

# Adult altered airway patients – Discharge guideline

## Guidelines for the care and training required for the carer/patient prior to discharge from hospital

This guidance does not override the individual responsibility of health professionals to make appropriate decisions according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Patients going home with an altered airway 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 altered airway. 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 guideline lays out the process to be followed prior to discharge from hospital for the patient with an altered airway i.e. a tracheostomy or a laryngectomy.

This Guideline should be referred to via the intranet/key document finder. This is to ensure that the most up to date version is being used and that all relevant health professionals understand the discharge process, what referrals need to be made and what equipment should go home with the patient.

This Guideline should be used in conjunction with the Altered Airways Discharge Pathway (AADP) which provides all the required forms and lists of necessary equipment to be taken home with the patient.

Patients should receive information booklets, to support the training they receive on the ward, in which there is a section for assessment of the patient/carers, where their background knowledge and skills on managing the altered airway should be assessed.

### **This guideline is for use by the following staff groups:**

All staff involved in discharging an adult altered airways patient into the community

#### **Supporting Guidelines:**

- WAHT Laryngectomy guidelines
- WAHT Tracheostomy guidelines

#### **Supporting Documentation:**

- Altered Airways Discharge Pathway (AADP) - print off and fill in appendices/forms appropriately
- Adult Tracheostomy Patient Information/Assessment booklet
- Adult Laryngectomy Patient Information/Assessment booklet
- Adult Mini Tracheostomy Patient Information/Assessment booklet

**Lead Clinician(s)**

Louise Pearson	Matron Head and Neck/Dermatology/Urology
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Emma Jameson	Head and Neck Physiotherapist
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This is the most current document and is to be used until a revised version is available	

**Key amendments to this guideline**

<b>Date</b>	<b>Amendment</b>	<b>Approved by:</b>
December 2014	New guideline	
January 2017	Document extended as per TMC paper approved on 22 <sup>nd</sup> July 2015	TMC
December 2017	Sentence added in at the request of the Coroner	
December 2017	Document extended for 3 months as per TLG recommendation	TLG
July 2018	Document changed to incorporate information booklets	Therapies Governance

## **Guidelines for Care and Training required prior to discharge from hospital**

### **Introduction**

It is the ward nurses' responsibility to ensure these guidelines are carried out and signed off when the patient or carer feels confident. There is no set length of time that the training should take; it is based on the patient/carers confidence in managing the altered airway, along with the healthcare professional's assessment of their knowledge and skills.

A Clinical Nurse Specialist (CNS) should be identified and involved in the process to liaise with the patient/medical team. Where appropriate an MDT meeting should be arranged to involve all key members of the MDT, to facilitate the discharge home.

It is the wards nursing staffs' responsibility to ensure that the Altered Airways Discharge Pathway (AADP) is printed off and filled in appropriately.

They should ensure that all essential referrals (AADP - Appendix 1) are made to the necessary healthcare professionals in a timely manner prior to the patient being discharged home. The referral to the District Nursing service should be made as early as possible, as some of the equipment may need to be ordered from the District Nurse, and the District Nurse may require altered airway training.

Ward nursing staff/ CNS will be responsible for ordering and collating the specialist, consumable and emergency equipment before the patient is discharged. (AADP - Appendix 2)

Letter (AAPD - Appendix 6) to be sent to the West Midlands Ambulance Trust making them aware of new patient with altered airway within the community.

The appendices of this guideline are to be completed by the ward staff and filed in the patient's medical notes.

### **Training process of patient/carers**

Dependant on the patient's requirements the patient/carers identified should possess the following skills in altered airways management (as required) to enable them to be discharged safely into a home environment:

1. Theory of what a tracheostomy/laryngectomy is and why it was performed.
2. To be able to change a tracheostomy inner tube/laryngectomy tube
3. To be able to change stoma dressings/tapes/laryngectomy baseplates/HMEs
4. To be able to effectively perform tracheal suctioning on an altered airway
5. To demonstrate an understanding on what to do in an emergency situation
6. To understand the cleaning process of tubes/equipment/care of the stoma

**As soon as it is identified that a patient is going home/being discharged with an altered airway then training should be commenced.**

<b>Adult patients going home with an altered airway</b>		
<i>Guidelines for the care and training required for carer/patient prior to discharge from hospital</i>		
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**WAHT- H&N-004**

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This is done through a process of theory and practical training while the patient remains in the hospital. The responsibility of the teaching and then signing off these skills lies with the Ward Nursing Staff and/or Physiotherapist.

The Patient/Carer should be given an Patient information booklet (see 'supporting documentation') which contains all theoretical knowledge required to support the practical training, as well as a questions and assessment section for the patient/carer to complete.

The '**On-going training record**' (AADP - Appendix 4) should be completed within this document whenever training is undertaken with the patient/carer, to ensure all staff are aware of the ongoing training needs of the carers/patients.

Once the patient/carer/healthcare professionals are confident in their skills then the '**Altered Airways Training - Final Assessment**' (AADP - Appendix 5) should be completed by the main assessor at the back of the information booklet. The booklet should then be given to the patient as a reference to use when at home. A copy of the '**Altered Airways Training - Final assessment**' sheet should be filed in the patient's notes as proof that the patient /carer was signed off in their skills.

It is essential that the patient/carer understands the scope of their training and will only use these skills in respect of the specified patient known to them and will not carry out procedures which are contrary to or not covered by this training.

It is the patient/carer's responsibility to seek further guidance/training if they have any concerns regarding their ability to continue to operate safely with in these skills

For the purposes of this document 'carer' refers to a family member/relative/friend. It does not cover any private or a commissioned agency.

Training can be offered to employees of the Health and Care Trust i.e. District nurses.

### **Special Equipment / Consumable Equipment / Emergency equipment**

If '**Specialist equipment**' (AADP - Appendix 2) is needed, then this should be ordered within plenty of time of the patient going home to ensure it arrives in a timely manner ie. Suction unit, nebuliser unit

The ward nurse should collect together ONE week's supply of '**consumable equipment**' (AADP - Appendix 2) for the patient to take home with them. A copy of the essential equipment should be sent to the District nurses as it is their responsibility to order the equipment when the patient is at home.

A separate plastic box (provided by the ward) of all '**Emergency equipment**' (AADP - Appendix 3) should also be given to the tracheostomy patient along with a list of its contents. It should be stressed that this box should be kept fully stocked up at all times and taken with the patient on all journeys. Please note variations may be needed to the contents of this box. It is the District nurses' responsibility to re-order any used equipment when the patient is at home.

**WAHT- H&N-004**

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**MDT meeting**

Where appropriate, i.e. if there is a significant change to the patient's medical/physical/social needs, an MDT meeting should be organised prior to discharge to involve all identified essential professions.

It is the Ward Nursing Staffs' responsibility to initiate this process.

**Follow-up appointment at Nurse Led Altered Airways Clinic**

Where appropriate, the patient should be given an appointment to attend the Nurse (CNS) Led altered airways clinic at WRH within four weeks of their discharge from the ward. This can be for a general wellness check or to perform a routine change the tracheostomy as per manufacturer's guidelines.

**The Day of Discharge**

The Discharging Ward Nurse should ensure that the following is completed:

- All documentation is complete and filed in the medical notes:
  - **'Essential referrals list completed'** (AADP - Appendix 1)
  - **'Specialist and Consumable equipment checklist'** completed (AADP - Appendix 2)
  - **'Emergency equipment box checklist'** completed (AADP - Appendix 3)
  - **'Altered Airways training – Final assessment' completed** (AADP - Appendix 5)
- The Patient's information booklet is complete and final assessment completed and signed and a copy filed in the patient's medical notes. Booklet given to the patient.
- A copy of **'Specialist and Consumable equipment checklist'** form sent to District nurses (AADP - Appendix 2)
- District Nurse informed of patients discharge and appointment for their visit arranged.
- One week's supply of Consumable equipment given to patient.
- **'Emergency box equipment'** and contents list given to patient (AADP - Appendix 3)
- Patient has **specialist equipment** supplied i.e. Nebuliser and suction units
- Appointment made for Nurse Led Altered Airways Clinic (If appropriate)
- **'Ambulance Trust letter'** sent/mailed (AADP - Appendix 6)

### Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out? Reviewed in 6 months, to ensure compliance with this guideline and Altered Airways Discharge Pathway.

Who will monitor compliance with the guideline? Emma Jameson Senior Physiotherapist via WAHTs Altered Airways Group.

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.

### References

- Guidelines for the Care of Patients with Tracheostomy Tubes St George's Healthcare NHS Trust

## Contribution List

### Key individuals involved in developing the document

Name	Designation
Louise Pearson	Matron head and Neck/Urology/Dermatology
Catherine Ball	CNS Head and Neck
Emma Jameson	Senior Head and Neck Physio

### Circulated to the following individuals for comments

Name	Designation
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Giles Warner	Head and Neck Consultant
Donna Gilbert	CNS Head and Neck
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Sally McNally	Physiotherapy Clinical Lead - Respiratory
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Alison Spencer	Critical Care Outreach WAHT
Becky Allies	Junior Sister Head and Neck
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### Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department
Louise Stanley	Directorate Manager Head and Neck
Kieron McVeigh	Clinical Director Maxillofacial/Oral Surgery
Steve Lewis	Clinical Director ENT

### Circulated to the chair of the following committee's / groups for comments

Name	Committee / group
Vicky Morris	Chief Nursing Officer

## Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Transgender	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability	No	
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	No	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
5.	<b>If so can the impact be avoided?</b>	N/A	
6.	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	N/A	
7.	<b>Can we reduce the impact by taking different action?</b>	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

## Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval