

WAHT-KD-030

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Affix Patient Label here or record											
NAME:											
NHS NO:		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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D.O.B:		<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
										MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>

Altered Airways Discharge Pathway (AADP)

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 Documentation:

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

Altered Airway (Circle as appropriate)	Tracheostomy/Laryngectomy
Discharge destination (Circle as appropriate)	Home/Nursing home/Hospice/Other

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Referrals to be completed prior to discharge (if required)

Referred to	Contact details	Comments	Contact Completed	Sign and date
Acute Team				
Head and Neck CNS				
Speech and Language Therapy -swallow f/u -Care of TEP				
Physiotherapist -Altered airways teaching -Mobility Ax				
Nutritional Support Dietitian				
Onward Care Team PW1/PW2/CHC Carers/Rehab				
Occupational Therapist Equipment for home				
Respiratory Nurse If O2 required/HOOF				
Community Team				
District Nurses -Dressing/stoma /PEG care -Ordering of equipment				
Home consumables delivery set up				

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Specialist (if appropriate) and Consumable equipment checklist

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

Required Y/N	Item	requirements	To be ordered from	Supplier	Ord ered	Issu ed
					Date/Sign	
Specialist equipment:						
	Suction machine	Battery and mains operated	CNS/ Equipment loan store/ Herefordshire CNS	Laerdal Medical Ltd. NHS Supply Chain.		
	Nebuliser machine	Mains operated	CNS/ Herefordshire CNS	NHS supply chain		
	Oxygen, Oxygen tubing /trache mask	Level of O2 required If required for this patient Y/N	Hoof Form – Ward/ Respiratory nurses	Oxygen Tubing		
Consumable equipment:					Issued Date/Sign	
	Suction catheters	Size dependent on tube/secretions	Ward then DNs	NHS Supply chain		
	Suction tubing	2 of each	Ward then DNs			
	Yankeur suction tubes		Ward then DNs	NHS Supply chain		
	Tracheostomy tubes/Lary tubes	Traceostomy same size and one smaller. Laryngectomy two tubes.	Ward/Home delivery supplier	CNS- altered airways clinic. Home Delivery supplier.		
	Tracheostomy Dilators/Tileys forceps	One	Ward/CNS	NHS supply chain		
	Tracheostomy dressing/Lary baseplate	One box	Ward then DNs/home delivery supplier	Various		

Adult patients going home with an altered airway

[Guidelines for the care and training required for carer/patient prior to discharge from hospital](#)

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Required Y/N	Item	requirements	To be ordered from	Supplier	Ordered	Issued
					Date/Sign	
	Trache tapes	One box	Ward/ DNs/home delivery supplier	NHS Supply chain		
	Nebuliser chamber/trach eostomy mask/tubing	2 of each	Ward/ DNs/home delivery supplier	NHS supply chain		
	Stoma filters/HMEs	2 boxes	Ward/ DNs/home delivery supplier	Various		
	Shower shield	one	Ward/ DNs/home delivery supplier	Various		
	Stoma bib	4	Ward/ DNs/home delivery supplier	Various		

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Emergency Box contents
Tracheostomy patients

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

Equipment Tracheostomy	Issued	Date	Print name and sign
1. Tracheostomy Tube x2 (same size and 1 smaller)	Y/N		
2. Inner tubes	Y/N		
3. Lubrication gel	Y/N		
4. Sterile dressing pack x1	Y/N		
5. Appropriate sized suction catheters x3	Y/N		
6. Tracheostomy dressings x1	Y/N		
7. Tracheostomy tapes x1	Y/N		
8. Tracheal dilators x1	Y/N		
9. 10ml syringe (if tracheostomy cuffed) x1	Y/N		
10. Saline for nebuliser	Y/N		
Other...			

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

- Oxygen cylinder with tubing and appropriate mask (face/trache)
- Portable suction unit (with fully charged battery pack)
- Portable Nebuliser.

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Emergency Box Contents

Laryngectomy patients

Equipment Laryngectomy	Issued	Date	Print name and sign
1. Spare laryngectomy tube	Y/N		
2. Baseplate/tapes	Y/N		
3. HME	Y/N		
4. Lubrication gel	Y/N		
5. Tilleys forceps	Y/N		
6. Saline for nebuliser	Y/N		

Other equipment to be taken out on all journeys:

- Oxygen cylinder with tubing and appropriate mask (face/trache) **if appropriate**
- Portable suction unit (with fully charged battery pack) **if appropriate**
- Portable Nebuliser.

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.		
Theory of tracheal/stoma suctioning,(if appropriate) including signs of infection			
Practical of tracheal/stoma suctioning	1.		
	2.		
	3.		
	4.		

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Session outline (continued...)	Date/Time	Comments	Sign/Print
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....			

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1. 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:

Name _____	Position held _____	Signature _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 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 _____



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

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 Ball
Head and Neck CNS Nurse

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<i>Guidelines for the care and training required for carer/patient prior to discharge from hospital</i>		
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