The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Tracheostomy Passport

Affix **patient** identification label in box below or complete **details**	
Surname	Patient i.d.No.
Forename	D.O.B DDMMYYYY
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
- 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 to be photocopied.
- Photocopied pages to be given to patient.
- Original to be filed in patients' medical notes.

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Date care plan discontinued:

KEEP PASSPORT AT PATIENTS BEDSIDE

Place, Elizabeth 28/03/2018

Accountability Record. (all areas)

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 into Critical Care or Ward Area.			
Date of tracheostomy Insertion			
Reason for tracheostomy			
Size of Tracheostomy/stoma			
Type of tracheostomy (tick all that apply)			
Fenestrated		Shiley	
Non-fenestrated		Extended Length Shiley	
		Portex	
Cuffed		Adjustable Flange Trachoe	
Un-cuffed		Tracho Twist	
		Bivona	
Percutaneous		Silver Negus	
Surgical			

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 (if applicable):	
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 areas)

Date	Time down	Time up	Duration

Speaking valve

(critical care and ward areas)

Cuff must be down before you apply speaking valve

Date	Time on	Time off	Duration

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

Date & Time	Suction			Inner cannula cleaned? Y/N/NA (min 8/24)	Trachy dressing changed? Y/ N (min daily)	Cuff Up/down/ (or NA)	Cuff pressure checked by competent nurse (or NA)		Speaking valve in use? Y/ N/NA	Humidi-fication in use? Y/N Type? *	Fisher Paykel temp. (or NA)	Comments/concerns e.g. swab samples sent, tube displacements or difficulties occurred, etc.
	Colour	Amount	Consistency				D	N				

Sputum amounts	+/- = minimal	Sputum consistency	MP = muco-purulent	F = frothy	**Warning Signs**	**Encrusted inner tube**
	+ = small		M = mucoid	A = aspirate i.e. feed	**Sudden rise in respiratory rate**	**Coughing ++ on swallowing**
	++ = moderate		P = purulent		**Sudden fall in oxygen saturation**	**See-saw breathing pattern**
	+++ = large		B = bloody		**Fresh blood from trache site**	**Voice with cuff inflated**

***Humidification methods: Heated = H, Cold = C, Swedish Nose = SN, Buchannan Bib =**

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	Colour	Amount	Consistency				**D**	**N**				

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Home Discharge Planning Checklist (critical care and ward)			
	Detailed instructions	**Y/N/NA/Date**	**Signature**
Planned date of discharge			
Date of MDT 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			
Tracheostomy Tube change date: ➢ 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			
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			

Nutrition ➢ NG/PEG/ ➢ Normal diet/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			
Additional information			
Actual date of discharge:			
Discharge destination:			
Print name:			
Designation, sign and date:			

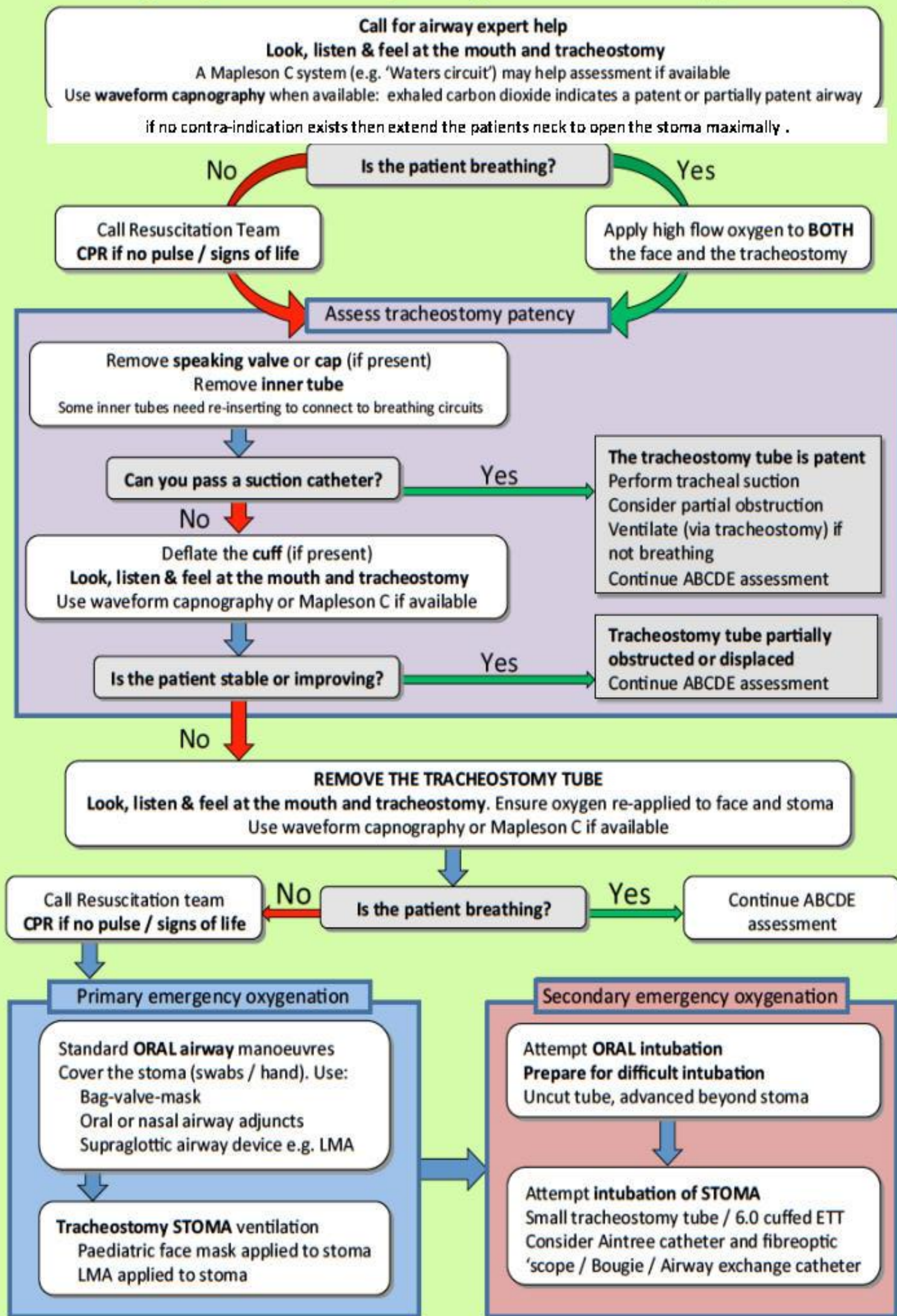
Removal of Tracheostomy Checklist (critical care and ward)		
Prior to decannulation the inter-professional team will confirm that the following points are considered prior to proceeding with decannulation • The timing of the decannulation procedure needs consideration; to minimise the risks to the patient. • 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 (able to cough into mouth)	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:		

Adapted with permission from National Tracheostomy Safety Project 2014

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

Communication Record (ward only)

Date		Print name, designation, sign:



Emergency Algorithm

Essential Bedside Equipment Checklist:	**Tracheostomy box (BLUE)**
✓ Emergency tracheostomy algorithm ✓ Oxygen point ✓ Ambu bag available on ward ✓ Catheter mount ✓ Tracheostomy O2 mask and humidified circuit ✓ 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. ✓ Bottle of sterile water + cleaning jug ✓ Cleaning swabs ✓ Gloves (unsterile & sterile), aprons & eye/face protection ✓ Nebuliser kit ✓ Cuff manometer available	✓ 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
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** Emergency Airway Team – 2222 2nd On Call Anaesthetist – 29999 (**ORANGE**) Outreach – 29995 SALT –24324 Physio –please insert: Dietitian – please insert: