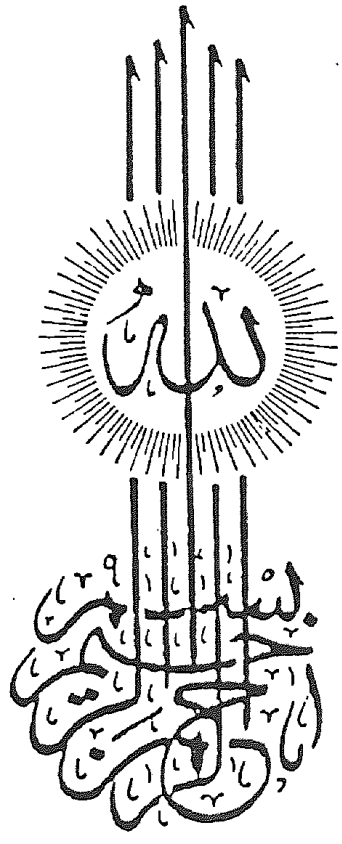

قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا إِلَّا مَا
عَلَّمْتَنَا إِنَّكَ أَنْتَ الْعَلِيمُ الْحَكِيمُ.

صَدَقَ اللهُ الْعَظِيمُ
البقرة - ٣٢ -

Assessment of The Nursing Care Given For Patients With Tracheostomy

Thesis

Submitted for Partial Fulfillment of
M.S. Degree In Medical Surgical Nursing

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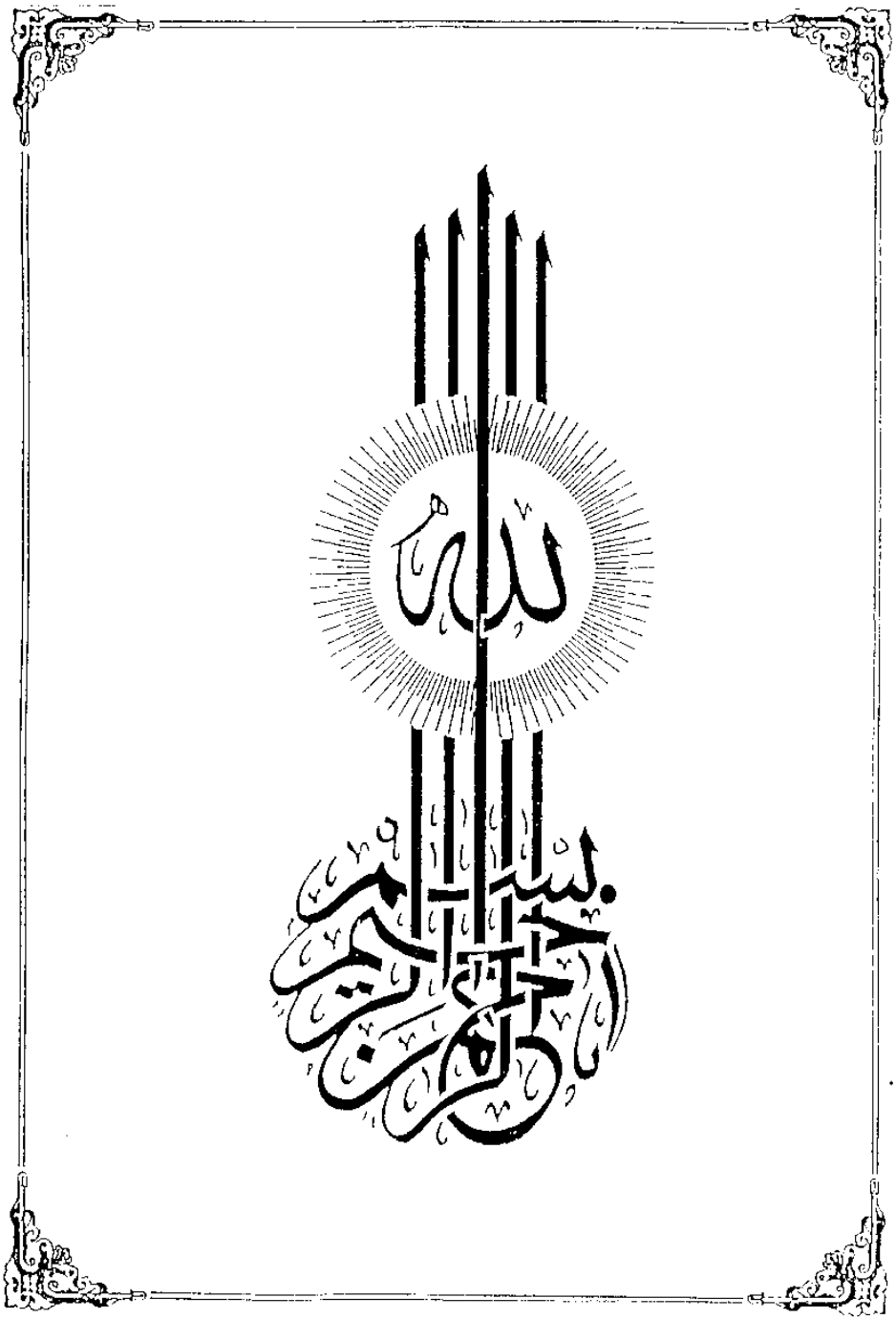

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Acknowledgment

First and for most, I feel always indebted to God the kind and merciful.

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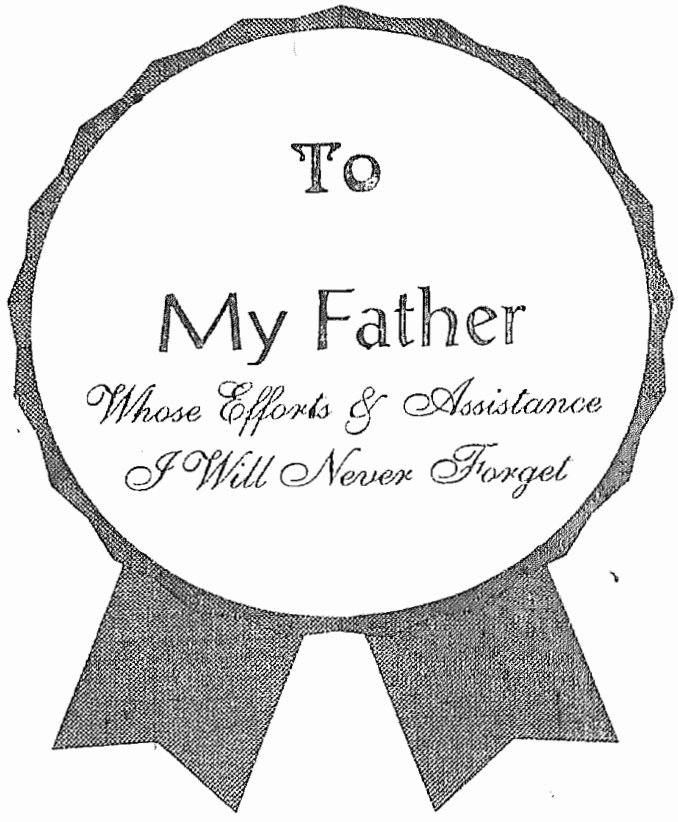
To
My Father
Whose Efforts & Assistance
I Will Never Forget

Introduction & Aim of The Study

Introduction

Patients with respiratory difficulties require special attention and nursing care to maintain airway and provide adequate ventilation. Careful frequent assessment is essential. Often it is necessary for the nurse to remove, through suctioning secretions accumulating within the airway that the patient can not remove by coughing. Suctioning can be oral oropharangeal, orotracheal, nasopharyngeal or tracheal if left in the airway these secretions could form dry plugs in the bronchioles, bronchi, and trachea, reducing normal air exchange and resulting in dyspnea, hypoxia, cardiovascular stress and fatigue. These secretions also serve as a medium for bacterial growth, leading to pulmonary infections ***(Kozier & Erb, 1989)***.

The indications for tracheostomy have diminished in recent years with the development of sophisticated endo and naso tracheal tubes with double and/or low pressure cuffs, and the recently described 'mini' tracheostomy formal tracheostomy may often be avoided. Provision of an airway in an emergency can be achieved by endotracheal intubation in the very rare instance when intubation or the passage of a rigid bronchoscope, is not possible, immediate laryngotomy

or tracheotomy may be required ***(Jackson & Cooper, 1986)***.

Bartlett et al., (1984), ***Cummings (1986)*** stated that the upper airway obstruction may be caused by some different events, such as traumatic injury to the airway or surrounding tissues. Common causes of airway obstructions include dentures, inhalation, aspiration of vomitus or secretions, and the most common cause of airway obstruction in an unconscious person is fallen backwards of the tongue. Other causes of laryngeal obstruction include laryngeal spasm caused by tetany resulting from hypocalcemia, or laryngeal edema caused by injury.

Artificial airways interfere with host defenses, including coughing and mucociliary transport, and increase risk of respiratory tract infection. Eating and speaking becomes difficult or impossible patients are uncomfortable. Care of the patient with an artificial airway is time consuming and costly. Tubes may be improperly positioned or obstructed or it may cause tracheal injury ***(Skach et al., 1983, Rosdahl, 1991)***.

Brunner and Suddarth, (1992) stated that suction of the patient's secretions is very important because the

effectiveness of cough mechanism is decreased. Tracheal suctioning is performed based on assessment of adventitious breath sounds whenever secretions are obviously present. A major objective of nursing care is to alleviate the apprehension of the patient and provide an effective means of communication. He needs this reassurance, as he may have a real fear that he will asphyxiate if unable to call for help.

Gomez & Hord (1988) mentioned that tracheostomy dressing and the tie tapes need to be changed whenever soiled as dressings harbor microorganisms and can be a potential source of skin excoriation, break down and infection. Usually the dressing is changed while the cannula is cleaned, but it may be necessary to change the dressing more frequently.

Aim of The Study:

To assess the knowledge, performance and attitude of nurses caring for patients with tracheostomy at ear, nose and throat departments.