

Practical Laryngectomy Assessment

1. Care of the Stoma

Prepare all equipment, explain procedure to patient and gain consent.

Remove laryngectomy tube (if present)

Examine stoma check for redness inflammation or signs of infection. Clean around stoma using normal saline and sterile gauze.

Check for crusts and dried secretions around stoma edges and remove, either with gauze or forceps, ensuring stoma clean.

Replace Laryngectomy tube if required.

Document in notes.

Date	Competency Skill	Candidate Signature	Assessors Signature
	Simulation		
	Practical		

2. Care of the Laryngectomy tube

Patient to have 2 tubes of same size.

Remove tube (clean stoma as above) rinse tube with sterile water/saline into sterile receiver using tube cleaning brush. Pat tube dry with gauze and store in lidded container.

Check replacement tube for signs of wear and breakage and ensure that it is clean.

Insert into stoma with small amount lubrication gel, position with tracheostomy tapes two fingers width to neck.

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3. Care of the TEP

Post surgical TEP with foley catheter in position. Ensure tube in position and rotate each side of stoma secured with tape to prevent pressure damage.
Keep tube clean and visual check of surrounding tissue.

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4. Humidification/Applying Oxygen/Nebuliser

Prepare necessary equipment
Position HME onto tube or stoma bib over laryngectomy stoma.
Set up Aquapak humidified circuit and apply to stoma using tracheostomy mask.
Set up nebuliser with Saline and apply using tracheostomy mask.
Document.

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5.Care of the Speaking valve.

Visual inspection of speaking valve, no obvious leakage or breaks.

Apply brush through centre of speaking valve with appropriate sized valve brush.

Refer to SLT/CNS if speaking valve misplaced, leaking or not competent in managing.

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