

APPENDIX 2: ESSENTIAL HOSPITAL INFORMATION FOR PATIENTS WITH A TRACHEOSTOMY



The purpose of this document is to provide essential information to all those involved in caring for the patient in hospital and in the community regarding the tracheostomy tube, including any pertinent information about airway stability and the condition of the stoma. This document should be reviewed and updated regularly to ensure it remains an accurate reflection of the clinical history. It is suggested that this is done by the healthcare professional responsible for the tracheostomy tube changes (if appropriate) or the local ENT service. The document should be available to all relevant services e.g., primary and secondary care.

Patient Name:
NHS Number / Identifier:

Tracheostomy tube	Model / Brand: Size: Fenestrated: Y / N Inner cannula: Cuffed: Y / N <i>If yes: Air / Water / Foam</i> Length of tube (if not standard): Subglottic Suction: Y / N
Reason for insertion and continued need E.g., aspiration risk; reduction in dead space; invasive ventilation, secretion clearance	
Date of first tracheostomy tube insertion	
Date of last tracheostomy change (also see tracheostomy passport)	
Condition of stoma (including presence / management of granulation tissue)	
Any problems with previous tracheostomy tube changes	

Please state (e.g stoma spasm, bleeding post procedure)		
Upper airway patency	Upper airway patent: Y / N / Unknown	
Difficult airway / ENT involvement Please state		
Red flag incidents in hospital: PLEASE COMMENT ON EACH & STATE THE VULNERABILITY OF PATIENT IN RELATION TO THE RED FLAGS	GRANULATION	
	OBSTRUCTION	
	ACCIDENTAL DECANNULATION	
	DISLODGED TRACHEOSTOMY	
	BLEEDING	
	PATIENT VULNERABILITY	
	OTHER	
Oxygen and / or Humidification use State types / rates etc.		
Nebuliser use State types / regularity etc.		
One-way valve (speaking valve) use		

Please state if tried and outcome	
Communication How does the patient communicate	
Latest Airway Assessment E.g., last scope findings or recent ENT review Please state outcome	
Swallow status & SLT report	
Respiratory status / Secretion management plan e.g., Physiotherapy techniques	
Any history of gastric reflux PLEASE STATE • Drugs prescribed for reflux and duration of treatment • Was treatment successful • Has the patient been referred to a GI specialist.	
Known Colonisation of any organisms e.g.: Pseudomonas Please state any current treatment	
Treatment escalation plan & DNAR status This must have been formally discussed with the patient (where appropriate) and/or next of kin PLEASE COMMENT	

Tracheostomy weaning attempted in hospital E.g. Decannulation or cuff down trials, please state outcome	
Community weaning plan developed? If YES, please state e.g., ongoing cuff deflation trials, future plans for decannulation, possible escalation or de-escalation of mechanical ventilation	
Hospital clinical staff to contact for advice Please state name and contact details	1. 2.
Who by and where should the next tracheostomy tube change be carried out?	

I confirm this information is accurate and up to date (as of date below):	
Name of healthcare Professional:	Signature:
Role / Designation:	Date: