APPENDIX 1: DISCHARGE CHECKLIST / FLOWSHEET

The purpose of this document is to provide an example discharge checklist for supporting a person with a tracheostomy to transition from hospital to the community. Spaces have been left for additional activities to be undertaken as per local set-up.

Patient Name: NHS Number / Identifier:

Expected discharge Date:

Tracheostomy Discharge Checklist:

	Is this required?	Completed	Notes	Date	Initial
Suction machine(s) ordered & delivered	□ Yes □ No	□			
Nebuliser machine(s) ordered & delivered	□ Yes □ No	□			
Active heated humidification system(s) ordered & delivered	□ Yes □ No	□			
Community nurse referral completed	□ Yes □ No	□			
Consumables supplies list provided to community nursing team (non-prescription only)	□ Yes □ No	□			
Patient registered with tracheostomy consumables supplier	□ Yes □ No	□			
Patient / carer trained and competent to complete daily care	□ Yes □ No	□			
Emergency algorithm provided to patient and carer	□ Yes □ No	□			
Patient registered with local emergency services as a tracheostomy user (e.g., silent 999 set-up)	□ Yes □ No	□			
Date and location of next tracheostomy tube change organised	□ Yes □ No	□			
Date of follow-up appointment with ENT or local team organised	□ Yes □ No	□			
Essential information document completed	□ Yes □ No	□			
Tracheostomy passport provided	□ Yes □ No	□			
2-weeks supply of consumables provided (see below)	□ Yes □ No	□			
Tracheostomy emergency box provided	□ Yes □ No	□			
Transportation booked for discharge	□ Yes □ No	□			

	□ Yes □ No	☐			
	□ Yes □ No	☐			

Consumables provided for discharge:

	Is this required?	Completed	Notes	Date	Initial
Emergency box: • Same size tracheostomy tube • Smaller size tracheostomy tube • Lubrication gel • Syringe (cuffed tubes only) • Tracheostomy mask • Tracheostomy ties • Spare inner cannula • Suction catheter • Paediatric face mask	□ Yes □ No	☐			
Spare inner cannula (x)	□ Yes □ No	☐			
Tracheostomy dressing (x)	□ Yes □ No	☐			
Tracheostomy neck ties (x)	□ Yes □ No	☐			
One-way valve (speaking valve) (x)	□ Yes □ No	☐			
Inner cannula sponge cleaners (x)	□ Yes □ No	☐			
Heat moisture exchanger (x)	□ Yes □ No	☐			
Suction catheters (x) of appropriate size	□ Yes □ No	☐			
Suction tubing for portable suction	□ Yes □ No	☐			
Gauze swabs	□ Yes □ No	☐			
Saline for cleaning	□ Yes □ No	☐			
Spare one-way valves (speaking valves)	□ Yes □ No	☐			
Non-sterile gloves	□ Yes □ No	☐			
Tracheostomy mask	□ Yes □ No	☐			
Dressing packs (x)	□ Yes □ No	☐			
Nebuliser chamber (x)	□ Yes □ No	☐			
Cuff manometer (air cuff tubes only)	□ Yes □ No	☐			
10ml syringes (cuffed tubes only)	□ Yes □ No	☐			
	□ Yes □ No	☐			
	□ Yes □ No	☐			

Checklist confirmed as complete:

Name of healthcare professional: _____

Signature of healthcare professional: _____

Date: _____