APPENDIX 4: TRACHEOSTOMY PASSPORT (FOR THE PERSON WITH A TRACHEOSTOMY)

The purpose of this document is to provide an example of a tracheostomy passport. This passport should be held by the person with the tracheostomy and travel with the person and their emergency box. The passport must be kept up to date and align with the information held within the essential information document (see appendix 2). It should be the responsibility of the person changing the tracheostomy tube to update. Other tracheostomy passports are available. Local services should ensure that the passport meets their needs and contains all relevant information. This passport also contains a guide risk assessment to support the completion of planned tracheostomy tube changes.

TRACHEOSTOMY PASSPORT

My information	
Address	
Phone number	
Email	
Emergency contact / Next of kin details	
Name	
Phone number	
Relationship	

Contacts

My key hospital clinician	
Name	
Phone number	
Email	
My key community clinician	
Name	
Phone number	
Email	

This tracheostomy passport has been replicated with permission from ATOS Medical. Please see https://www.atosmedical.co.uk/

Tracheostomy Details

Important information about my airway
Upper Airway: ☐ Patent ☐ Not patent ☐ Difficult _____ _____ _____

Date of procedure		
Reason for insertion		
Type of tube (tick appropriate)	Cuffed ☐ Fenestrated ☐ Adjustable flange ☐ Subglottic suction ☐	Uncuffed ☐ Non-fenestrated ☐
Brand and size of tube		

Past medical history
_____ _____ _____

Tracheostomy tube management

Inner tube: ☐ Yes ☐ No

☐ Reusable ☐ Disposable

Change: _____ x Daily

Clean: _____ x Daily

Cleaning method:

_____

_____

Cuffed: ☐ Yes ☐ No

If yes, cuff type: ☐ Air ☐ Water ☐ Foam

If yes, detail of cuff management (e.g., hours on inflation or deflation):

Day:

_____

_____

Night:

_____

_____

Cuff pressure checks

Frequency: _____

Equipment: _____

Target Pressure: _____

Fenestrated: ☐ Yes ☐ No

If yes, any relevant information (e.g., used when):

_____

_____

Secretion management

Sub-glottic port ☐ Yes ☐ No

If Yes detail of management (e.g. how often suctioned):

Frequency: _____

Usual volume: _____

Equipment used:_____

Tracheal suction:

Frequency: _____

Catheter size: _____

Pressure: _____

Type ☐ Closed ☐ Open

Carried out by: _____

Stoma management

Important information about my stoma:

_____

_____

_____

Dressing: _____

Barrier protection: _____

Stoma site cleaning technique: _____

Humidification

Type	Device	Usage
Active humidifier e.g., heated humification system		
HME daytime		
HME nighttime		
Nebulizers		
Other		

Communication

Verbal:	One way (speaking) valve	☐
	Occlusion cap	☐
	Above cuff vocalization	☐
	Other:	☐ State:_____
Mouthing		☐
Written		☐
Text to speech		☐
Electrolarynx		☐
Other		☐ _____

One way (speaking) valve:

Type: _____

Management details (e.g., day / night, duration:

_____

RECORD OF CHANGES

Date:	
Routine:	(Attach tube lot label here or note relevant care details) Serial Number: □ Yes □ No If no, please detail: _____
Changed by:	Name & role: _____ Signature: _____
Next planned visit	Date: _____

Date:	
Routine:	(Attach tube lot label here or note relevant care details) Serial Number: □ Yes □ No If no, please detail: _____
Changed by:	Name & role: _____ Signature: _____
Next planned visit	Date: _____

Date:	
Routine:	(Attach tube lot label here or note relevant care details) Serial Number: □ Yes □ No If no, please detail: _____
Changed by:	Name & role: _____ Signature: _____
Next planned visit	Date: _____

Date:	
Routine:	(Attach tube lot label here or note relevant care details) Serial Number: □ Yes □ No If no, please detail: _____
Changed by:	Name & role: _____ Signature: _____
Next planned visit	Date: _____

Risk Assessment:

GRADE	DIFFICULTY OF CHANGE	WHERE & BY WHO
1	***Low risk*** for self-ventilating patients with no RED FLAGS	Lead: Community RN / Tier 3 Carer Support: Untrained carer or HCP
2	***Medium risk*** for patients who have some RED FLAGS e.g., known granulation tissue on outside of stoma	Lead: Community RN Support: Tracheostomy trained carer or HCP
3A	***High risk*** for any patient with RED FLAGS e.g., tracheal bronchial malacia / tracheal stenosis but able to maintain airway for > 15 minutes with tracheostomy tube removed.	Lead: Community / Hospital Specialist Tracheostomy Practitioner Support: Tracheostomy trained carer or HCP
3B	***Critical risk*** for any patient with severe RED FLAGS e.g., severe dynamic airway collapse / tracheal bronchial malacia. Unable to maintain any airway without tracheostomy tube in situ.	Lead: Hospital based ENT or tracheostomy specialist team Support: Hospital based ENT or tracheostomy specialist team

Note:

Tier 3 Carer: Refers to health, social care and other professionals with a high degree of autonomy, who are sufficiently trained to be able to provide care in complex situations

Untrained Carer or HCP: Refers to any carer or healthcare professional that has not received specific tracheostomy training including changing tracheostomy tubes.