

NORTH WEST LONDON TRACHEOSTOMY DISCHARGE SUMMARY



Quality Improvement ∞ Continuous Learning

Tracheostomy tube on discharge	Make:	Size:	Fenestrated:
	Inner cannula:	Cuffed:	Length of tube (if not standard)
	Subglottic:		
Reason for insertion and continued need			
State of stoma on discharge			
Date of first tracheostomy tube insertion			
Difficult airway / ENT involvement Please state			

NORTH WEST LONDON TRACHEOSTOMY DISCHARGE SUMMARY

<p>Red flag incidents in hospital: PLEASE COMMENT ON EACH & STATE THE VULNERABILITY OF PATIENT IN REALTION TO THE RED FLAGS</p> <p>Granulation Obstruction (please state) Accidental decannulation Dislodged tracheostomy Bleeding</p> <p>Please state how long patient can maintain airway without trache insitu</p>	<p>GRANULATION</p>	
	<p>OBSTRUCTION</p>	
	<p>ACCIDENTAL DECANNULATION</p>	
	<p>DISLODGED TRACHEOSTOMY</p>	
	<p>BLEEDING</p>	
	<p>PATIENT VULNERABILITY</p>	
	<p>One way speaking valve use (Portex orator or Passy Muir Valve)</p> <p>Please state if tried and outcome</p>	
<p>Communication</p> <p>How does the patient communicate</p>		
<p>Weaning trial attempted in hospital</p> <p>E.g. Decannulation or cuff down trials, please state outcome</p>		
<p>Any problems with tracheostomy tube changes</p>		

NORTH WEST LONDON TRACHEOSTOMY DISCHARGE SUMMARY

Please state (e.g stoma spasm, bleeding post procedure)	
<p>Last FEES and/or Dynamic Airway Assessment</p> <p>Please state outcome</p>	
<p>SALT report</p>	
<p>Secretion management protocol</p> <p>Drugs used Physiotherapy techniques</p>	
<p>Any history of gastric reflux</p> <p>PLEASE STATE</p> <ul style="list-style-type: none"> • drugs prescribed for reflux and duration of treatment • Was treatment successful • Has the patient been referred to a GI specialist. 	
<p>Known Colonisation of any organisms e.g.: Pseudomonas</p> <p>Please state any current treatment</p>	
<p>Treatment escalation plan & DNAR status</p> <p>This must have been formally discussed with the patient (where appropriate) and/or next of kin</p> <p>PLEASE COMMENT</p>	

NORTH WEST LONDON TRACHEOSTOMY DISCHARGE SUMMARY

<p>Community weaning plan developed?</p> <p>If YES please state</p>	
<p>Hospital clinical staff to contact for advice</p> <p>Please state name and contact details</p>	
<p>Who by and where should the first tracheostomy tube change be carried out following discharge?</p>	

DISCHARGE CHECKLIST: Equipment and Key Clinicians

CHECKLIST	YES / NO	SIGNATURE
Appropriate transport booked		
Emergency Services have been pre-alerted that a patient with a tracheostomy is being discharged into the community		
Patient registered with either Countrywide Tracheostomy supplies or Fittleworth		
Community Nurse referral completed and attached		

NORTH WEST LONDON TRACHEOSTOMY DISCHARGE SUMMARY

Community Nursing Team contact details recorded in patient discharge summary and hospital notes		
Community nursing Team have been advised of the hard equipment they need to supply: <ul style="list-style-type: none"> • Portable suction machine with re-usable cannister • Nebuliser compressor 		
Consumable supplies list completed and sent to Community Nursing Team		
Tracheostomy Passport completed with all essential contact details		
Tracheostomy Emergency Box fully stocked for patient (no tracheal dilators in community)		
Bag valve mask supplied with catheter mount		
Emergency algorithms written for individual patient <ul style="list-style-type: none"> • Sputum plug • Dislodged tracheostomy tube • Management of chest infection • Unable to pass suction catheter down tracheostomy tube 		
Cuff pressure monitor supplied (if appropriate)		
If patient manging own tracheostomy tube: <ul style="list-style-type: none"> • All training and education have been carried out by hospital nurse 		
14 day supply of tracheostomy consumables for patient to take home <ul style="list-style-type: none"> • Suction catheters of appropriate size • Suction tubing for portable suction • Tracheostomy dressing • Tracheostomy ties • Dressing packs • Gauze swabs • Saline for cleaning 		

NORTH WEST LONDON TRACHEOSTOMY DISCHARGE SUMMARY

<ul style="list-style-type: none"> • Tracheostomy inner tube cleaning sponges/swabs • HME's / stoma bibs • Nebuliser reservoir and tubing • Spare inner cannulas • Tracheostomy mask • Spare speaking valve if appropriate • Non sterile gloves 		
<p>All appropriate information given to patient / family</p>		

Developed by: North West London Safe Tracheostomy Care Collaborative



Particular thanks to:

- Debbie Field, Consultant Nurse in Complex ventilation, Royal Brompton & Harefield NHS Foundation Trust
- Andrew Holroyd, Senior airway nurse, Imperial College Healthcare Trust
- Margaret Ashcroft, Senior airway nurse, Imperial College Healthcare Trust