

Appendix 10: Risk Assessment for Tracheostomy patient requiring Chemotherapy at RSCH/PRH

Risk assessment for ward placement of oncology pts with a tracheostomy requiring chemotherapy treatment

This is to support decision making for the ward placement of oncology patients with a tracheostomy who require chemotherapy treatment.

If a patient is identified to require the above treatment this risk assessment should be undertaken by Lead Cancer Nurse/Matron, Ward managers (Oncology/Haematology and Head & Neck) and Nurse Consultant Critical Care.

Patient Name: _____ **Hospital Number:** _____ **DOB:** _____

Proposed date of admission: _____ **Admission from:** _____

Anti-cancer treatment (SACT) regime required: _____

Number of treatment days: _____

	Yes	No	Comment
SACT: continuous infusion?			If No Consider arranging delivery of single infusion treatment on Head & Neck ward
Tracheostomy date of insertion			
Date tube last changed			
Make and Type of tracheostomy			
Is the patient self-caring? Able to clean and change the inner tube?			If No Patient will need to remain on Head & Neck ward. To Complete recommendations instructions:
Patient to bring own tracheostomy tube spares on admission			
Oxygen requirements			
Does the patient require suction?			
NEWS 2 score			
Any infection control issues?			
Visible bed space available			
Emergency oxygen and suction at bedside			
Tracheostomy pathway documentation			
Staffing levels for period of treatment reviewed			
Staff identified to care for patient Aware of emergency management			
Access to National Tracheostomy Safety Project website http://www.tracheostomy.org.uk/			

	Yes	No	Comment
Emergency bed sign for bed space			
Emergency Algorithm for bed space			
Emergency airway box at bedside			
Prompt cards at bedside			
Critical care outreach informed			
Clinical site team informed			

Assessment recommendations:

If patient with Tracheostomy has to remain on the Head & Neck Ward instructions:	Date completed and comments
Head & Neck Ward facilitator to receive training on Cytotoxic spillage and extravasation training to share with the ward team.	
Spillage Kit delivered to the Head & Neck Ward	
Aseptic Pharmacy informed of patient location	
Patient educated to advise non-SACT trained staff to not detach chemotherapy device	
Patient to be visited daily to assess chemotherapy infusion and support ward staff.	

Signed:

Date: