

Affix Patient Label here or record

NAME:

NHS NO:

--	--	--	--	--	--	--	--	--	--

HOSP NO:

--	--	--	--	--	--	--	--	--	--

D.O.B:

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 MALE FEMALE

CARE PATHWAY FOR ALL PATIENTS WITH A TRACHEOSTOMY

WARD _____ CONS _____

This Care Pathway has been developed by a multidisciplinary team. It is intended as a guide to care and treatment, and an aid to documenting patient progress. The Care Pathway document is designed to replace the conventional nursing clinical record. All healthcare professionals are of course free to exercise their own professional judgement when using this care pathway. However if the Care Pathway is varied from for any reason, the reason for variation and subsequent action taken must be documented on the multidisciplinary progress notes.

All patients with an ALTERED AIRWAY will be nursed in designated ward areas across the Trust:
Head and Neck for surgical patients at WRH
Acute Respiratory Unit for respiratory patients at WRH
Ward 5 for patients at Alexandra Hospital

ALL CUFFED tracheostomy tubes should be managed at WRH on Head & Neck or ICU

For information regarding Tracheostomy training & competency please contact Emma Jameson Physio head and Neck Ext 39119 or Catherine Bell Head and Neck CNS Ext 39151

Any comments / problems in completing this pathway should contact Sister Donna Bagnall Critical Care Outreach Ext 39555 or Bleep 421/422

Approved at the Intensive Care Forum:

Review Date:

Approved by Medical Records Committee: 17/11/2008

Guidelines referred to when developing this care pathway:

1. WAHT-CRI-001 Tracheostomy Guidelines

Abbreviations used in Care Pathway

RN	Registered Nurse	St N	Student Nurse
HCA	Health Care Assistant	SLT	Speech and Language Therapist
Dr	Doctor	RD	Registered Dietician
PT	Physiotherapist	PH	Pharmacist

Supporting Documentation

- Tracheostomy observation chart
- Tracheostomy Equipment Change Chart
- Tracheostomy Decannulation guidelines
- Altered Airways care for Registered Health Care Professionals

FILE THIS CARE PATHWAY IN THE PATIENT'S MEDICAL NOTES

Affix Patient Label here or record

NAME:

NHS NO:

HOSP NO:

D.O.B: / / MALE FEMALE

WARD _____ CONS _____

CARE PATHWAY FOR ALL PATIENTS WITH A TRACHEOSTOMY

All users of this pathway must enter their specimen signature and initials below

Staff caring for the patient with a Tracheostomy should have successfully completed or be working towards completion of Altered Airways for Registered Healthcare Professionals, self-learning package-theory and practical assessments.

NAME	SIGNATURE	INITIALS	DESIGNATION

Affix Patient Label here or record

NAME:

NHS NO:

HOSP NO:

D.O.B: / / MALE FEMALE

WARD _____ CONS _____

INSERTION OF TRACHEOSTOMY	Y	N	N/A	Signature (Date where appropriate)
Tracheostomy inserted in ICU				
Tracheostomy inserted in Theatres				
Patient admitted with Tracheostomy				
Insertion Date:				
Type of tube:				
Size:				
Cuffed				
Subglottic suction port				
Fenestrated				

MANAGEMENT OF TRACHEOSTOMY	Y	N	N/A	Signature (Date where appropriate)
Daily tracheostomy observation chart completed at least once per shift.				
Referrals Required:				
ENT Team				
Head and Neck CNS				
Physiotherapist				
Speech & Language Therapist: Consider early / ongoing assessment of swallow function / aspiration risk and communication				
Dietitian: Ensure patient received adequate nutrition via enteral / parental route. Refer to trust nutritional assessment for guidance.				
Other:				

Affix Patient Label here or record

NAME:

NHS NO:

HOSP NO:

D.O.B: / / MALE FEMALE

WARD _____ CONS _____

WEANING / DECANNULATION GUIDELINES AND FLOWCHART	Y	N	N/A	Signature (Date where appropriate)
Is the long term goal for the patient to have the tracheostomy removed?				
<p>If YES follow decannulation guidelines below.</p> <p>If NO / NOT KNOWN give written reason: (Please note weaning may still be appropriate e.g. Cuff deflation trial)</p>				
<p>Following MDT discussion - Does the patient fit the criteria for Weaning.</p> <p>4 or more of the below criteria</p> <ul style="list-style-type: none"> • RR < 25 • Fio2 < 40% • SaO2 > 95% • Effective cough • Infrequent suction required • Alert & cooperative <p>If Yes go to Tracheostomy Weaning</p> <p>If No give written reason in multidisciplinary progress notes. Please make a daily entry of patient progress including the application of Decannulation Guidelines.</p>				

Affix Patient Label here or record

NAME:

NHS NO:

HOSP NO:

D.O.B: / / MALE FEMALE

WARD _____ CONS _____

TRACHEOSTOMY WEANING	Date Commenced / Signature	Date Successful / Signature
<p><u>STAGE 1: Cuff deflation trial:</u></p> <p>Monitor observations: NEWS, minimal suction requirements, maintain target SaO₂, patient comfort.</p> <p>If successful cuff remains down for 30 mins or longer if tolerated, and monitor as above.</p> <p>If unsuccessful reinflate cuff and reassess daily if appropriate.</p> <p>Consider use of speaking valve if appropriate.</p> <p><u>STAGE 2: Cuff deflation daytime:</u></p> <p>Monitor observations, NEWS, minimal suction requirements, maintain target SaO₂, patient comfort.</p> <p>If successful cuff remains down for daytime hours and monitor as above. Re-inflate cuff overnight.</p> <p>If unsuccessful re-inflate cuff and reassess if appropriate.</p> <p>Consider use of speaking valve if appropriate.</p> <p><u>STAGE 3: Cuff deflation 24 hours:</u></p> <p>Monitor observations: NEWS. Minimal suction requirements, maintain target SaO₂, patient comfort.</p> <p>If successful cuff remains down for 24 hours or longer if tolerated, consider and monitor as above.</p> <p>If Unsuccessful re-inflate cuff and reassess daily if appropriate.</p> <p>Consider use of speaking valve if appropriate.</p> <p>Consider downsizing tube to aid weaning process (see below)</p>		

Affix Patient Label here or record

NAME:

NHS NO:

HOSP NO:

D.O.B: // MALE FEMALE

WARD _____ CONS _____

TRACHEOSTOMY WEANING		Date Commenced / Signature		Date Successful / Signature	
<u>STAGE 4: Decannulation:</u>					
Criteria applied as below:					
<ul style="list-style-type: none"> • RR < 25 • Fio2 < 40% • SaO2 > 95% • Consistently effective cough clearing secretions independently • Suction required < once in 24 hours • Alert and cooperative • Patent upper airway 					
If fulfil all criteria, discuss with MDT - downsize tube or decannulation:					
Downsize Tube (if appropriate)		Y	N	N/A	Date / Sign
Type:					
Size:					
Cuffed					
Subglottic suction port					
Fenestration					
Decannulation Date:					

Affix Patient Label here or record

NAME:

NHS NO:

HOSP NO:

D.O.B: // MALE FEMALE

TRACHEOSTOMY OBSERVATION CHART
THIS CHART TO BE COMPLETED ONCE PER SHIFT
AND FILED IN PATIENT'S MEDICAL NOTES

Tube Type:..... Date Inserted.....

Size:..... Cuffed Y / N Fenestrated Y / N

Please tick when completed each shift	Day/Date																			
	Shift	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N	
Bed head sign in place																				
Oxygen present & Working (AP)																				
Humidification in place (HME, stoma bib)																				
Nebuliser																				
Inner tube changed																				
Cuff Inflated																				
Cuff Deflated																				
Cuff Pressure checked																				
Subglottic port aspirated (1-2 hourly documented amount)																				
Stoma care - cleaned and TV concerns documented)																				
Stoma care - Dressing changed																				
Stoma care - Tapes changed																				
Suction present & working																				
Suction catheter size:																				
Change of suction tubing / equipment																				
Water for cleaning suction tubing present / changed as required																				
Change Tracheostomy mask / nebuliser chamber																				

Affix Patient Label here or record

NAME:

NHS NO:

HOSP NO:

D.O.B: // MALE FEMALE

TRACHEOSTOMY OBSERVATION CHART
THIS CHART TO BE COMPLETED ONCE PER SHIFT
AND FILED IN PATIENT'S MEDICAL NOTES

WARD _____ CONS _____

Tube Type:..... Date Inserted.....
Size:..... Cuffed Y / N Fenestrated Y / N

Please tick when completed each shift	Day/Date																			
	Shift	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N	
Bed head sign in place																				
Oxygen present & Working (AP)																				
Humidification in place (HME, stoma bib)																				
Nebuliser																				
Inner tube changed																				
Cuff Inflated																				
Cuff Deflated																				
Cuff Pressure checked																				
Subglottic port aspirated (1-2 hourly documented amount)																				
Stoma care - cleaned and TV concerns documented)																				
Stoma care - Dressing changed																				
Stoma care - Tapes changed																				
Suction present & working																				
Suction catheter size:																				
Change of suction tubing / equipment																				
Water for cleaning suction tubing present / changed as required																				
Change Tracheostomy mask / nebuliser chamber																				

Affix Patient Label here or record

NAME:

NHS NO:

HOSP NO:

D.O.B: DD/MM/YYYY MALE FEMALE

WARD _____ CONS _____

TRACHEOSTOMY OBSERVATION CHART

RECORD OF SUCTION		
KEY:		
Amount Suctioned	Type	Clearance Technique
+ Small amount	C - Clear / mucoid	SE - Self Expectored
++ Moderate amount	P - Purulent (yellow / green)	Y - Yankeur
+++ Large Amount	BS - Blood streaked	SC - Suction Catheter
	B - Blood	SY - Self Yankeuring
	S - Saliva	
	F - Frothy	

Date	Time	Amount Suctioned (Use Key)	Type - Quality / Colour (Use Key)	Clearance Technique	Signature

