毒一次，外管由醫療人員每一週更換一次，消毒方法同上步驟，痰多或痰稠時需增加清洗與消毒次數（氣切內管應備兩套，以便更換使用）。

In case of a tracheostomy tube with an inner cannula and outer cannula, disinfect and replace the inner cannula by the family once a day, and the outer cannula is to be replaced once per week by healthcare personnel. Perform the same disinfection as the procedure described above with increased frequency for cleaning and disinfection in case of much or stickier phlegm (two sets of the inner cannula for tracheostomy tube should be available for alternative use).

(二) 矽膠氣切

Silicone tracheostomy tubes

1. 清潔：將氣切套管置入雙氧水中至少泡5~10分鐘，再以小刷子將氣切套管內之痰液於自來水下沖刷洗淨。

Cleaning: Put the tracheostomy tube in a container with hydrogen peroxide solution to soak for at least 5 to 10 minutes, then brushing and rinsing away sputum inside the tracheostomy tube with a tiny brush under running tap water.

2. 矽膠切氣套管應每個月定期更換，不建議重複消毒使用。

Silicone tracheostomy tubes should be regularly replaced every month, it is not recommended for repeated use after disinfection.

3. 矽膠切氣套管，需每個月由醫療人員更換一次。

Silicone tracheostomy tubes should be replaced once every month by healthcare personnel.

四、注意事項

Precautions:

- (一) 氣切套管剛更換時，因刺激氣管，會有咳嗽現象，休息一下即會停止。

Cough may occur due to the irritation immediately after the tracheostomy tube was replaced, which shall be ceased after some rest.

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- (二) 放置氣切套管是幫助病人呼吸及使痰液抽出，因此聽到有痰音就應抽痰，以維持呼吸道通暢。

The retained tracheostomy tube is to assist the patient in breathing and phlegm suction, thus phlegm suction shall be performed whenever sound of phlegm is heard to keep the respiratory tract unobstructed.

- (三) 氣切處傷口需特別注意清潔、乾燥，預防傷口發炎感染。

Particularly keep the tracheostomy wound clean and dry, preventing any inflammation and infection from the wound.

- (四) 當氣切套管滑脫、氣切口大量出血、皮下氣腫或氣胸造口處感染出現呼吸窘迫情形時應立即就醫。

Immediately seeking medical intervention is required for any conditions such as slippage of tracheostomy tubing, excessive bleeding from the tracheostomy site, subcutaneous emphysema or pneumothorax, infection of the wound, or respiratory distress.

- (五) 若整個氣切套管滑脫，先利用無菌抽痰管的頭端置入氣切造口，撐開氣管以維持呼吸道通暢，必要時給予氧氣，並密切觀察呼吸型態，同時緊急送醫。

In case of slippage of the entire tracheostomy tubing, first use the end of sterile phlegm suction tube to place in tracheostomy site, propping up the trachea to keep the respiratory tract unobstructed, giving oxygen if appropriate, closely observing breathing pattern and immediately seeking medical intervention.

- (六) 平時需注意氣切套管是否通暢，抽痰時發現抽痰管不易置入，可能是氣切套管阻塞，需立即與居家護理師聯絡。

Always keep attention to see if the tracheostomy tube unobstructed. In performing phlegm suction, any difficulty found in inserting the phlegm suction tube probably is resulted from obstructed tracheostomy tube, which is required to immediately contact domiciliary care nurses.

五、參考資料 **Reference**

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護理指導評值 Nursing guidance evaluation:

◎是非題 True or false

- () 在執行氣切傷口照護時應先予以抽痰。
It is required to first perform phlegm suction before tracheostomy wound care.
- () 消毒氣切傷口處時可使用棉枝來回擦拭及由外往內擦。
In disinfecting tracheostomy wound, it is allowed to wipe back and forth by using a cotton swab, wiping from outside toward inside.
- () 氣切套管剛更換時，因刺激氣管，會有咳嗽情形是正常現象。
It is normal that cough may occur due to irritation to the trachea immediately after the tracheostomy tube was replaced.

◎選擇題 Multiple choice questions

- () 氣切套管固定帶與頸部間需留多少空間？
(1)1 指寬 (2)2 指寬 (3)3 指寬 (4)4 指寬。
What is the space left between fixing belt of the tracheostomy tube and the neck?
(1) 1-finger width; (2) 2-finger width; (3) 3-finger width; (4) 4-finger width
- () 清潔氣切套管時，應浸泡在何種溶液中至少 5~10 分鐘？
(1)自來水 (2)礦泉水 (3)雙氧水 (4)生理食鹽水。
In cleaning the tracheostomy tube, what solution should be used to soak in for at least 5 to 10 minutes?
(1) Tap water; (2) Mineral water; (3) Hydrogen peroxide; (4) Normal saline
- () 當發生哪些症狀時應立即返診？
(1)氣切套管滑脫
(2)氣切口大量出血

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(3)呼吸困難

(4)以上皆是。

What are the conditions required to immediately seek medical intervention back in the hospital?

(1) Slippage of the tracheostomy tube

(2) Excessive bleeding from the tracheostomy site

(3) Dyspnea

(4) All of the above.

(答對 5-6 題⇒完全了解；答對 3-4 題⇒部分了解；答對 1-2 題⇒完全不瞭解)

(Correct in 5 or 6 questions ⇒ completely understood; correct in 3 or 4 questions ⇒ partially understood; correct in 1 or 2 questions ⇒ not understood at all)

1.(O) 2.(X) 3.(O) 4.(1) 5.(3) 6.(4)

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