The Newcastle upon Tyne Hospitals NHS Foundation Trust

Laryngectomy Passport

Affix **patient** identification label in box below or complete **details**	
Surname	Patient i.d.No.
Forename	D.O.BDDMMYYYY
Address	NHS No.
	Sex. Male/Female
Postcode	

Passport Guidance

- Passport to be used for inpatients only
- Passport to be used on all patients with tracheostomies &/or laryngectomies
- Passport to be used by the multidisciplinary team
- Passport to be used and continued on receiving critical care, theatre or ward.
- Critical care to document key events, cuff up and down and speaking valve use
- Critical care to complete pages 2, 3 and 4 only.
- Accountability to be signed by nurses on critical care and on ward, daily.
- Passport to be used to handover the patient.
- On discharge pages 3, 4, 10-14 is to be photocopied.
- Photocopied pages to be given to patient.
- Original to be filed in patients' medical notes.

Contents

Date care plan discontinued:

KEEP PASSPORT AT PATIENTS BEDSIDE

Place, Elizabeth 28/03/2018

Accountability Record (critical care and ward).
Enter in capitals name, signature and time nurse responsible for patient care

Date	DDMMYY	DDMMYY	DDMMYY	DDMMYY	DDMMYY	DDMMYY	DDMMYY
Morning time							
Afternoon time							
Night time							

Date	DDMMYY	DDMMYY	DDMMYY	DDMMYY	DDMMYY	DDMMYY	DDMMYY
Morning time							
Afternoon time							
Night time							

Date	DDMMYY	DDMMYY	DDMMYY	DDMMYY	DDMMYY	DDMMYY	DDMMYY
Morning time							
Afternoon time							
Night time							

Date	DDMMYY	DDMMYY	DDMMYY	DDMMYY	DDMMYY	DDMMYY	DDMMYY
Morning time							
Afternoon time							
Night time							

Patient summary on transfer or discharge into critical care or ward area			
Date of laryngectomy			
Reason for laryngectomy			
Size of tracheostomy/stoma			
Type of tracheostomy tube(tick all that apply)			
Stoma: no tube		Adjustable Flange Trachoe	
Un-cuffed		Bivona	
Cuffed		Laryngectomy Tube	
		Montgomery Tube	
		Portex	
		Shiley	
		Speech valve/salivary bi-pass	
		Stoma button	
		Tracho Twist	

Nurse to complete on discharge or transfer to another ward/care setting	
O2 requirements	
Humidification requirements	
Suction requirements (frequency)	
Secretions (i.e. colour, viscosity)	
Communication requirements	
Nutrition requirements	
Referrals	**Date (if known) or if required**
Outreach informed by	
Speech and language therapy (SALT) informed by	
SALT screen date:	
Physiotherapist informed by	
Dietitian informed by	
Complete, date and sign	
Ward Nurse:	**ICU Nurse:**

Key Events Record Sheet

Tube changes and key events (critical care and ward).		
Date	**Type**	**Comments**

Cuff up /cuff down (critical care and ward)			
Date	**Time down**	**Time up**	**Duration**

Shift Safety Checks (ward only)						
Day / Night	Date	Emergency equipment check	Lary (red) box contents checked	Emergency Laryngectomy algorithm and head of bed sign displayed	Handover at ward safety huddle/briefing	Signatures
Day						
Night						
Day						
Night						
Day						
Night						
Day						
Night						
Day						
Night						
Day						
Night						
Day						
Night						
Day						
Night						
Day						
Night						
Day						
Night						
Day						
Night						
Day						
Night						
Day						
Night						
Day						
Night						
Day						
Night						
Day						
Night						
Day						
Night						
Day						
Night						
Day						
Night						
Day						
Night						
Day						
Night						
Day						
Night						
Day						
Night						

Laryngectomy Patient Monitoring (ward only)

Date & Time	Suction			Stoma care	Inner cannula cleaned? Y/N/NA	Milk test * (daily)	Speaking valve brushed	Voice quality: -good -fair -poor	Humid-ification	Other comments e.g. Sputum or swabs sent for C&S
	Colour	Amount	Consistency							

Sputum amounts									
	+/- =min	Sputum consistency	MP = muco-purulent	F = frothy	**Warning Signs**	Sudden rise in respiratory rate	Coughing ++ on swallowing	Encrusted inner tube	See-saw breathing pattern
	+ = small		M = mucoid	A = aspirate i.e. feed		Sudden fall in oxygen saturation	Excessive coughing	Fresh blood from stoma/trache tube	Noisy breathing
	++ = moderate		P = purulent		*Milk test – Ask patient to take a drink of milk. When the patient swallows the milk, shine a torch onto the valve to check if any milk is leaking from the valve site. If the valve is leaking the patient must be NBM until the problem is rectified. *Please inform outreach immediately if suspected leaking speaking valve. Ensure patient is NBM until reviewed				
	+++ = large		B = bloody						

Essential Care

- ✓ Minimum BD stoma cleaning & crust removal with forceps.
- ✓ Daily milk test (if valve insitu)
- ✓ BD valve brushing
- ✓ 4 hourly saline nebs

Laryngectomy Patient Monitoring (ward only)

Date & Time	Suction			Stoma care	Inner cannula cleaned? Y/N/NA	Milk test * (daily)	Speaking valve brushed	Voice quality: -good -fair -poor	Humid-ification	Other comments e.g. Sputum or swabs sent for C&S
	Colour	Amount	Consistency							

Sputum amounts		Sputum consistency							
	+/- =min		MP = muco-purulent	F = frothy	**Warning Signs**	Sudden rise in respiratory rate	Coughing ++ on swallowing	Encrusted inner tube	See-saw breathing pattern
	+ = small		M = mucoid	A = aspirate i.e. feed		Sudden fall in oxygen saturation	Excessive coughing	Fresh blood from stoma/trache tube	Noisy breathing
	++ = moderate		P = purulent		*Milk test – Ask patient to take a drink of milk. When the patient swallows the milk, shine a torch onto the valve to check if any milk is leaking from the valve site. If the valve is leaking the patient must be NBM until the problem is rectified. *Please inform outreach immediately if suspected leaking speaking valve. Ensure patient is NBM until reviewed				
	+++ = large		B = bloody						

Essential Care

- ✓ Minimum BD stoma cleaning & crust removal with forceps.
- ✓ Daily milk test (if valve insitu)
- ✓ BD valve brushing
- ✓ 4 hourly saline nebs

Laryngectomy Patient Monitoring (ward only)

Date & Time	Suction			Stoma care	Inner cannula cleaned? Y/N/NA	Milk test * (daily)	Speaking valve brushed	Voice quality: -good -fair -poor	Humid-ification	Other comments e.g. Sputum or swabs sent for C&S
	Colour	Amount	Consistency							

Sputum amounts		Sputum consistency							
	+/- =min		MP = muco-purulent	F = frothy	**Warning Signs**	Sudden rise in respiratory rate	Coughing ++ on swallowing	Encrusted inner tube	See-saw breathing pattern
	+ = small		M = mucoid	A = aspirate i.e. feed		Sudden fall in oxygen saturation	Excessive coughing	Fresh blood from stoma/trache tube	Noisy breathing
	++ = moderate		P = purulent		*Milk test – Ask patient to take a drink of milk. When the patient swallows the milk, shine a torch onto the valve to check if any milk is leaking from the valve site. If the valve is leaking the patient must be NBM until the problem is rectified. *Please inform outreach immediately if suspected leaking speaking valve. Ensure patient is NBM until reviewed				
	+++ = large		B = bloody						

Essential Care

- ✓ Minimum BD stoma cleaning & crust removal with forceps.
- ✓ Daily milk test (if valve insitu)
- ✓ BD valve brushing
- ✓ 4 hourly saline nebs

Laryngectomy Patient Monitoring (ward only)

Date & Time	Suction			Stoma care	Inner cannula cleaned? Y/N/NA	Milk test * (daily)	Speaking valve brushed	Voice quality: -good -fair -poor	Humid-ification	Other comments e.g. Sputum or swabs sent for C&S
	Colour	Amount	Consistency							

Sputum amounts		Sputum consistency			Warning Signs				
	+/- =min		MP = muco-purulent	F = frothy		Sudden rise in respiratory rate	Coughing ++ on swallowing	Encrusted inner tube	See-saw breathing pattern
	+ = small		M = mucoid	A = aspirate i.e. feed		Sudden fall in oxygen saturation	Excessive coughing	Fresh blood from stoma/trache tube	Noisy breathing
	++ = moderate		P = purulent		*Milk test – Ask patient to take a drink of milk. When the patient swallows the milk, shine a torch onto the valve to check if any milk is leaking from the valve site. If the valve is leaking the patient must be NBM until the problem is rectified. *Please inform outreach immediately if suspected leaking speaking valve. Ensure patient is NBM until reviewed				
	+++ = large		B = bloody						

Essential Care

- ✓ Minimum BD stoma cleaning & crust removal with forceps.
- ✓ Daily milk test (if valve insitu)
- ✓ BD valve brushing
- ✓ 4 hourly saline nebs

Home Discharge Planning Checklist. (Critical care and ward).

	Detailed instructions	Y/N/NA/Date	Signature
Planned date of discharge			
Date of MDT meeting or outpatients meeting(if applicable)			
Patient education input into care			
Relative and carer input into care			
Patient and Carer education with: ➢ SALT/ward staff/outreach or other ➢ Stoma care ➢ Inner cannula care ➢ Humidification/bibs/Swedish Nose ➢ Nebuliser ➢ Suction ➢ Laryngectomy Tube changes ➢ HME			
Tracheostomy Tube change date: (If applicable) ➢ To be completed by ward ➢ To be completed by district nurse ➢ Any issues with previous changes			
Stoma button ➢ To be completed by ward ➢ To be completed by district nurse ➢ Any issues with previous changes			
Community and GP ➢ Countrywide set up ➢ GP informed of discharge ➢ Discharge letter ➢ District nurse referral ➢ District nurse letter ➢ Name of district nurse ➢ Date of 1st visit by district nurse ➢ Registered with ambulance Service in patient's local area			

Home Discharge Planning Checklist (critical care and ward).			
	Detailed instructions	**Y/N/NA/Date**	**Signature**
Specialist equipment arranged for the community ➢ Suction ➢ Nebuliser machine ➢ Feed pump ➢ Humidifier ➢ O^2 therapy ➢ Medication given to patient ➢ Dressings given to patient ➢ Green bag given to patient ➢ Alert wrist band			
Nutrition ➢ NG/PEG/ ➢ Normal dietitian/supplements ➢ Dietitian follow up ➢ PEG referral follow up ➢ Date for district nurse to change PEG balloon 7 Days' supply of ➢ Feed ➢ Syringes ➢ Giving sets ➢ Containers Other equipment required ➢ Feed pump ➢ pH paper			
Transport Arranged: Own/Hospital/Ambulance			
MDT informed of Discharge ➢ Medical team ➢ SALT team ➢ Dietitian ➢ Physiotherapy ➢ Outreach ➢ Head and neck nurse			
Follow up date: Speciality:			
Plastics dressings clinic date			
Contact number given to patient if any concerns			
Actual date of discharge:			
Discharge destination:			
Signature of nurse:			
Print name:		**Date:**	

Removal of Tracheostomy Checklist (critical care and ward).

Prior to decannulation the inter-professional team will confirm that the following points are considered prior to proceeding with decannulation

- The timing of the decannulation procedure needs consideration; to minimise the risks to the patient.
- The clinical environment should have sufficient competent staff and equipment available.
- The position of the patient within their clinical setting should allow staff to visualise the patient easily and the patient should have constant access to an appropriate call system.
- It may be necessary to transfer the patient undergoing decannulation to an area where 1:1 nursing care can be offered and ready access to specialist staff who could appropriately deal with a failed decannulation or other complications.
- Extra caution is essential if the patient is known to have a complex airway (E.g. requiring an adjustable flange tracheostomy) or has a previously documented difficult intubation.
- This document may not be appropriate for patients requiring palliation. Please refer to medical team for guidance.

1	They are considered clinically stable	YES/NO
2	The patient can maintain and protect their airway spontaneous	YES/NO
3	They are requiring less than 40% supplemental oxygen to maintain adequate oxygen saturation and with respiratory rate less than 20 bpm, or as otherwise specified by a respiratory physician or intensivist	YES/NO
4	They are free from ventilatory support with adequate respiratory function	YES/NO
5	They are haemodynamically stable	YES/NO
6	They are absent of fever or active infection	YES/NO
7	The patient is consistently alert	YES/NO
8	They have a strong consistent cough.	YES/NO
9	Patient not dependant on deep suctioning to maintain respiratory clearance	YES/NO
10	They have control of saliva +/- a competent swallow	YES/NO
11	They are not planned for procedures requiring anaesthesia within next 24-48 hours	YES/NO
12	If all the criteria above not met and decannulation to proceed, provide additional information below	

Decannulating nurse/doctor to complete date and sign:

Communication Record (ward only)		
Date		**Print name, designation, sign:**

Communication Record Ward only)		
Date		**Print name, designation, sign:**

Emergency laryngectomy management

Call for airway expert help
Look, listen & feel at the mouth and laryngectomy stoma
A Mapleson C system (e.g. 'Waters circuit') may help assessment if available
Use **waveform capnography** whenever available: exhaled carbon dioxide indicates a patent or partially patent airway

if no contra-indication exists then extend the patients neck to open the stoma maximally .

Is the patient breathing?

No → Call Resuscitation Team
CPR if no pulse / signs of life

Yes → **Apply high flow oxygen to laryngectomy stoma**
If any doubt whether patient has a laryngectomy, apply oxygen to face also*

Assess laryngectomy stoma patency

Most laryngectomy stomas will NOT have a tube in situ

Remove **stoma cover** (if present)
Remove **inner tube** (if present)
Some inner tubes need re-inserting to connect to breathing circuits
Do not remove a tracheoesophageal puncture (TEP) prosthesis

Can you pass a suction catheter?

Yes → **The laryngectomy stoma is patent**
Perform tracheal suction
Consider partial obstruction
Ventilate via stoma if not breathing
Continue ABCDE assessment

No → Deflate the **cuff** (if present)
Look, listen & feel at the laryngectomy stoma or tube
Use waveform capnography or Mapleson C if available

Is the patient stable or improving?

Yes → Continue ABCDE assessment

No → **REMOVE THE TUBE FROM THE LARYNGECTOMY STOMA if present**
Look, listen & feel at the laryngectomy stoma. Ensure oxygen is re-applied to stoma
Use waveform capnography or Mapleson C if available

Is the patient breathing?

No → Call Resuscitation Team
CPR if no pulse / signs of life

Yes → Continue ABCDE assessment

Primary emergency oxygenation

Laryngectomy stoma ventilation via either
Paediatric face mask applied to stoma
LMA applied to stoma

Secondary emergency oxygenation

Attempt **intubation of laryngectomy stoma**
Small tracheostomy tube / 6.0 cuffed ETT
Consider Aintree catheter and fibreoptic 'scope / Bougie / Airway exchange catheter

* Laryngectomy patients have an end stoma and **cannot be oxygenated via the mouth or nose**
Applying oxygen to the face and stoma is the default emergency action for all patients with a tracheostomy

National Tracheostomy Safety Project. Adapted with permission 19/9/2017 www.tracheostomy.org.uk

Emergency Algorithm

Essential Bedside Equipment Checklist:

- ✓ Emergency laryngectomy algorithm
- ✓ Oxygen point
- ✓ Ambu bag available on ward(arrest trolley)
- ✓ Catheter mount
- ✓ Tracheostomy O2 mask and humidified circuit (Available PRN)
- ✓ Operational suction unit, which should be checked at least daily, with suction tubing attached and Yankeur sucker
- ✓ Appropriately sized suction catheters **(-2 x 2)**
  *E.g.: size 8 trache= **8-2=6 (x 2)**=size **12** suction catheter*
- ✓ Minimum of 2 inner cannulas with patient (If trache insitu)
- ✓ Bottle of sterile water + cleaning jug
- ✓ Gloves (unsterile & sterile), aprons & face/eye protection
- ✓ Cleaning swabs
- ✓ Nebuliser kit

Laryngectomy box (RED)

- ✓ Tracheal dilators
- ✓ 1 x packet cleaning sponges
- ✓ 1 x 10 ml syringe
- ✓ 1 x patient type and size trache tube
- ✓ 1 x patient type and size smaller tracheostomy tube: cuffed
- ✓ 1 x tracheostomy tube size 6 : cuffed
- ✓ 1 x trache tube wedge
- ✓ 1 x stitch cutter
- ✓ 1 x Aquagel
- ✓ 1 x paediatric anaesthetic mask size 0 or 1
- ✓ 1 x catheter mount
- ✓ Suction catheters size 12 and 14
- ✓ Tilley forceps

Useful Contact Numbers

FRH

Emergency Airway Team – 2222
2nd On Call Anaesthetist – 48483
Cardio 2nd on Call Anaesthetist – 48830
Outreach – 48817
SALT –38270 (neuro), 37646 (ENT)
Physio –please insert
Dietitian –please insert
ENT ward – 37010

RVI

Loss of Airway – 2222
2nd On Call Anaesthetist – 29999**(ORANGE)**
Outreach – 29995
SALT –24324
Physio –please insert
Dietitian –please insert