

# 氣切造口日常照顧

## Tracheostomy Tube Daily Care

列印日期： 年 月 日

單位：

05-2756000 分機：

### 目的：Purpose:

清潔、消毒氣切口，減少浸潤造成之皮膚損傷及感染。

Cleanness and sterilization of the tracheostomy to reduce skin damage and infections caused by infiltration.

### 用物準備：Preparation for necessary items:

抽痰機、抽痰管、無菌棉棒、優碘、生理食鹽水、Y 型紗布、氣切固定帶。

A sputum suction machine, suction tubes, sterile cotton swabs, iodine, normal saline, Y-type gauze, tracheostomy tube holder.

### 步驟：Steps:

1. 洗手。

Wash hands.

2. 氣切造口護理前，請先由接受過護理指導之家人或護理師進行抽痰。

Prior to conducting the tracheostomy care, please let a family member or a caregiver who has received care guidance to perform sputum suction.

3. 取下氣切口原有之Y 型紗布。

Remove the original Y-type gauze of the tracheostomy.

4. 用生理食鹽水棉棒，清潔氣切造口周圍（清潔）→再用優碘棉棒由內而外塗抹造口周圍5 公分（消毒）→ 30秒後再以生理食鹽水棉棒擦拭一圈。

Use the cotton swab moistened with normal saline solution to clean the areas surrounding the tracheostomy (cleanness) → and then use the cotton swab with iodine to smear the area which has a width of 5 cm surrounding the tracheostomy from the inner side towards the outside (sterilization) → 30 seconds later, use the normal saline cotton swab to clean the same area one more time.

5. 置放新的Y 型紗布。

Place the new Y-type gauze.

6. 氣切固定帶若鬆掉、髒污，需重新更換新固定帶。

If the tracheostomy tube holder is loose or dirty, the tracheostomy tube holder needs to be replaced with a new one.

### 注意：Notes:

1. 氣切造口每日至少消毒一次，痰量多時依狀況調整。

The tracheostomy needs to be sterilized at least once a day(daily). Number of sterilization per day can be adjusted depending on conditions when the person being cared for has more sputum.

2. 氣切造口周圍需保持清潔乾燥：Y 型紗布有潮濕或髒污，需立刻更換。

The surrounding area of the tracheostomy needs to be kept clean and dry: If the Y-type gauze is damp or dirty, it must be replaced as soon as possible with a clean one.

3. 注意有無感染：更換Y 型紗布時，請觀察造口周圍有無分泌物及發紅現象。

Watch for infection: When replacing the Y-type gauze, please observe whether there is any exudation or redness surrounding the tracheostomy.

4. 若無水份限制，每日應給予2000-2500 cc 的水份。

If there is no restriction on water intake, the patient/ward should take 2000-2500 cc water every day.

5. 鼓勵多下床活動或坐起，每日至少執行三次背部扣擊。

The patient should be encouraged to get out of bed for an exercise or sit ups. The caregiver should tap the back of the patient/ward at least 3 times a day.

6. 綁氣切固定帶時勿太緊或太鬆，寬度約1-2 指即可；更換固定帶時，請一手固定於氣切造口蝶翼處，並注意勿拉扯到人工氣道。

Do not tie the tracheostomy tube holder too tight or too loose. Width of 1 to 2 fingers should be fine. When changing the tracheostomy tube holder, the caregiver should fix one hand on the wings of the tracheostomy and pay attention not to pull the artificial airway.

主辦單位：臺北市勞動力重建運用處

承辦單位：中華民國家庭照顧者關懷總會

Organized by: Taipei City Foreign and Disabled Labor Office

Sponsored by: Taiwan Association of Family Caregivers

參考資料：

北市勞動力重建運用處(2017).臺北市外籍看護照顧手冊引自：

[https://fd.gov.tapei/News\\_Content.aspx?n=67945D18DB76BA5D&sms=973FD07C716974AB&s=6B2018866462E18F](https://fd.gov.tapei/News_Content.aspx?n=67945D18DB76BA5D&sms=973FD07C716974AB&s=6B2018866462E18F)