

Addendum U – continued

Pediatric Home Care Exam – Tracheostomy Management

Answer Sheet

	A	B	C	D	E	F		A	B
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A score of at least 80% (22 correct responses) is required to pass this competency exam.

Addendum U

Pediatric Home Care Exam – Tracheostomy Management

Ten-year-old Pedro has a tracheostomy secondary to an airway obstruction. The physician order periodic suctioning of the tracheostomy tube.

- 1. Before suctioning Pedro’s tracheostomy, which of the following actions would the nurse perform?**
 - A. Loosen the tracheostomy tube to facilitate suctioning
 - B. Ask him to hold his breath to promote lung expansion
 - C. Listen to his chest with stethoscope
 - D. Position him in a chair supported with pillows

- 2. The nurse caring for Pedro would know that oxygenation before suctioning is utilized to:**
 - A. Loosen respiratory secretions
 - B. Relax Pedro
 - C. Increase oxygen levels so Pedro can tolerate suctioning without de-saturating
 - D. Remove sodium ions from the respiratory tissue

- 3. When suctioning Pedro’s tracheostomy, proper depth is best identified by:**
 - A. Inserting the suction catheter until resistance is met
 - B. Turning the child’s head to the right and left to completely clear the main stem bronchus
 - C. Measuring the length of the trach tube as a guideline to avoid tissue trauma
 - D. Measuring from the child’s ear to the nose and then the chin to determine the appropriate length.

- 4. If suctioning Pedro was effective, the nurse listening to a child’s chest would hear:**
 - A. Increased breath sounds
 - B. Decreased breath sounds
 - C. Fine, moist rales
 - D. Coarse rhonchi

Addendum U – continued

Pediatric Home Care Exam – Tracheostomy Management

5. Aerosol treatments are ordered for Pedro. Albuterol 2.5mg and Intal 20mg are to be administered every eight hours alternating with Albuterol 2.5mg with 2cc NSS. The child is having respiratory distress evidenced by expiratory wheezing, retractions and increased respiratory rate.

Which aerosol will relieve the child's respiratory distress?

- A. Albuterol with Intal, because combined action is most effective
- B. Intal because it's primary action is to reduce hypersensitivity and decrease asthma attacks
- C. Albuterol is the best because it reduces bronchospasm and therefore increases air exchange

Mathew is a 4-year-old Down Syndrome Child who is also a near-drowning victim. He is severely contracted, has a tracheostomy tube and requires frequent suctioning.

6. **To reduce the risk of hypoxia when suctioning Matthew, you should use a suction catheter that is:**

- A. The same diameter as the tracheostomy tube diameter
- B. One half the diameter of the tracheostomy tube diameter
- C. One eighth the diameter of the tracheostomy tube diameter

7. **If Mathew decannulates and the spare tube is missing from the bedside:**

- A. Insert the endotracheal tube the length of the tracheostomy tube
- B. Insert the tracheostomy tube that came out until the new one is available
- C. Insert a suction catheter to keep the stoma open and call for assistance
- D. Use hemostats to keep the stoma open until tracheostomy tube is available

8. **During Mathew's routine tracheostomy tube change, neither the new tube nor the tube that was removed will go in. What should you do first?**

- A. Insert a one size smaller tracheostomy tube
- B. Push the tracheostomy tube to fit in
- C. Reposition the child's head, and retry
- D. Give the child breaths via the bag and mask

Addendum U – continued

Pediatric Home Care Exam – Tracheostomy Management

9. Complications of tracheostomy tubes include all of the following except:

- A. Tracheal Stenosis
- B. Tracheoesophageal fistula
- C. Pulmonary infections
- D. Xerostomia

10. Which of the following is correct about cuffed tracheostomy tubes?

- A. Deflate the cuff before suctioning
- B. Suction the pharynx before the cuff is deflated
- C. A hissing sound is desirable
- D. Never deflate the cuff

11. Which is the least reliable sign of adequate ventilation?

- A. Patent airway
- B. Chest or abdominal movement with each respiration
- C. Airflow at mouth or nose
- D. Skin color

12. You enter the child's room and although the tracheostomy tube appears to be in place, the patient is unresponsive and in respiratory distress. Of the below answers, which would you do first:

- A. Check pulse and start compressions
- B. Manually ventilate the patient via the tracheostomy tube to determine airway patency
- C. Raise the oxygen concentration
- D. Decannulate the patient to examine for an obstruction in the tube

13. With a routine tracheostomy tube change, be sure:

- A. The tube is well lubricated with Vaseline for the change
- B. To wait 20 minutes after the child has eaten before changing the tube
- C. The tracheostomy tube is changed daily
- D. To listen for breath sounds after insertion to check placement

Addendum U – continued
Pediatric Home Care Exam – Tracheostomy Management

14. The best way to prevent mucous plugs is:

- A. Percussion and postural drainage
- B. Humidification to the tracheostomy tube
- C. Hyper-oxygenating the child before procedures
- D. Preventing water from entering the tracheostomy tube

15. A child gets water down the tracheostomy tube. After you immediately suction the tracheostomy, what should you do next?

- A. Change the tracheostomy tube
- B. Bag the child and call for emergency assistance
- C. Increase the humidification to the tracheostomy tube
- D. Perform percussion and postural drainage and suction again

16. If the Pulse Oximeter alarms for low saturation and the pulse reading on the machine is far below what the patient's actual apical pulse is, the cause of this false low saturation and pulse rate could be:

- 1. A dirty sensor probe (clean it with alcohol)
- 2. Decreased circulation in foot due to coldness (add extra covers, put sock on foot)
- 3. Loose, poorly positioned sensor probe
- 4. Broken wire in probe cord

- A. 1, 2, 3
- B. 2, 3, 4
- C. All of the above

17. When suctioning a pediatric patient the nurse should:

- A. Pass the catheter to a depth not more than ¼" beyond the tip of the tracheostomy tube
- B. Wash hands and wear clean gloves
- C. Continually assess patients for color change, nasal flaring, and drop in pulse-ox (-if attached to patient at the time)
- D. Pass the catheter until you meet resistance then pull back ¼" and suction
- E. A, B, C
- F. B, C, D

Addendum U – continued
Pediatric Home Care Exam – Tracheostomy Management

18. Nursing care of the child with a tracheostomy would include all of the following except:

- A. Keeping small objects out of the reach of the child
- B. While suctioning, the suction pressure should always exceed 120mm HG to ensure Adequate clearing of secretions
- C. Assessing the skin around the tracheostomy stoma for any redness, swelling, cuts, and/or bruises while changing the tracheostomy tube
- D. Making sure the tracheostomy tube ties are snug enough to allow for only one finger under them

19. Hyper-oxygenating and hyperventilating with 100% oxygen may be a part of the suctioning procedure for a tracheostomy patient. It is important for the following reason:

- A. To prevent hypoxia
- B. To remove mucus plugs
- C. To calm and reassure the client
- D. None of the above

20. Which of the following is the most appropriate sequence of emergency interventions when a client with a tracheostomy is having respiratory distress?

- A. Change tracheostomy tube and then suction and then bag
- B. Suction; if unable to insert catheter, Bag and re-attempt to suction
- C. Bag with 100% O₂ first, then suction
- D. Suction; if unsuccessful, remove tracheostomy tube and initiate mouth to mouth breathing

21. Humidification is ordered routinely for tracheostomy patients. The reasons humidification are necessary include:

- 1. Humidification keeps secretions thin and easy to cough out or remove by suctioning
- 2. Replaces function of the upper airway to warm and moisten the air
- 3. Maintains proper body temperature
- 4. Prevents bacterial growth

- A. 1, 2, 3
- B. 2, 3, 4
- C. 1, 3, 4
- D. 1, 2, 4

Addendum U – continued
Pediatric Home Care Exam – Tracheostomy Management

22. In providing care for a tracheostomy patient, which of the following is NOT recommended:

- A. Repeat suctioning as often as necessary to clear all secretions.
- B. Allow patient to breath spontaneously between suctioning.
- C. Stop suctioning if patient coughs
- D. Suction if patient sounds “wet” when breathing, has rapid, shallow or labored breathing.
- E. If secretions are blood tinged, increased frequency of suctioning to prevent clot from plugging tracheostomy

23. Proper suctioning usually takes about 15-20 seconds.

- A. True
- B. False

24. Oxygen is a drug and is typically administered in liters per minute.

- A. True
- B. False

25. Supplemental oxygen should be delivered with a humidification system.

- A. True
- B. False

26. Children with tracheostomies usually have swallowing difficulties as well.

- A. True
- B. False

27. Speaking valves are inappropriate for use in children with inflated, cuffed tracheostomy tubes.

- A. True
- B. False

28. A syringe with an attached catheter is an acceptable means of portable suctioning if access to standard suctioning equipment is not available.

- A. True
- B. False

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Answer Key

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