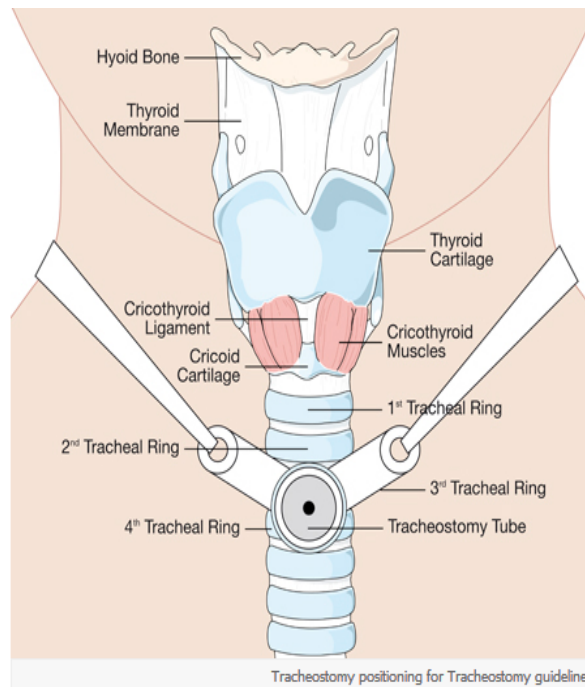


TRACHEOSTOMY

CARE BUNDLE



Patients Name:- _____

DOB:- _____

Hospital Number:- _____

ENT Consultant:- _____

Named Consultant (If Different):- _____

CARE PLANS REQUIRED

77 Child with a Tracheostomy

Child with Tracheostomy requiring continued saturation monitoring

Child with a Tracheostomy using Velcro Tapes

Guidelines for the use of Velcro tracheostomy tapes

Equipment Checklist for Paediatric Tracheostomy

Paediatric Tracheostomy Observation Chart

USEFUL CONTACT NUMBER:-

Name	Telephone Number 08:00-17:00 Monday- Friday	Telephone Number Out of Hours and Weekend
ENT Registrar	10504	Via switchboard
ENT Clinical Fellow	10505	N/A
Christine English – ENT TANP	10503/ Bleep 9877	N/A
Marie Higson – Tracheostomy Specialist Practitioner	19521/65037	N/A



TRACHEOSTOMIES ASSESSMENT FORM

Date Admission: ___/___/___ Date Tracheostomy Inserted: ___/___/___

Tracheostomy Tube Management

Type of Tube: _____ Size of Tube: _____ (if size changes, please cross off and initial)

Frequency of Tube Change: _____

Type of Tapes: Velcro Cotton

Frequency of Tape Changes: Daily

Emergency Box by the bed: Yes No

Ease of Tube Change: Easy Difficult

Ever needed emergency tracheostomy procedure? Yes No

Suctioning

Size: _____ Depth: _____ Pressure: _____

Stoma Care

Frequency of daily stoma care (minim of twice a day): _____ times a day

Condition of stoma: (skin condition, signs of infection, sutures) _____

Type of dressings: _____

Humidity

Type of Thermovent: Humidivent Mini Portex Thermovent-T

Hydro TrachII HME Fisher Paykel (warm)

Ventilation Type & settings

Communication

Has communication assessment been done? Yes No

Are speaking valves required? Yes No

Call bell accessible or attached to saturation monitor? Yes No

Swallowing & Nutrition

Has a swallowing assessment been done? Yes No

Feeding via: Mouth NG tube PEG TPN

Dietary Intake: _____

Frequency of Oral Hygiene: _____

Therapeutic Play Intervention

Comments: _____

Filled in by: _____ (Name)

Patient name:

Hospital number:

Date care plan commenced: / /

DOB: / /

Consultant:

Name of nurse

PRINT SIGN STAMP

commencing care plan:

Date care plan commenced: / /

Problem: _____ has a cuffed/uncuffed tracheostomy tube size _____ NEO/PED due to _____.

Aims:

- To ensure the tracheostomy tube is secure, airway patency is maintained and any difficulties will be promptly detected and managed quickly.

NURSING ACTIONS: *delete if not appropriate.

- Ensure yellow tracheostomy safety card fully complete and clearly visible at bedside.
- Ensure tracheostomy tapes are secure at the start of every shift and check 4hrly.
- Ensure a blue emergency tracheostomy box is readily available at the bedside containing:
 - A tube of the same size and type as is currently in situ.
 - A tube one size smaller

Both tubes should be tied and ready for use

 - Endotracheal tube size 2.5 mm
 - Tracheostomy tape
 - Scissors
 - Stitch cutter (until the first tracheostomy change)
- Nurse near working oxygen and suction, ensuring appropriate size suction catheters and yankeur are available.
Ensure vacsac is changed daily/when $\frac{3}{4}$ full.
- Ensure continuous oxygen saturation monitoring is maintained, document every hour unless otherwise agreed with medical team:
 - Respiratory rate
 - Oxygen saturations
 - Pulse
 - Heart rate
 - Temperature and blood pressure as condition and doctors dictate.
- Ensure appropriate suction pressures are used according to patients age

AGE GROUP	MMHG	KPA
Neonate (0-4weeks)	60-80	8-10
Infant (4weeks – 1 yr)	80-100	10-13
Child (1 – 11yrs)	100-150	13-20
Adolescent (11yrs +)	150 – 200	13-26.5

- Set alarm limits according to Early Warning Score (EWS) Redefined parameters
- Ensure EWS is recorded hourly unless otherwise agreed with medical staff and escalate changes as per policy.
- Observe for signs of respiratory distress:
 - Increased respiratory rate
 - Sub/intercostal/sternal recession
 - Head bobbing
 - Nasal flare

10. Liaise with medical staff and nurse in charge, informing them of any changes in condition and assisting with any investigations requested.
11. Observe the skin around neck and stoma site for redness, skin breakdown or swelling. Act promptly if skin integrity has deteriorated liaising with Tissue Viability. Ensure stay sutures are secure (if in first week of tracheostomy).
12. Change tapes daily unless otherwise indicated.
13. Change tracheostomy as per manufacturer's guidelines or as condition indicates.
14. Ensure if appropriate, parents are involved in the provision of care. Provide and assist in relevant information giving and teaching as necessary.

Additional cares to be included:

- 1.
- 2.
- 3.
- 4.

Child with Tracheostomy requiring continues Saturation monitoring

Patient name:

Hospital number:

Date care plan commenced: / /

DOB: / /

Consultant:

Name of nurse commencing care plan: PRINT SIGN STAMP

Date care plan commenced: / /

Problem: _____ requires continues monitoring of O2 saturations and heart rate monitoring due to having a tracheostomy.

Aims:

- Effectively monitor child's O2 saturation levels
- Detect any deterioration in condition
- Avoid breakdown of skin in area where probe is placed

NURSING ACTIONS: **delete if not appropriate.*

1. Ensure continuous saturation monitoring in place at all times and Phillips monitor is connected to central station.
2. Record observations 4 hourly unless stated otherwise altering patient track accordingly.
3. Check parameters on monitor are set for the individual patient s.
4. Change Probe site regularly (max 2 hours) to avoid breakdown in skin.
5. Observe for signs of respiratory distress looking at respiratory pattern, patients breathing sounds, skin colour, oxygen saturations and heart rate.
6. Communicate with patient and family as to reason for using continues monitoring
7. Clear plan needs to be written in medical notes stating when monitoring is required and when to wean of monitoring for discharge.

Additional cares to be included:

This should include negotiated care with parents around best time to give feeds, likes and dislikes, drinks choice and utensils used, after care etc and dietitians' instructions.

- 8.
- 9.
- 10.
- 11.
- 12.

GUIDELINES FOR THE USE OF VELCRO TRACHEOSTOMY TAPES

Some children wear Velcro tracheostomy tapes to hold their tracheostomy tubes in place. The reason(s) for using velcro tracheostomy tapes is individual to each child and **must be authorised by a consultant**.

For example:-

- To improve skin integrity around the stoma site.
- At the child's / parents request.
- To allow single parent changing where necessary

A risk assessment **MUST** take place before deciding whether Velcro tapes are appropriate – this must include not only assessing the child's individual needs but also the environment in which the child is being cared.

POINTS TO CONSIDER WHEN COMPLETING RISK ASSESSMENT BELOW

Each child is individual in their development, ability and understanding and as such each child must be assessed to ascertain whether velcro tracheostomy tapes are in their best interests or not e.g.:

- A child who does not have understanding of the importance of his / her tracheostomy tube may be able to grab it and pull it out accidentally therefore velcro tapes are not suitable.
- A child may not have the understanding but is unable to move their limbs due to paralysis therefore the child will not be able to pull the tube out accidentally so velcro tapes may be suitable.
- A child may have the understanding but is unable to move due to paralysis therefore velcro tapes may be suitable.
- Children who wear velcro tracheostomy tapes must be highly visible by a nurse / carer parent. If not being continuously monitored, unless otherwise clearly documented in the medical notes

DOCUMENTATION

- Consultant/ ENT authorization in the child's medical notes.
- Parental agreement.
- Continuous monitoring as per trust guideline.
- Complete assessment section below specifying chosen Velcro fasteners
- Completion of Velcro Tape care plan
- Nursing staff to document they have checked the tightness of tapes 4 hourly and changed them daily as per care plan.

For maximum safety, velcro tapes are for single use only and should not be washed and re-used (American Thoracic Society: Care of the child with a chronic tracheostomy, consensus paper. American Journal of Respiratory Critical Care Medicine Vol. 161 pp 297-308, 2000).

RISK ASSESSMENT

Confirmed _____ is safe to use Velcro tapes for their tracheostomy tube consultant agrees parents/carers agree

Correctly fitted Velcro tapes: Rusch Paediatric Adult
Marpac Neo-Natal paediatric
Other _____

Completed by _____ Date _____

ONLY TO BE COMPLETED BY SPECIALIST NURSE OR ENT TEAM

Children with Tracheostomies using Velcro Tapes

Patient name:

Hospital number:

Date care plan commenced: / /

DOB: / /

Consultant:

Name of nurse
commencing care plan: PRINT SIGN STAMP

Date care plan commenced: / /

Problem: Velcro tapes are being used to secure the tracheostomy tube and without the appropriate care could become loose, resulting in tracheostomy tube becoming dislodged.

Aims: For Velcro tapes to remain secure maintaining a safe and secure airway

NURSING ACTIONS: **delete if not appropriate.*

1. Ensure manufacturer's instructions are followed as to correct and safe usage also refer to trust guidelines.
2. Allocated nurse to check Velcro tapes are secure at the **commencement of each shift** and at **regular 4 hourly intervals** throughout the shift, documenting appropriately.
3. Velcro tapes must be **changed daily**.
4. To observe tapes during all nursing cares including dressing, changing position and bedding changes, to ensure they remain secure and reduce the chance of accidental decannulation of tracheostomy tube.
5. They are **single use** and should not be washed and reused as Velcro will become worn and therefore less effective.

Additional cares to be included:

This should include negotiated care with parents around best time to give feeds, likes and dislikes, drinks choice and utensils used, after care etc and dietitians instructions.

- 6.
- 7.
- 8.
- 9.
- 10.
- 11.

Daily Equipment Checklist for Paediatric Tracheostomy
MUST BE COMPLETED DAILY

Item		Date																							
		E	L	N	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N	E	L	N
Blue box including:																									
Trachy tubes tied	Same size																								
	One size smaller																								
2.5mm endotracheal tube (if child has size 3.0 Shiley. Otherwise, please record 'NA')																									
Scissors																									
Sodium chloride 0.9%																									
1ml syringe																									
Lubricating jelly																									
One way valve																									
Bedside Equipment:																									
Double oxygen point																									
Suction catheters																									
Non sterile gloves																									
Humidification (Thermovent/Humidivent)																									
Spare tapes																									
Gauze/barrier cream/water																									
Pulse oximeter																									
Apnoea alarm (for children < 1. Otherwise, please write 'NA')																									
ADDITIONAL ITEMS FOR FIRST WEEK POST-TRACHEOSTOMY																									
Stitch cutters																									
Sterile gloves																									
Warm humidifier (fisher paykel machine)																									
Initials																									

Paediatric Tracheostomy Observation Chart

Today's Date: ___/___/___

Date of Previous Tube Insertion: ___/___/___

Date of Next Change: ___/___/___

Tapes have been changed today: Yes No

If the tracheostomy is new, please fill in:

Today is Day _____ post-tracheostomy

The tracheostomy discharge plan is up to date: Yes No

Has the tube been changed today? Yes No

If yes, please document: At _____ hrs, _____

Initials: _____

If tube size has changed, has this been amended on the details form? Yes No

Any problems in the previous shift? Yes No

If yes, please provide details: _____

Initials: _____

PLEASE CROSS OUT BOX/BOXES IF NO CARES ARE REQUIRED DURING THAT HOUR.

	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	0000	0100	0200	0300	0400	0500	0600	0700	
Amt of Secretions (0/1/2/3)																									
Type of Secretion (C/M/P/B)																									
Frequency of suctioning (Record as a tally)																									
Tape Tightness (Please tick for 4-hourly check)																									
Stoma site (Please tick for 4-hourly check. Please write 'C' for twice daily cleaning)																									
Initials																									

Problem with Stoma Site: At _____ hrs, _____

Plan of Action: _____

Initials: _____

Key
 Amt of Secretions: 0 = Dry
 1 = Small
 2 = Moderate
 3 = Copious
 Type of secretions: C = Clear
 M = Mucus
 P = Pus
 B = Blood