

# 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 Trusts intranet. 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/carer, 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

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

**Lead Clinician(s)**

Catherine Ball

CNS Head and Neck

Emma Jameson

Head and Neck Physiotherapist

Approved by Quality Improvement Meeting on: 6<sup>th</sup> January 2015

This is the most current document and is to be used until a revised version is available: 19<sup>th</sup> December 2021

**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	
December 2019	Altered Airway MDT review	

## 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- Appendix 1) is printed off and filled in appropriately.

They should ensure that the '**Essential referrals**' form is filed in and all referrals 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 equipment from '**The Specialist, Consumable and Emergency Equipment**' list before the patient is discharged.

The '**Letter to be sent to the West Midlands Ambulance Trust**' making them aware of new patient with altered airway within the community, should be emailed prior to discharge

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.**

## WAHT- KD-030 Altered Airway

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**' 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**' 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**' 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**' (see list in AADP) 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**' (see list in AADP) 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.

### **MDT meeting**

## WAHT- KD-030 Altered Airway

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
  - **'Specialist and Consumable equipment checklist'** completed
  - **'Emergency equipment box checklist'** completed
  - **'Altered Airways training – Final assessment'** completed
- 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.
- 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.
- 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/emailed

## Appendix 1

# Altered Airways Discharge Pathway (AADP)

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 Pathway should be printed off by the ward staff and filled in appropriately to ensure a safe and streamlined discharge.

This Pathway should be used in conjunction with the 'Adult Altered Airways Discharge Guideline' which is found on WAHT intranet.

### **This pathway consists of:**

1. Essential referrals to be complete prior to discharge
2. Specialist and Consumable equipment to be sent home checklist
3. Emergency Equipment Box contents
4. Altered Airways Training - On-going training record
5. Altered Airways training - Final Assessment
6. West Midlands Ambulance Trust Letter

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

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

### **Supporting Guidelines:**

- WAHT Adult Altered Airways Discharge Guideline
- WAHT Laryngectomy guidelines
- WAHT Tracheostomy guidelines

**WAHT- KD-030  
Altered Airway**

**Supporting Documentation:**

- Adult Tracheostomy Patient Information/Assessment booklet
- Adult Laryngectomy Patient Information/Assessment booklet
- Adult Mini Tracheostomy Patient Information/Assessment booklet



**1. Essential referrals to be complete prior to discharge (if required)**

Referred to	Contact details	Comments	Sign and date
<b>Community Care Liaison CNS</b>			
<b>Nutritional Support</b> Pump / bolus feeding teaching completed			
<b>Speech and Language Therapy</b> -Ongoing swallow f/u -Care of TEP			
<b>Physiotherapist</b> -Altered airways teaching -Mobility Ax			
<b>Patient Flow</b> PW1/PW2 etc Carers/Rehab			
<b>Occupational Therapist</b> ADL/PADL Ax Equipment for home			
<b>District Nurses</b> -Dressing/stoma /PEG care -Ordering of equipment			
<b>Home delivery set up</b> Countrywide			

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

supplies or Fittleworth			
----------------------------	--	--	--

--

## 2. Specialist (if appropriate) and Consumable equipment checklist

- ONE week's supply of consumables to be sent from ward

Item	requirements	To be ordered from	Supplier	Ordered	Issued
				Date/Sign	Date/Sign
<b>Specialist equipment:</b>					
Suction machine	Battery and mains operated	DNs for Herefordshire patients / CNS	Lateral Medical Ltd. 01689 876634		
Nebuliser machine	Mains operated	DNs for Herefordshire patients / CNS	NHS supply chain FAG032		
Oxygen, Oxygen tubing /trache mask	Level of O2 required If required for this patient Y/N	Hoof Form - Ward	Oxygen Tubing- FDF352		
<b>Consumable equipment:</b>				<b>Issued Date/Sign</b>	
Suction catheters	Size to be calculated dependent on tube/secretions	Ward then DNs	NHS Supplies Size 10 –FSQ302 Size 12 –FSQ303 Size 14 –FSQ304		
Suction tubing	2 of each	Ward then DNs			
Yanker suction tubes		Ward then DNs	NHS Supplies FWP501		
Tracheostomy tubes/Lary tubes	One same size and one smaller	Ward	Changed at altered airways clinic. WAHT		
Dilators/Tileys	One	Ward/CNS	NHS supplies		
Tracheostomy dressing/Lary baseplate	One box	Ward then DNs/home delivery supplier	Various		
Trache tapes	One box	Ward then DNs/home	Insight medical TH/100		

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.



**WAHT- KD-030**  
**Altered Airway**

Item	requirements	To be ordered from	Supplier	Ordered	Issued
				Date/Sign	
		delivery supplier			
Nebuliser chamber/trache mask/tubing	2 of each	Ward then DNs/home delivery supplier	NHS supplies Trache mask- FDD545 Oxygen Tubing- FDF352		
Gloves	One box	Ward then DNs/home delivery supplier	Various		
Stoma filters/HMEs	2 boxes	Ward then DNs/home delivery supplier	Various		
Shower shield	one	Ward then DNs/home delivery supplier	Various		
Stoma bib	4	Ward then DNs/home delivery supplier	Various		

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

**3. Emergency Box contents**

- **For use in emergency situations only – Tracheostomy patients only**

To be kept fully stocked at all times and taken with you on all journeys:

Equipment	Issued	Date	Print name and sign
1. Plastic Box	Y/N		
2. Spare inner tubes:			
a. Plain x1	Y/N		
b. fenestrated x1 (if approp)	Y/N		
3. Spare tracheostomy tubes:			
a. 1x same size	Y/N		
b. 1x size smaller	Y/N		
4. Water soluble lubricating gel x1	Y/N		
5. Sterile dressing pack x1	Y/N		
6. Appropriate sized suction catheters x3	Y/N		
7. Tracheostomy dressings x1	Y/N		
8. Tracheostomy tapes x1	Y/N		
9. Tracheal dilators x1	Y/N		
10. 10ml syringe (if tracheostomy cuffed) x1	Y/N		
11. Stitch cutters (if tracheostomy stitched in place) x1	Y/N		
12. Gloves	Y/N		
Other...			

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

**WAHT- KD-030**  
**Altered Airway**


**Other equipment to be taken out on all journeys: if appropriate**

- Self-inflating bag (ambubag) and tubing
- Oxygen cylinder with tubing and appropriate mask (face/trache)
- Portable suction unit (with fully charged battery pack)

**4. Altered Airways Training - On-going training record**

Session outline	Date/time	Comments	Sign/Print
Theory of 'What is Laryngectomy/Tracheostomy and why was it performed'			
Theory of changing a tracheostomy inner tube/laryngectomy tube/HME/cassettes including cleaning			
Practical of changing a tracheostomy inner tube/laryngectomy tube/HME/cassettes including cleaning	1.		
	2.		
	3.		
	4.		
Theory of cleaning the stoma, changing dressings/tapes/baseplates(if appropriate), looking out for skin infections			
Practical of cleaning the stoma, changing dressings /tapes/baseplates	1.		
	2.		
	3.		
	4.		

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

Theory of tracheal/stoma suctioning,(if appropriate) including signs of infection			
Practical of tracheal/stoma suctioning	1.		
	2.		
	3.		
	4.		
<b>Session outline (continued...)</b>	<b>Date/Time</b>	<b>Comments</b>	<b>Sign/Print</b>
Theory/practical of use of nebulisers, including cleaning	1.		
	2.		
	3.		
Theory/practical of use of suction unit, including cleaning	1.		
	2.		
	3.		
Theory/practical of 'What to do in an emergency situation' Including what's in the emergency box	1.		
	2.		
	3.		
Further training....			

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.


**5. Altered Airways training - Final Assessment**

Patients/Carers should have completed all aspects of Tracheostomy/Laryngectomy (delete as appropriate) care as per the 'Adult Altered Airway Patients – Discharge guideline'. This final assessment is to be filed in the patient's medical notes.

**Assessor/s – all Individuals involved in training programme:**

<b>Name</b> _____	<b>Position held</b> _____	<b>Signature</b> _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Overall Assessment**

I certify that the below named person, has been instructed and observed in carrying out these procedures safely and effectively.

**Name** \_\_\_\_\_ **Initial** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Position held** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent/Carer**

I the BELOW named CARER/PATIENT certify that I am happy to carry out the above procedures within the assessment detailed above. I understand the scope of these skills. I will only use this

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

**WAHT- KD-030  
Altered Airway**

training in respect of the person specifically named on the front of this form and I will not carry out procedures, which are contrary to or not covered by this training.

I will seek further training if I have any concerns about my skills. In all other respects I will seek all necessary advice guidance and further training needed from time to time in order for me to continue to operate safely within these skills

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

Worcestershire Royal Hospital  
Charles Hastings Way  
Worcester  
WR5 1DD  
Reception: 01905 760212  
Medical Secretary: 01905 760215

Ref:  
NHS No:

West Midlands Ambulance Trust  
Waterfront Business Park  
Waterfront Way  
Brierley Hill  
West Midlands  
DY5 1LX

Dear [cad.admin@nhs.net](mailto:cad.admin@nhs.net)

Please be advised that we have recently discharged the below patient home with an Altered Airway.

**Patients name:**

**Address:**

**Date of birth:**

**Altered airway:**

**Could it be a silent call**                      **YES /NO**

**Is there a telephone aid used**        **YES /NO**

Please contact me as soon as possible if there are any concerns regarding this.

Yours Sincerely

Catherine Smith  
**Head and Neck CNS Nurse**

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

**WAHT- KD-030  
Altered Airway**

**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:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
	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 <b>MUST</b> 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

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.



**WAHT- KD-030  
Altered Airway**

**Contribution List**

**Key individuals involved in developing the document**

Name	Designation
Catherine Ball	CNS Head and Neck
Emma Jameson	Senior Head and Neck Physio

**Circulated to the following individuals for comments**

Name	Designation
Chris Ayshford	Clinical Lead Head and Neck Oncology
Giles Warner	ENT Consultant
Donna Gilbert	CNS Head and Neck
Mirjana Rasovic	Head and Neck SLT
Morag Inglis	Senior SLT
Sally McNally	Physiotherapy Clinical Lead - Respiratory
Emma Boffey	Senior Head and Neck Physio
Alison Spencer	Critical Care Outreach WAHT
Becky Allies	Junior Sister Head and Neck
Abbie Currie	Junior Sister Head and Neck
Rachel Edwards	Ward Manager Head and Neck/Vascular
Megan Wright	Junior Sister Head and Neck
Vicky Muller	Respiratory Physio Alexandra Hospital
Charles Daultrey	ENT Consultant

**Circulated to the following CD's/Heads of dept for comments from their directorates / departments**

Name	Directorate / Department
Julie Briggs	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

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

## 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.

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

**WAHT- KD-030**  
**Altered Airway**

**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

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.