

# **Integrated Care Pathway for Patients with a Laryngectomy**

## Information regarding patients admitted to a ward area with a laryngectomy

<i>Patient label</i>	Date of Laryngectomy Surgery
<b>Is the patient usually self- caring with their laryngectomy?</b>	Yes: <i>Check equipment with patient.</i> <i>Contact ENT/SLT/Outreach if equipment needed</i>  No: <i>Contact relative/carer/ENT re patients usual requirements</i>
<b>Does the patient routinely wear a Laryngectomy tube?</b>	Yes : Daytime <input type="checkbox"/> Day / night <input type="checkbox"/> Night only <input type="checkbox"/> <i>If yes, what type / size?</i>  No
<b>Does the patient have a voice prosthesis?</b>	Yes <input type="checkbox"/> Type / size of valve  If No, tick preferred communication method. Electrolarynx <input type="checkbox"/> Writing <input type="checkbox"/> Mouthing <input type="checkbox"/> Other:.....
<b>What humidification does the patient normally wear</b>	Buchanan Bib <input type="checkbox"/> HME <input type="checkbox"/> ? Baseplate / tube type  Other.....
<b>Current Humidified Requirement</b>	<input type="checkbox"/> Humidified oxygen - O2% ... <input type="checkbox"/> Bib  <input type="checkbox"/> Nebs <input type="checkbox"/> Other.....
<b>Secretions (colour, viscosity, ability to clear)</b>	
<b>Suction Requirements i.e. frequency / yankeur / deep</b>	
<b>Plan (short and long term)</b>	
<b>Please contact the following ASAP</b>	<b>Critical Care Outreach:</b> Bleep 1428 <input type="checkbox"/> <b>Respiratory Physio:</b> Bleep 1286 <input type="checkbox"/> <b>ENT contact:</b> Bleep 1410 <input type="checkbox"/> <b>SLT contact:</b> 85582 <input type="checkbox"/>

## Continuation of Care Information

<b>Patients Name</b>		<b>Hospital Number</b>	
<b>D.O.B.</b>		<b>Consultant</b>	

### Weekly MDT Reviews / Weaning Recommendations

<b>Medical Team:</b>	
<b>Signature</b>	<b>Date</b>
<b>Critical Care Outreach:</b>	
<b>Signature</b>	<b>Date</b>
<b>Physiotherapy:</b>	
<b>Signature</b>	<b>Date</b>
<b>Speech and Language Therapist:</b>	
<b>Signature</b>	<b>Date</b>

Name sticker

# Laryngectomy

## documentation of care

Date:

	<b>Cough effort / sputum / suction</b> ( <i>colour/volume/consistency/odour</i> )	<b>Humidification present</b> (Y / N) <i>Should be present at all times</i>	<b>Comments</b>	<b>Signed</b>
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# Laryngectomy Discharge Information

If there have been significant changes in a patients' ability to manage their own Laryngectomy care or a change in housing, the following people may require education/re-education to ensure a safe discharge from hospital:

- The patient's relatives / next of kin / carers
- The district / community nursing team
- A new Nursing Home /care facility

Planning Laryngectomy discharge where there have been significant changes to the patients ability to independently manage can be a complex process, involving close liaison with the community team and ensuring that staff and patients have the right equipment and training.

This document lays out the core skills required by the patient or carer prior to discharge from hospital. It lists the essential equipment to ensure a safe discharge from hospital.

## Contents of pack:

- 3. Laryngectomy Skills Prior to discharge** - skills required by the patient and/or carer/ community nursing team prior to discharge from hospital
  - These skills should be signed off, and filed in the patient's medical notes.
  - A copy should be given to the patient/carers/community nursing team.
- 4. Essential laryngectomy equipment required for discharge** - List of essential equipment required for home / community placement and where this can be ordered from.
- 3. Tracheostomy Discharge Information** – Documentation / emergency and useful contacts

## Laryngectomy Skills Prior to Discharge

Patient Name \_\_\_\_\_ Hospital Number \_\_\_\_\_

Skills required prior to discharge	Patient	Carer / community nursing team	Comments / Date
Understanding of basic altered neck anatomy and physiology			
Understands importance and frequency of stoma cleaning			
Demonstrates effective cleaning of stoma site			
Demonstrates the awareness of the indications for suction			
Demonstrates the awareness of the indications for suction			

Demonstrates an effective suction technique			
Demonstrates awareness of the indication for humidification			
Demonstrates what to do if the laryngectomy becomes blocked			
Demonstrates what to do if the laryngectomy becomes displaced / emergency			

### Essential laryngectomy equipment required for discharge

Patient Name \_\_\_\_\_ Hospital Number \_\_\_\_\_

Item	Requirements	To be ordered from:	Signed /Date
Suction Machine	Battery and mains operated		
Suction Catheters			
Yankeur Suction Catheter	If applicable		
Laryngectomy Tube	A spare laryngectomy tube and the size down if the patient uses one		
Humidification System / Nebuliser chamber and tubing			

# Information for patients – Laryngectomy and what to do in an emergency

## What should I do if the laryngectomy becomes blocked?

5. Try to suction down the laryngectomy
  - a. If your symptoms are relieved → have a nebuliser
  - b. If you are still in difficulty, call **999** immediately

## Laryngectomy Discharge Information

On discharge from hospital, this document should be filed in the patients' medical notes.

If the patient is to be transferred to another hospital/ nursing home, the following should be sent with the patient:

- A photocopy of the front sheet
- Photocopies of the MDT record sheets
- A photocopy of the Skills required before discharge from hospital
- List of essential laryngectomy equipment and ordering details
- Patient information sheet/ Emergency guidelines
- Important Contact Numbers
  - Atos Supplies: 0800 783 1659
  - <https://www.atosmedical.co.uk>
  - GP Telephone Number
  - Critical care outreach contact number - Bleep 1428 at Worthing Hospital 8am-8pm
  - Speech Therapist Number – Samantha Wallace (Worthing 01902 205111 x85582)