

Affix Patient Label here or record

NAME:

NHS NO:

HOSP NO:

D.O.B: MALE FEMALE

WARD _____ CONS _____

Section A - On Insertion of Tracheostomy

No	Desig		Y	N	N/A	Signature (Date where appropriate)
1	RN Dr	Tracheostomy inserted in ICU				
		Tracheostomy inserted in Theatres				
		Patient admitted with Tracheostomy				
		Type of tube				
		Size Fenestration				
		Insertion date				
Inner Diameter						
Outer Diameter Cuffed/Uncuffed						

Section B - Tracheostomy Care

No	Desig	Intervention If an intervention is not carried out for any reason, please tick No and document intervention number, reason and action taken, in multidisciplinary progress notes	Y	N	N/A	Signature (Date where appropriate)
2	Dr RN PT	Patient care will be determined by Trust care Guidelines supported by:				
		• Observation Chart				
		• Equipment Chart				
		• Decannulation Guidelines (when/if appropriate)				
3	RN PT	Staff caring for the patient with a Tracheostomy should have successfully completed or be working towards completion of Tracheostomy Competency for Health Care Professionals.				

Section C- Feeding

No	Desig	Intervention If an intervention is not carried out for any reason, please tick No and document intervention number, reason and action taken, in multidisciplinary progress notes	Y	N	N/A	Signature (Date where appropriate)
4	RD RN SALT	Ensure patient receives adequate nutrition via enteral/parenteral route Involve Dietitian and refer to Trust Nutritional Assessment for guidance Speech and Language Therapist.				

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Section D - Continuing Care of Tracheostomy

No	Desig	Intervention If an intervention is not carried out for any reason, please tick No and document intervention number, reason and action taken, in multidisciplinary progress notes	Y	N	N/A	Signature (Date where appropriate)
5	RN PT	<p>Patients observations and NEWS will be documented (Minimum 4 hourly)</p> <p>A Tracheostomy Observation chart needs to be completed once per shift.</p> <p>Ensure appropriate humidification device is applied.</p>				
6	RN	Equipment to be changed as per chart				
7	RN PT	<p>Sputum specimen sent if signs of infection are present.</p> <p>Results must be recorded in multidisciplinary progress notes.</p>				
8	Rn Dr	<p>Is the long term goal for the patient to have the Tracheostomy removed?</p> <p>If yes go to the next question</p> <p>if No give written reason:</p> <p>If Not Known give written reason:</p> <p>.....</p>				
9	RN Dr PT	<p>During the daily assessment apply the Decannulation Guidelines, does the patient fit the criteria for Weaning?</p> <p style="text-align: center;">RR<25 Fio2 <40% SaO2 >95%</p> <p style="text-align: center;">effective cough, infrequent suction required, alert & cooperative</p> <p>If Yes go to Section E - Tracheostomy Weaning</p> <p>If No give written reason in multidisciplinary progress notes. Please make a daily entry of patient progress including the application of Decannulation Guidelines.</p>				

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Section E - Tracheostomy Weaning

No	Desig	Intervention If an intervention is not carried out for any reason, please tick No and document intervention number, reason and action taken, in multidisciplinary progress notes	Y	N	N/A	Signature (Date where appropriate)
10	RN Dr PT	<p>Apply Decannulation Guidelines to patient and record progress once per shift in multidisciplinary progress notes and on the observation chart.</p> <p>Commencement dates of weaning: Stage 1:/...../20..... Stage 2:/...../20..... Stage 3:/...../20..... Stage 4:/...../20.....</p>				

Section F - Extubation

No	Desig	Intervention If an intervention is not carried out for any reason, please tick No and document intervention number, reason and action taken, in multidisciplinary progress notes	Y	N	N/A	Signature (Date where appropriate)
10	RN Dr PT	<p>Once patient reaches Stage 4 of the Decannulation Guidelines apply criteria for extubation.</p> <p>RR<25 Fio2 <0.4 SaO2 >95% Consistently effective cough clearing secretions independently Suction required <once in 24 hours Alert and cooperative</p> <p>If Yes, discuss with MDT Team:</p> <p style="padding-left: 40px;">Downsize Tube:/...../20..... Decannulation:/...../20..... If Yes, date of decannulation:/...../20.....</p> <p>If No, re-apply Decannulation Guidelines daily and record in the multidisciplinary progress notes.</p>				

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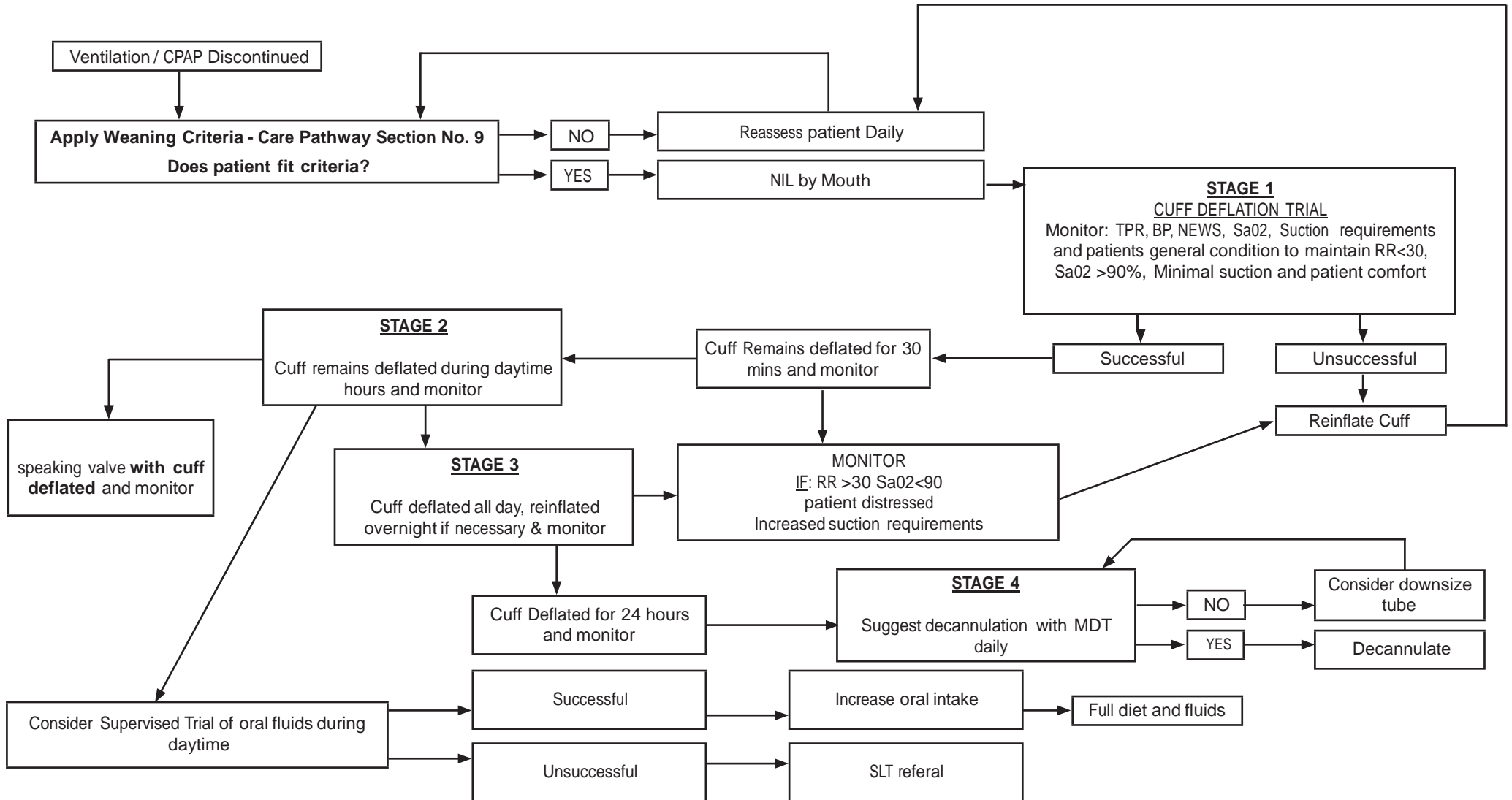
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TRACHEOSTOMY DECANNULATION GUIDELINES



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TRACHEOSTOMY OBSERVATION CHART

THIS CHART TO BE COMPLETED ONCE PER SHIFT AND FILED IN PATIENT'S MEDICAL NOTES

Type of Tube:..... Size..... Fenestration Y / N Insertion date:

Inner Diameter:..... Outer Diameter:..... Cuffed / Uncuffed

Correct Suction

Catheter Size:..... Colour:..... Date of tube change:.....

Date																						
Shift (initials Please)	Early	late	Night	Early	Late	Night	Early	Late	Night	Early	Late	Night	Early	late	Night	Early	Late	Night	Early	Late	Night	
Oxygen %																						
Humidification AP/HME/ Heater																						
Suction Pressure 80 - 120mmHg/ Kpa 13.5 - 20																						
Frequency: tick																						
Colour and type																						
Sputum sample																						
Decannulation Protocol applied daily. Record stage																						
Pilot Cuff: Inflated																						
Deflated																						
Cuff pressure 14-25 H ₂ O																						
Inner tube change																						
Daily - Dressing																						
Tube holder/tapes																						
Tracheostomy box																						

CRITICAL CARE OUTREACH: 0730 - 2000 - CONTACT NUMBERS

WORCESTERSHIRE ROYAL HOSPITAL:

DAY TIME Ext. 39555 Bleep 421/422

PHYSIO EXT. 30672

NIGHT TIME: Critical Care Unit Ext. 30561 or Out of Hours Practitioner - Bleep 103

ALEXANDRA HOSPITAL:

DAY TIME Ext. 44233 Bleep 0216/0217

PHYSIO EXT. 44501

NIGHT TIME: Critical care Unit EXT. 42090 or OUT of Hours Practioner - Bleep 0272

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Tracheostomy Equipment Change Chart

	Change every												
Yankuer Sucker	24 Hours												
NG Giving Set	24 Hours												
Sterile H2O	24 Hours												
Suction pot	48 Hours												
Suction Tubing	48 Hours												
Nebuliser	72 Hours												
Trachy Mask	7 Days												
Elephant Tubing	7 Days												
Catheter Bag	7 Days												
Urinary Catheter	28 Days												
NG Tube	42 Days												
Signature													

Complete daily and record when equipment changed

