

Member's questions.

## 1. Use of nebuliser or Humidifier.

### Humidification

Artificial humidification is vital to maintain the patency of the stoma, as the nose and mouth are no longer attached to the trachea. A number of devices can be used to do this, including humidification bibs

Many patients may also require regular sodium chloride 0.9% nebulisers, particularly in the morning to aid removal of secretions, before using other humidification aids such as the heat and moisture exchange (HME) cassette and base plate that fit over the stoma to filter and moisten inspired air. Many hospitals discharge patients with a portable nebuliser or travel nebuliser, which they can use as required; this is essential for patients who are unable to use base plates and HMEs due to post surgery/radiotherapy soreness or swelling. Nebulisers should be given positioned directly over the stoma using a tracheostomy mask.

Nebules of 0.9% Saline can be prescribed from your local GP as can Sterile water for use in a personal nebuliser if used instead. The nebules are usually 5ml and take about 40 minutes to fully use. However, the time require is an individual thing and some people find nebulising for 15 minutes morning and night is adequate to keep the mucus thin and easy to cough up. Others may need to use the full nebule.

It is important to regularly wash the trachy mask and change the nebuliser container and tubing. This can be done by liaising with the ward.