

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/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

Lead Clinician(s)

Catherine Ball	CNS Head and Neck
Emma Jameson	Head and Neck Physiotherapist
Approved by ICM Forum on:	14 th October 2024
This is the most current document and is to be used until a revised version is available:	14 th October 2027

Key amendments to this guideline

Date	Amendment	Approved by:
December 2014	New guideline	
January 2017	Document extended as per TMC paper approved on 22 nd 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	
	Extended due to Covid pandemic	
3rd May 2024	Document extended for 6 months whilst under review	Emma Jameson
October 2024	Minor amendments made and removal of reference to Mini Tracheostomy Patient Information Leaflet as no longer available	ENT 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) and Physiotherapist should be involved to support the process. Where appropriate an MDT meeting should be arranged to involve all key healthcare professionals, to facilitate the discharge home.

It is the ward nursing staffs' responsibility to ensure that the Altered Airways Discharge Pathway (AADP) is printed off filled in and filed in patients notes 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**' lists 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 and a log kept to ensure this is resent on a yearly basis as requested by Ambulance services.

Training process of patient/carer

Dependant on the patient's requirements the patient/carer identified should possess the following skills in altered airways management 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.

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, CNS and/or Physiotherapist.

Adult patients going home with an altered airway		
<i>Guidelines for the care and training required for carer/patient prior to discharge from hospital</i>		
WAHT-KD-030	Page 3 of 13	Version 2

WAHT- KD-030

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The Patient/Carer should be given the appropriate Patient Information Booklet (see 'supporting documentation') at the earliest opportunity 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 the booklet as well as the ADPP 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 Ward nursing staff prior to discharge. The booklet should then be given to the patient as a reference to use when at home. A copy of the **AADP 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 or commissioned care agencies however it is not the responsibility of WAHT staff to confirm competence.

Equipment - Special/Consumable/Emergency

If '**Specialist equipment**' (Suction machine, Nebuliser & Oxygen) is needed, then this should be ordered within plenty of time of the patient going home to ensure it arrives in a timely manner.

The ward should provide 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 supply of all '**Emergency equipment**' (Please note this will differ between Tracheostomy and Laryngectomy, see list in AADP) should also be given to the patient along with a list of its contents. The patient should be informed that they emergency equipment box should be kept stocked at all times and taken with them on all journeys.

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, this could include ward staff, ENT, Respiratory team, CNS, Physiotherapist, Occupational Therapist, Speech Language therapist, Dietitian, Onward care team, Continuing healthcare assessor, Palliative care.

Adult patients going home with an altered airway		
<i>Guidelines for the care and training required for carer/patient prior to discharge from hospital</i>		
WAHT-KD-030	Page 4 of 13	Version 2

It is the Ward Nursing Staffs' responsibility to facilitate 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/Allied Healthcare Professionals clinic (AHP) 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:

- AADP is complete and filed in the medical notes to include:
 - **'Essential referrals list'**
 - **'Specialist and Consumable equipment checklist'**
 - **'Emergency equipment box checklist'**
 - **'Altered Airways training – Final assessment'**
- The Patient's information booklet with final assessment completed and signed and given to the patient.
- If appropriate District Nurse informed of patients discharge, handover given and their requirement of specialist/consumable equipment needs given.
- One week's supply of Consumable equipment given to patient.
- **'Emergency box equipment'** given to patient.
- Patient has *specialist equipment* supplied(if required) i.e. Nebuliser and suction units
- Appointment made for Nurse Led Altered Airways Clinic (If appropriate)
- **'Ambulance Trust letter'** sent/emailed, and record kept with in Head and Neck

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.

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
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
Charles Daultrey/Peter Deutsch	ENT Consultant
Annabel Jacob	CNS Head and Neck
Mirjana Rasovic	Head and Neck SLT
Emma Boffey	Senior Head and Neck Physio
Donna Bagnall	Critical Care Outreach Lead WAHT
Becky Allies/Abbie Currie	Junior Sister Head and Neck
Megan King	Ward Manager Head and Neck
Rachel Harris	Matron Head and Neck/Vascular

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

Name	Directorate / Department
Rebecca Pritchard	Directorate Support Manager
Kieron McVeigh	Clinical Director Maxillofacial/Oral Surgery
Steve Lewis	Clinical Director ENT

WAHT- KD-030

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Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Emma Jameson
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Emma Jameson	Clinical Lead Physiotherapist - Surgery, ICU and Paediatrics	emmajameson@nhs.net
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Adult altered airway patients – Discharge guideline			
What is the aim, purpose and/or intended outcomes of this Activity?				
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/>	Service User	x	Staff
	x	Patient	<input type="checkbox"/>	Communities
	<input type="checkbox"/>	Carers	<input type="checkbox"/>	Other _____
	<input type="checkbox"/>		<input type="checkbox"/>	

	Visitors
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		
Disability		X		
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual		X		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Orientation				
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the

diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	



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.

	Title of document:	Yes/No
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