

Appendix 12: Patient education pack – Tracheostomy and Laryngectomy

DISCHARGE PACK FOR TRACHEOSTOMY / LARYNGECTOMY

Patient ID:

PATIENTS NOT TO BE DISCHARGED FRIDAY – SUNDAY

Pg No:	Form / Equipment	Sign / date completed or prepared
2-5	Patient Tracheostomy Training Document- Pt +/- carer training should commence from the moment when a long term tracheostomy requirement is first considered likely. An ongoing process starting with becoming familiar with the look and feel of the stoma and tube. Please escalate concerns asap if patient +/- carer engagement with training is particularly challenging.	
4-5	Equipment to go home with	
6	ATOS Medical Supplies registration- Atos supply ongoing equipment and support for patients post discharge- order their first supply, ensuring that the address provided is the address the patient will be returning to where their delivery will be able to be received.	
7	Equipment Loan agreement Print 4x Nebulizer and Suction and Equipment loan agreement form (one copy for patient/ once copy for ward equipment loan file)	
8	SECAMB ambulance proforma- to be scanned and emailed prior to discharge. This allows ambulances to be forewarned that the patient has a tracheostomy if they get called out to them.	
9-10	ENT OPD Tracheostomy referral form- scan in and email to ENT OPD	
	Give patient Trachi-Pass “Personal Tracheostomy Passport”- ensure all relevant pages are filled in. <i>If low on stock, order these through orders.uk@atosmedical.com</i>	
	Post discharge care of PEG/RIG co-ordinated if applicable, including patient training	
	TTO’s (including CDs)- liquid/ dispersible.	

Tracheostomy Patient Training For Discharge

PT ID

NOK/ Carer:

Prior to discharge, the patient and / or carer must demonstrate competence in all skills listed below.

	Patient demonstrates confidence	Staff nurse Date
<p>ANATOMY&PHYSIOLOGY Patient and /or carer demonstrates understanding of basic knowledge of altered post-surgical neck anatomy (<i>use enclosed pictures or mannequin</i>)</p> <ul style="list-style-type: none"> • Patient and/or carer demonstrates understanding of structure of tracheostomy stoma site • Patient and/or carer can identify the type and parts of the tube they possess 		
<p>STOMA CARE</p> <ul style="list-style-type: none"> • Patient and/or carer demonstrates understanding of the importance of stoma cleaning and frequency (<i>daily</i>) • Patient and/or carer able to state possible signs of skin damage or infection at the stoma site • Patient and/or carer demonstrates effective cleaning of stoma, with appropriate dressings/wipes • Patient and/or carer demonstrates effective use of barrier wipes/ cavillon lollipops 		
<p>TUBE CARE</p> <ul style="list-style-type: none"> • Patient and/or carer demonstrates understanding of the importance of inner tube cleaning and frequency • Patient demonstrates ability to remove inner cannula, clean it and then re-site it • Patient understands and demonstrates how to care for their tubes and lower risk of infection (storage of tubes in a clean and dry container) 		
<p>DRESSING CARE</p> <ul style="list-style-type: none"> • Patient and/or carer demonstrates an understanding of the importance of dressing care and frequency of changes • Patient and/or carer demonstrates how to change tracheostomy dressing 		
<p>TRACHEOSTOMY VELCRO HOLDER CARE</p> <ul style="list-style-type: none"> • Patient and/or carer demonstrates how to change tracheostomy holder and adjust fit (<i>at least weekly</i>). <p><i>This task must be undertaken by 2 individuals (patient & NOK or Community Nurse), to avoid tube displacement.</i></p>		
<p>SUCTIONING</p> <ul style="list-style-type: none"> • Patient and/or carer demonstrates awareness of the indications of suction 		

<ul style="list-style-type: none"> • Patient and/or carer demonstrates an awareness of oral and tracheal suction • Patient and/or carer demonstrates an awareness of the type of tracheostomy the patient has and the implications of suction • Patient/carer demonstrates an effective suction technique • Patient/carer demonstrates suction bag and tubing replacement. Plus disposal of contents • Patient/carer aware of signs of infection (colour, thickness and smell of secretions) 		
<p>HUMIDIFICATION</p> <ul style="list-style-type: none"> • Patient and/or carer demonstrate awareness and importance of always using appropriate humidification, to avoid dry/ thick secretions. • Forms of humidification discussed and agreed with patient and /or carer i.e. heat moisture exchange system (HME) e.g Swedish nose, Buchannon bib, humidified oxygen (if applicable) • Patient and/or carer demonstrates understanding of when a nebuliser is required and when to increase its use <ul style="list-style-type: none"> • Patient and/or carer demonstrates how to keep equipment clean (nebuliser chamber is emptied, cleaned and kept dry, to avoid contamination) 		
<p>CUFF PRESSURE CHECK (if applicable)</p> <ul style="list-style-type: none"> • Patient and/or carer demonstrates awareness and ability to check tracheostomy cuff pressure twice a day using a manometer 		
<p>EMERGENCY PROCEDURES</p> <ul style="list-style-type: none"> • Patient and/or carer is aware of what constitutes a tracheostomy emergency • Register with https://www.emergencysms.net prior to discharge to enable contacting emergency services using text messaging <p>Blocked Tubes</p> <ul style="list-style-type: none"> • Patient and/or carer indicates they know what to do if the tracheostomy becomes blocked <ol style="list-style-type: none"> 1. Removal of inner tube, to check for plugs and replace with clean tube 2. If still in difficulty, cough and suction tracheostomy tube. 3. If above relieves symptoms, use back-to-back nebulisers immediately. <p>Or</p> <ol style="list-style-type: none"> 4. If still struggling to breath – call Emergency Services on 999 immediately 5. Whilst awaiting Emergency Services to attend, entire tracheostomy tube may be removed. <p>Displaced Tubes</p> <p>Patient and/or carer indicates he knows what to do if the tracheostomy becomes displaced</p> <p>Try to reinsert the tube into the stoma. If unable to do and airway compromise contact Emergency services immediately, if non verbal text 999 with details</p>		

Equipment for Discharge for Tracheostomy

Patient Name _____

Hospital Number _____

Item	Requirements	To be ordered from:	Signed /Date
Suction Machine	Battery and mains operated		
Suction Catheters			
Yankauer Suction Catheter	If applicable		
Tracheostomy Tubes	One same size and one smaller and all appropriate inner tubes		
Tracheostomy Dressings			
Tracheostomy Holders			
Humidification System / Nebuliser chamber and tubing			
Oxygen	If appropriate		
Cleaning tips			

Laryngectomy Patient Training For Discharge

PT ID
NOK/ Carer:

	Patient demonstrates confidence	Staff nurse Date
ANATOMY&PHYSIOLOGY <ul style="list-style-type: none"> • Patient and /or carer demonstrates understanding of basic knowledge of altered post-surgical neck anatomy • Patient and/or carer demonstrates understanding of structure of laryngectomy stoma site 		
STOMA CARE <ul style="list-style-type: none"> • Patient and/or carer demonstrates understanding of the • importance of stoma cleaning and frequency (daily) • Patient and/or carer able to state possible signs of skin damage or infection at the stoma site (e.g. redness, pain, swelling, reduced diameter of stoma, difficulty siting tube) • Patient and/or carer demonstrates effective cleaning of stoma, with appropriate dressings/wipes/ use of tweezers • Patient and/or carer demonstrates effective use of barrier wipes/ cavilon applicators • Patient/carer knows how to protect airway when having a shower/bath (e.g. HME+tube in situ, with shower protector bib) 		
LARYNGECTOMY TUBE CARE (IF REQUIRED) <ul style="list-style-type: none"> • Patient and/or carer demonstrates understanding of the importance of tube cleaning and frequency • Patient demonstrates ability to remove tube, clean it and then re-site it • Patient demonstrates how to secure laryngectomy tube with tracheostomy tapes 		
BASE PLATE (IF REQUIRED) <ul style="list-style-type: none"> • Patient/carer is aware of what type of Base Plate they are using, how to order replacements and how to site appropriately • Patient/carer knows how to use appropriate HME/voice prosthesis to match Base Plate chosen with SALT 		
IVD- INDWELLING VOICE PROSTHESIS (IF REQUIRED) <ul style="list-style-type: none"> • Patient/carer knows how to clean voice 		

<ul style="list-style-type: none"> • prosthesis after every meal, and throughout the day. Patient/carer demonstrates indications that prosthesis has become dislodged or come out. Patient/carer knows who to contact if this happens, and what to do if they are struggling out of normal hospital SALT hours. 		
<p>SUCTIONING</p> <ul style="list-style-type: none"> • Patient and/or carer demonstrates awareness of the indications of suctioning • Patient and/or carer demonstrates an awareness of oral and laryngeal suction • Patient/carer demonstrates an effective suction technique • Patient/carer demonstrates suction bag and tubing replacement. Plus disposal of contents • Patient/carer aware of signs of infection (colour, thickness and smell of secretions) 		
<p>HUMIDIFICATION</p> <ul style="list-style-type: none"> • Patient and/or carer demonstrate awareness and importance of always using appropriate humidification, to avoid dry/ thick secretions, and reduce risk of infection from dust/pathogens. • Forms of humidification discussed and agreed with patient and /or carer i.e. heat moisture exchange system (HME) e.g HME for base plate or Lary tube, Buchannon bib • Patient and/or carer demonstrates understanding of when a nebuliser is required and when to increase its use • Patient and/or carer demonstrates how to keep equipment clean (nebuliser chamber is emptied, cleaned and kept dry, to avoid contamination) 		
<p>EMERGENCY PROCEDURES</p> <ul style="list-style-type: none"> • Patient and/or carer is aware of what constitutes a laryngectomy emergency (e.g. difficulty breathing, continuous increased work of breathing, aspiration of significant volume of water/food/vomit/secretions) • Blocked Tubes • Patient and/or carer indicates they know what to do if the laryngectomy becomes blocked • Removal of laryngectomy tube, to check for plugs and replace • If still in difficulty, cough and suction laryngectomy tube. • If above relieves symptoms, use back-to-back nebulisers immediately. <p>Or</p> <ul style="list-style-type: none"> • If still struggling to breath – call Emergency Services on 999 immediately • Whilst awaiting Emergency Services to attend, laryngectomy tube may be removed. 		

Equipment for Discharge for Laryngectomy

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			

Atos Medical supplies order for Tracheostomy patients

(Formally known as countrywide)

Tel: 0800 7831659

Email: info.uk@atosmedical.com

- Please register patient with Atos Medical UK (formally known as Countrywide supplies) on 0800 7831659. Opening hours Monday – Friday 09:00 – 17:30.
- The following supplies are to be ordered on discharge as a **2 weeks supply**, usually delivered to the patient on the next working day.

Note; the below items are mostly standard, but **PLEASE** assess your patients individual needs and equipment requirements as these may not apply to all. This is just a guide.

- Freevent® Neckband two-piece/tapes, Reference no: size small 1652, size large 1662. Pack of 10.
- Tracheostomy Dressing – Metalline or Freevent® Dressing AL coated with slit, Reference no: 14251. Pack of 10
- Provox® Skin Barrier wipes, Reference no: 8011. Pack of 50
- Provox cleaning Swabs (Medium), Reference no: 8251. Pack of 50
- Buchanan Bib (Provox Protector, small and large), Reference no: 7385. Pack of 10
- Provox Life™ Shower protector, Reference no: 8308. Pack of 1

Department of ENT,
Maxillo-facial and
Neurosurgery
Level 8A West

The Royal Sussex County Hospital
Eastern Road
Brighton
BN2 5BE
Tel: 01273 696955
Ext: 4357/4358

Equipment Loan Agreement

Equipment on Loan:

Serial number:

Patient Name:

Address:

Telephone No:

G.P:

Value of Equipment on loan:

- property of University Hospitals Sussex Trust.
- undersigned to care for and return this equipment to the address at the top of this form if it is no longer in use, so that it may be loaned to other clients.
- safety of the equipment passes to me on delivery, and remains with me until it is returned to Level 8A West ward.
- condition.

The above equipment is the

It is the responsibility of the undersigned to care for and return this equipment to the address at the top of this form if it is no longer in use, so that it may be loaned to other clients.

I understand that the care and safety of the equipment passes to me on delivery, and remains with me until it is returned to Level 8A West ward.

I undertake to return it in good

Name and signature
signature

(Ward sister/ Charge Nurse/ Staff Nurse)

Name and

(Patient/Recipient)

Please print TWO copies, one for patient and one for ward record.

**Registration of Laryngectomy / Tracheostomy
(Permanent Neck Breather)
South East Coast Ambulance Service**

Patients Name & NHS Number:	
Date of Birth:	
Address:	
Telephone (landline):	
G.P:	
G.P Practice:	
Medical Details:	
Completed by:	
Job Title:	
Telephone no:	
NOTES:	
Please send this form via email to: patientalert.secamb@nhs.net	

ENT OPD Tracheostomy Patient Referral Form

**To be completed on discharge and emailed to:
uhsussex.enttracheostomy@nhs.net**

Patients Name: Hospital ID: DOB: DD/MM/YYYY Address:	/ /												
Patients NOK: Relationship to patient: Contact telephone numbers:	Mobile: Home:												
Operation: Operation Date: ENT OPD appointment date:	DD/MM/YY DD/MM/YY												
Tracheostomy Type: Tracheostomy Size: Spare un-cuffed tracheostomy tube given? Spare un-cuffed <i>size smaller</i> tracheostomy tube given? Date of last tracheostomy change:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Tick please</td> <td style="width: 25%;">YES</td> <td style="width: 25%;">NO</td> <td style="width: 25%;"></td> </tr> <tr> <td>Tick please</td> <td>YES</td> <td>NO</td> <td></td> </tr> <tr> <td colspan="4">DD/MM/YY</td> </tr> </table>	Tick please	YES	NO		Tick please	YES	NO		DD/MM/YY			
Tick please	YES	NO											
Tick please	YES	NO											
DD/MM/YY													
Loan equipment paperwork completed and signed by patient?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">YES</td> <td style="width: 50%;"></td> </tr> <tr> <td>NO</td> <td></td> </tr> </table>	YES		NO		Details of above email address for spare equipment or issues given to patient?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">YES</td> <td style="width: 50%;"></td> </tr> <tr> <td>NO</td> <td></td> </tr> </table>	YES		NO			
YES													
NO													
YES													
NO													
Atos Medical Supplies set up?	YES		NO										

Amount of additional supplies provided by ward on discharge <i>ie: 5 x suction liners</i>	
Form completed by and Designation: Ward extn number:	

Information for patients - caring for your tracheostomy and what to do in an emergency

- Check the inner tube three times a day
 1. When you wake up
 2. In the middle of the day
 3. Before you go to bed

Clean it with running warm water and a cleaning swab or brush. You may need to check and clean the inner tube more frequently if you are producing a lot of secretions (phlegm)

- Always have a clean inner tube ready to put in while you're cleaning the dirty one.
- Change the tracheostomy dressings at least once a day or more often if they become dirty.
- The securing tapes must be changed at least once a week or more often if they become dirty. This is a two person job – one person to hold the tracheostomy tube in place and the other person to remove and replace the holder.
- To keep your secretions loose and prevent blocking of the tube, you will need to use humidification and suction as instructed by your nurse.

What should I do if the tracheostomy becomes blocked?

1. Remove the inner tube and replace with a clean one.
2. If you are still in difficulty, try to suction down the tracheostomy tube
 - a. If your symptoms are relieved → have a nebuliser
 - b. If you are still in difficulty, call **999** immediately

What should I do if the tracheostomy falls out?

1. Keep calm as you will still be able to breathe, but immediately:

2. Try to put the whole tube back into the hole. It goes in the same direction as when you put the inner tube into the outer one. Use some water based gel e.g. Aquagel or KY jelly, to make this easier.
3. If this is difficult, try to put the next size down tube in the hole.
4. If you can't do this, call **999** immediately.