

Bivona TTS (Tight To Shaft) Tracheostomy Tube

Tube Contains Metal

Great Ormond Street
Hospital for Children



NHS Foundation Trust

Made from opaque white silicone PVC. The silicone is reinforced with wire, producing a flexible tube that conforms to the shape of the trachea, and has a fixed flange which is kink resistant. The cuff, when inflated, creates a seal between the tube and the trachea, protecting against aspiration and optimizing ventilation.

SPECIAL INSTRUCTIONS

Deflate 2 Hourly (minimise tracheal damage)

High Pressure Cuff
Only Inflate with Water

Inflate cuff to the desired amount, based on ventilation/ lower airway protection requirements.

Each child will require different amounts.

Changed **- Monthly or PRN**

The latex free-hydrophobic tube hinders protein adhesion thereby limiting secretion build up and bacterial colonisation

Tube can be sterilised in HSDU and re-used (5 times)
Ensure introducer is kept with tube

Clear Cuff

Fill with sterile water

"A Glass of Water is Clear"



STOMA CARE

Daily/PRN tape changes must be carried out.

Use of cotton tapes and Trachi-Dress

Correction tension – one finger space between tapes and child's neck

Tube size fg **NEO/PAED** (delete as appropriate)

Suction Length cm **Catheter Size** fg

Last Tube Change .../.../...

Contact Jo Cooke ANP bleep 0712 or ENT On Call bleep 1020 if you have any concerns

Emergency Box

Tube of the same size (Paed/Neo)

Tube ½ size smaller (Shiley)

Suction Catheter (same size as suctioning)

KY Jelly

Tracheostomy Tapes

Round Ended Scissors

TWO IV Syringes (one to remove tube, one to reinflate)

Water for Injection Ampule