

Affix Patient Label here or record

NAME: .....

NHS NO:

HOSP NO:

D.O.B: // MALE  FEMALE

# 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

## **Supporting Documentation:**

- Adult 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.

**WAHT- H&N-004**  
**Altered Airways**

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

Affix Patient Label here or record

NAME: .....

NHS NO:

HOSP NO:

D.O.B: // MALE  FEMALE

**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			

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- H&N-004  
Altered Airways

Home delivery set up Countrywide supplies or Fittleworth			
---	--	--	--

Affix Patient Label here or record

NAME: .....

NHS NO:

HOSP NO:

D.O.B:    /    /       MALE  FEMALE

## 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	
<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		

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.

Item	requirements	To be ordered from	Supplier	Ordered	Issued
				Date/Sign	
Tracheostomy dressing/Lary baseplate	One box	Ward then DNs/home delivery supplier	Various		
Trache tapes	One box	Ward then DNs/home delivery supplier	Insight medical TH/100		
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.

Affix Patient Label here or record

NAME: .....

NHS NO:

HOSP NO:

D.O.B: // MALE  FEMALE

### 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	Y/N		

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- H&N-004**  
**Altered Airways**

stitched in place) x1			
12. Gloves	Y/N		
Other...			

**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)

Affix Patient Label here or record

NAME: .....

NHS NO:

HOSP NO:

D.O.B:   /   /     MALE  FEMALE

**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	1.		

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- H&N-004  
Altered Airways

/tapes/baseplates	2.		
	3.		
	4.		
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.



**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 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.