

Patients Going Home with a Tracheostomy Guidelines for Care and Training required prior to Discharge from Hospital

Patients going home with a tracheostomy tube have limited support in the community. Therefore, they or their carers must be trained on the ward to feel confident in the day-to-day care and management of their tracheostomy tube. Planning their discharge is a complex process, involving close liaison with the patient's community team and ensuring the right specialist equipment is provided for the patient.

This document lays out the core skills required by the patient or carer prior to discharge from hospital. It also lists the essential equipment which must be ordered for the patient. This is to ensure as safe a discharge as possible from hospital.

A ward nurse should be assigned to the duty of ensuring the guidelines are carried out and signed off when the patient or carer feels confident. Also, the assigned nurse will be responsible for ordering and collating the essential tracheostomy equipment before the patient is discharged. Referral to the District Nursing service should be made as early as possible, as some of the equipment will need to be ordered from the District Nurse, and the District Nurse may require training.

Where appropriate, the patient should be given an appointment to attend the Speech and Language Therapy/Nurse Led tracheostomy clinic within two weeks of their discharge from hospital.

Contents of Pack:

1. Skills required by the patient and /or carer prior to discharge from hospital
 - These skills should be signed off and filed in the patient's medical notes.
 - A copy should be given to the patient and their District Nurse.
2. List of essential tracheostomy equipment required for home care and where to order.
3. Diagram of tracheostomy anatomy – to be used with the patient / carer for education purposes and given to the patient to keep
4. Tracheostomy Emergency Guidelines – to be covered with the patient/ carer and given to the patient to keep at home.
5. London Ambulance Service letter – to be filled in and faxed to LAS by the assigned ward nurse. Copy to be kept in medical notes.

TRACHEOSTOMY SKILLS REQUIRED BEFORE DISCHARGE FROM HOSPITAL	Patient demonstrates confidence - sign	D/Nurse demonstrates confidence - sign	Comments / Variance
<p>ANATOMY&PHYSIOLOGY</p> <p>Patient and /or carer demonstrates understanding of basic knowledge of altered post-surgical neck anatomy (<i>use enclosed pictures</i>)</p> <ul style="list-style-type: none"> • Patient and/or carer demonstrates understanding of structure of tracheostomy stoma site • Patient and/or carer can identify the type and parts of the tube they possess 			
<p>STOMA CARE</p> <ul style="list-style-type: none"> • Patient and/or carer demonstrates understanding of the importance of stoma cleaning and frequency (<i>daily</i>) • Patient and/or carer able to state possible signs of skin damage or infection at the stoma site • Patient and/or carer demonstrates effective cleaning of stoma 			
<p>TUBE CARE</p> <ul style="list-style-type: none"> • Patient and/or carer demonstrates understanding of the importance of inner tube cleaning and frequency • Patient demonstrates ability to remove inner cannula, clean it and then re-site it 			
<p>DRESSING CARE</p> <ul style="list-style-type: none"> • Patient and/or carer demonstrates an understanding of the importance of dressing care and frequency of changes (<i>at least</i> 			

<p><i>daily)</i></p> <ul style="list-style-type: none"> • Patient and/or carer demonstrates how to change tracheostomy dressing 			
<p>TRACHEOSTOMY VELCRO HOLDER CARE</p> <ul style="list-style-type: none"> • Patient and/or carer demonstrates how to change tracheostomy holder and adjust fit (<i>at least weekly</i>) 			
<p>SUCTIONING (to be taught in line with SGH suctioning policy: Clin.4.7 v2 updated February 2012)</p> <ul style="list-style-type: none"> • Patient and/or carer demonstrates awareness of the indications of suction • Patient and/or carer demonstrates an awareness of oral and tracheal suction • Patient and/or carer demonstrates an awareness of the type of tracheostomy the patient has and the implications of suction • Patient/carer demonstrates an effective suction technique 			
<p>HUMIDIFICATION</p> <ul style="list-style-type: none"> • Forms of humidification discussed and agreed with patient and /or carer on discharge • Patient and/or carer demonstrates awareness of the indication of using an appropriate heat moisture exchange system (HME) e.g Swedish nose, Buchannon bib, humidified oxygen • Patient and/or carer demonstrates understanding of when a nebuliser is required and how to clean the equipment 			<p><i>Humidification Agreed:</i></p> <p>- _____</p> <p>_____</p> <p>-</p>
<p>CUFF PRESSURE CHECK (<i>if applicable</i>)</p> <ul style="list-style-type: none"> • Patient and/or carer demonstrates awareness and ability to check tracheostomy cuff pressure twice a day using a manometer 			

<p>EMERGENCY PROCEDURES</p> <ul style="list-style-type: none"> • Patient and/or carer is aware of what constitutes a tracheostomy emergency • Patient and/or carer indicates he knows what to do if the tracheostomy becomes blocked • Patient and/or carer indicates he knows what to do if the tracheostomy becomes displaced • Patient and/or carer confirms he has a BT land line and consents to being added to the London Ambulance Service Neck Breathers register or Emergency SMS service for mobile phone users 			<p><i>Letter faxed to LAS_____</i></p> <p><i>Emergency SMS set-up_____</i></p>
<p>FOLLOW-UP</p> <ul style="list-style-type: none"> • Date and time for follow up in tracheostomy clinic made 			<p><i>Date and time of Appointment</i></p> <p>_____</p>

Essential Tracheostomy Equipment to be Obtained Prior to Discharge from Hospital

ALL patients should have the following equipment provided:

Item	Requirements	To be ordered from...	Procurement details	Arranged? (signed)
Suction Machine	Must be battery and mains operated	District Nurse	Laerdal Medical Ltd. Laerdal House, Goodmead Rd., Orpington Kent BR6 0HX 01689-876634	
Suction Catheters	Size to be calculated dependent on tube (-2 x2)	District Nurse	NHS supplies Size 10 – FSQ302 Size 12 – FSQ303 Size 14 – FSQ304	
Yankeur mouth suction tubes	-	Ward	NHS supplies FWP501	
Tracheostomy Tubes	One same size and one size smaller	Ward	See attached index sheet for appropriate tube for patient	
Dilators	One	Ward	Obtain from CSSD	
Tracheostomy dressings	One box	Country wide medical	0800 783 1659	
Trache Holder	One box	Country wide medical	0800 783 1659	
Trache mask and Oxygen connector	Two	Ward	NHS Supplies Trache mask – FDD545 Oxygen tubing – FDF352	

Gloves	One box	District Nurse			
Stoma Filter	2 boxes	Country wide medical	0800 783 1659		
Shower Shield	One	Country wide medical	0800 783 1659		
Special equipment if appropriate					
Nebuliser chamber and tubing	One	District Nurse	NHS Supplies FDE074	Required for this Patient? Y/N	Ordered (signed)
Oxygen	Level of O2 requirement decided on discharge	District nurse		Required for this Patient? Y/N	Ordered (signed)
Manometer	Only if patient has cuffed Tracheostomy tube	Ward	NHS Supplies FDH345	Required for this Patient? Y/N	Ordered (signed)

Tracheostomy Tubes and order codes

This Patient Requires: (tick)	Type of tube	Manufacturer	Size	Manufacturer Code	Stock Code
	Blue Line Ultra Cuffed Tracheostomy Tube	Portex	6.0	100/800/060	FDG346
	Blue Line Ultra Cuffed Tracheostomy Tube	Portex	7.0	100/800/070	FDG347
	Blue Line Ultra Cuffed Tracheostomy Tube	Portex	8.0	100/800/080	FDG351
	Blue Line Ultra Cuffed Tracheostomy Tube	Portex	9.0	100/800/090	FDG353
	Inner Cannula for blue line ultra (non-fenestrated)	Portex	6.0	100/850/060	FDG280
	Inner Cannula for blue line ultra (non-fenestrated)	Portex	7.0	100/850/070	FDG341
	Inner Cannula for blue line ultra (non-fenestrated)	Portex	8.0	100/850/080	FDG284
	Inner Cannula for blue line ultra (non-fenestrated)	Portex	9.0	100/850/090	FDG297
	Uniperc adjustable Flange Tracheostomy Tube cuffed	Portex	7.0	100/897/070	FDH295
	Uniperc adjustable Flange Tracheostomy Tubes cuffed	Portex	8.0	100/897/080	
	Uniperc adjustable Flange Tracheostomy Tube cuffed	Portex	9.0	100/897/090	FDH298

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	Uniperc adjustable Flange Tracheostomy Tube uncuffed	Portex	7.0	100/899/070	FDH299
	Uniperc adjustable Flange Tracheostomy Tube uncuffed	Portex	8.0	100/899/080	FDH301
	Uniperc adjustable Flange Tracheostomy Tube uncuffed	Portex	9.0	100/899/090	FDH302
	Shiley Cuffless	Shiley	6	6CFS	FDH044
	Shiley Cuffless	Shiley	8	8CFS	FDH046
	Shiley Cuffless fenestrated	Shiley	6	6CFN	FDH049
	Shiley Cuffless fenestrated	Shiley	8	8CFN	FDH050
	Shiley low pressured cuff fenestrated	Shiley	6	6FEN	FDH035
	Shiley low pressured cuff fenestrated	Shiley	8	8FEN	FDH036
Other:					

Caring for your tracheostomy and what to do in an emergency

How do I care for my tracheostomy?

- Check the inner tube three times every day.
 - When you wake up,
 - in the middle of the day
 - before you go to bed.

Clean it if you see any secretions (phlegm) inside. You may need to check and clean the inner tube more frequently if you are producing a lot of secretions.

- Always have a clean inner tube ready, to put in while you're cleaning the dirty one.
- Change the tracheostomy dressings at least once a day or more often if they become dirty.
- The Velcro holders securing the tracheostomy in place need changing at least once a week or more often if they become dirty. This is a two person job – one person to hold the tracheostomy tube in place and the other person to remove and replace the holder. For the first few times change them when your District Nurse is with you.
- Wear a Heat Moisture Exchanger (HME) also known as a Buchanan Bib over the tracheostomy tube all the time. This is especially important at night, to help keep the secretions loose.
- Make sure you have a way of attracting attention at night if you need help, for example have a bell by your bed or emergency pendant.

What should I do if the tracheostomy becomes blocked?

1. Remove the inner tube and replace with a clean one.
2. If you are still in difficulty, suction the tracheostomy tube.

Then **either**:

- 3a. If this relieves your symptoms, have a nebuliser immediately and arrange to come to hospital outpatients for a check-up.

Or

- 3b. If you are still in difficulty, call **999** immediately.

What should I do if the tracheostomy falls out?

1. Keep calm as you will still be able to breathe, but immediately:

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2. Try to put the whole tube back into the hole. It goes in the same direction as when you put the inner tube into the outer one. Use some water based gel e.g. Aquagel or KY jelly, to make this easier.
3. If this is difficult, try to put the next size down tube in the hole.
4. If you can't do this, call 999 and use the tracheal dilators to hold the hole open.

