

TRACHEOSTOMY TEACHING PACKAGE FOR PARENTS AND CARERS ASSESSMENT

Child's Name:

Parent /Carer's Name:

Date Started:

Date Completed:



This document is to be kept in the child's medical records and copy given to parents or carers.



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Name _____

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Introduction

Being a parent or carer of a child with a tracheostomy can be a daunting prospect at first. You may feel that you want your child's nurse to take care of your child completely for the time being, or you may feel that you need more information, or that you wish to be more involved in your child's care. This pack offers a training programme so that you can learn new skills in order to feel more confident in caring for your child's tracheostomy, if and when the time is right for you.

It is very important that you do not feel pressurised into learning new skills. Your nurse will support you through this process and will answer any questions that you may have.

Aim of the pack

This pack has been developed to help you and your nurses to:

- Identify your learning needs
- Plan training to meet your needs
- Record your training
- Assess what you have learnt

Assessment of your needs

Your nurse will discuss with you and complete the 'assessment of your needs' form which is on the next page. This will help your child's nurses to know what you need and enable them to support you in your learning. You may want to learn some skills now and some later. Skills can be learnt in any order and at a time that is best for you and your nurse. You may wish to arrange a review date for topics you want to learn later.

On completion of the training pack you will be able to complete all aspects of tracheostomy care unsupervised. This will enable you to care for your child's tracheostomy and also give you the option to take them off the ward for periods during the day. Home leave can also be arranged once training is complete in preparation for discharge.

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ASSESSMENT OF YOUR NEEDS FORM

Date	Need of Parent / Carer	Yes	No	Action Plan / Comments	Review Date	Parent's Carer Signature	Nurse's Signature
	I need more information about why my child has a tracheostomy.						
	I need more information about tracheostomies.						
	I would like to learn new skills so that I can be involved in my child's care.						
	I would like to learn how to wash my hands correctly according to hospital policy.						
	I would like to learn how to assess my child's breathing.						
	I would like to learn how to perform suction according to hospital policy.						
	I would like to learn how to change my child's tracheostomy tapes.						
	I would like to learn how to change my child's tracheostomy tube.						

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TEACHING AND ASSESSMENT OF SKILLS - HOW TO USE THIS PART OF THE PACK

Aim of this section:

The following section provides a training programme that aims to help you to learn new skills so that you can safely care for your child with a tracheostomy. Skills can be learnt in any order and at a time that is best for you and your nurse.

Objectives:

When you feel ready, your nurses will:

- Discuss and show you how to perform new skills
- Support and observe you as you practice new skills. You may need to practice some skills more often than others.
- Your nurse will discuss your progress with you.
- Your nurse will tell you, and document in your pack, when you are able to perform a skill safely without being observed.

This part of the pack is split into the following sections:

1. Checking emergency equipment.
2. Assessment of your child's breathing.
3. Suctioning.
4. Routine tracheostomy care.
5. Changing the tracheostomy tube.
6. Basic life support.

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For each section there is information on what to do, how to do it, and why it is necessary. This is followed by the assessment document.

What the wording means

Discussed/ observed.

The procedure is explained to you by your child's nurse and /or you have watched the nurse perform the procedure.

Practiced

You have performed the procedure while being closely watched and guided by your child's nurse. You should have at least two practice sessions with each procedure. It is important that you learn new skills at your own rate and that you don't feel pressured or rushed into learning at a faster rate. You may also find that you need further support and training if you have not practiced a new skill for some time. This is not a problem. It is important that you let your nurses know your concerns and they will help you.

For your child's safety you should never practice without a nurse watching you closely.

Your nurses will tell you, and document in your pack, when you are safe to perform a skill safely on your own.

Safe to practice unsupervised

This means that your nurses have assessed you as being safe to perform the procedure without being observed, supported or prompted, and that you understand the reasons for the procedure. It is important that both you and your nurse sign and date the document as it is evidence that you have achieved a safe standard. If however you feel at a later date that you need more help and support, please let your nurses know so that they can help you. It is easy to forget or feel frightened by something if you have not had the opportunity to practice it for a while.

When on a ward it is important to tell your nurse when you are about to perform a procedure– your nurse can then be available to help you if necessary.

Abbreviations

PICU: Paediatric Intensive Care Unit.

PHDU: Paediatric High Dependency Unit.

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TEACHING AND ASSESSMENT OF SKILLS

CHECKING EMERGENCY EQUIPMENT: INFORMATION

It is important that the following equipment is within easy reach at all times as it may be needed in an emergency, such as if your child's tracheostomy tube becomes blocked or falls out.

What to do	How to do it	Why it is necessary
Check emergency equipment	<p>Make sure the following stored together in a box and is within easy reach at all times:</p> <p>Ambu bag if required (yes/no)</p> <p>Tracheostomy tubes:</p> <p>1 x same size,</p> <p>1 x size smaller, both taped.</p> <p>Scissors</p> <p>Lubricating Jelly</p>	<p>Emergency equipment must be in good working order and within reach in case it is needed quickly. It is needed to help you child breathe in an emergency.</p>
Check suction equipment	Suction unit and suction catheters.	

Name _____ Hospital number _____

CHECKING EMERGENCY EQUIPMENT: ASSESSMENT DOCUMENT

Procedure	Discussed/observed Parent to date & sign	Discussed/ observed Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Safe to practice unsupervised Parent to date & sign	Safe to practice unsupervised Nurse to date & sign
Demonstrate how to check and use the Ambu bag if required (yes/no)										
Demonstrate how to use the suction unit										
Demonstrate how to put gloves on correctly for the first week non sterile and sterile										
Demonstrate checking tracheostomy tubes and equipment										

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ASSESSMENT OF YOUR CHILD'S BREATHING: INFORMATION

What to do	How to do it	Why it is necessary
Assessment of your child's breathing	<p>Look at your child's colour, chest movement, and rate of breathing. Oxygen saturation levels will be monitored in all areas. This can be useful at detecting the amount of oxygen in your child's blood although it can be misleading if the probe is not attached correctly.</p> <p>Listen to your child's breathing. Does it sound noisy? Can you hear secretions?</p> <p>Feel your child's chest with your hand. Can you feel secretions?</p>	<p>It is important to recognise signs of change in your child's condition.</p> <p>Increases in your child's work of breathing may indicate a chest infection or blocked tube.</p>

ASSESSMENT OF YOUR CHILD'S BREATHING: ASSESSMENT DOCUMENT

Procedure	Discussed/observed Parent to date & sign	Discussed/ observed Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Safe to practice unsupervised Parent to date & sign	Safe to practice unsupervised Nurse to date & sign
	Observation of child's colour, chest movement, rate of breathing, and sounds of breathing									
List signs of breathing difficulties										
List signs of the need for suction										

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CHANGING YOUR CHILD'S POSITION: INFORMATION

What to do	How to do it	Why it is necessary
Change your child's position regularly if they are not able to move around	<p>Turn your child from side to side when in bed or lying down. Help them to sit up as often as possible when awake.</p> <p>Encourage your child to cough if he or she is able to.</p> <p>Your physiotherapist will show you how to do any specific chest physiotherapy if your child needs it.</p>	<p>Change in position helps your child to clear secretions and helps all areas of the lungs to be inflated with air.</p> <p>Coughing will help to clear secretions so more air can enter the lungs.</p> <p>Physiotherapy helps to clear secretions from the lung, helps more air to enter, and may help to treat a chest infection.</p>

CHANGE YOUR CHILD'S POSITION: ASSESSMENT DOCUMENT

Procedure	Discussed/observed Parent to date & sign	Discussed/ observed Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Safe to practice unsupervised Parent to date & sign	Safe to practice unsupervised Nurse to date & sign
Demonstrate correct positioning of child during turns										
State when child's position should be changed										
Discuss any specific chest physiotherapy that has been prescribed for your child by the physiotherapist. (To be discussed, and assessed if necessary, by the physiotherapist)										

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SUCTION: INFORMATION

What to do	How to do it	Why it is necessary
Suction	<p>Tell your child's nurse that you are about to suction your child.</p> <p>Turn the suction unit on and check that it is working and set to the correct suction pressures (start with low pressure, increase as required):</p> <ul style="list-style-type: none"> • Neonate (0 - 4 weeks): 60 – 80mmHg • Infant (5weeks to 1 year): - 80-100mmHg • Child (1 – 11 years): 100 – 150mmHg • Teenager: 100-200mmHg <p>Wash your hands with soap and hot water.</p> <p>Tell your child what you are going to do.</p> <p>If in first 7 days put non-sterile gloves on each hand.</p> <p>Attach an appropriate sized suction catheter to the tubing (catheter size double the size of tracheostomy tube size), keeping it in the wrapper.</p> <p>If in first 7 days put a sterile glove on your dominant hand.</p> <p>Remove the catheter from the wrapper being careful not to touch tip of catheter.</p> <p>Disconnect the ventilator tubing or Swedish nose from the tracheostomy tube with your other hand.</p> <p>Hold at premeasured length as per documentation</p> <p>Insert the catheter into the tracheostomy tube to required length. Apply suction whilst removing suction catheter over 10-15 second period.</p> <p>Reattach the ventilator tubing or Swedish nose (HME).</p> <p>Observe the amount, colour and consistency of the secretions.</p>	<p>This ensures that your nurse is able to assist you if you have difficulties or if your child's condition changes.</p> <p>Too high a pressure can remove too much air from your child's lungs.</p> <p>Reduces the risk of infection.</p> <p>Helps to reduce your child's anxiety.</p> <p>Protects you from your child's secretions.</p> <p>Keeps the catheter sterile.</p> <p>Keeps the catheter sterile.</p> <p>Ensures that the catheter is kept sterile and reduces the risk of infection.</p> <p>Premeasured length is no more than 1cm below tip of tracheostomy tube.</p> <p>Passing the tube too far can cause trauma.</p>

What to do	How to do it	Why it is necessary
	Reassess your child's breathing, colour, and sounds of breathing	<p>To assess any changes in your child's condition. Secretions are normally loose and clear. A change in amount, colour or thickness may be a sign of infection.</p> <p>Suction may have cleared all the secretions, or your child may need further suctioning.</p>

SUCTION: ASSESSMENT DOCUMENT.

Procedure	Discussed/observed Parent to date & sign	Discussed/ observed Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Safe to practice unsupervised Parent to date & sign	Safe to practice unsupervised Nurse to date & sign
Wash hands effectively using soap and hot water.										
Demonstrate preparation of the child and equipment.										
State which suction pressure should be used.										
Safely perform suction and observe amount, colour and consistency of secretions.										
Reassess child's breathing, colour, and need for further suction.										

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CLEANING THE STOMA (THE SKIN AROUND THE TRACHEOSTOMY OPENING): INFORMATION

What to do	How to do it	Why it is necessary
<p>Clean stoma at least twice a day to ensure skin is clean and dry.</p>	<p>Prepare Equipment</p> <p>Wash your hands using soap and hot water.</p> <p>Clean around the stoma site using gauzes and water.</p> <ul style="list-style-type: none"> • Ordinary water/Cool Boiled water if skin is intact • Normasol if skin brown down <p>Dry the skin thoroughly.</p> <p>Apply barrier cream/film</p> <ul style="list-style-type: none"> • If skin intact apply cream • If skin red/broken down apply barrier film <p>Apply appropriate dressing as advised by specialist practitioner.</p> <p>Observe the area for signs of redness, broken skin, and granulation (a build-up of skin tissue). Tell your nursing team if you are concerned about your child's skin.</p>	<p>Prevents infection.</p> <p>Keeps skin in good condition.</p> <p>To protect skin from infection and breakdown</p> <p>To relieve pressure and absorb exudate/secretions.</p> <p>Any problems can be detected and treated as soon as they occur.</p>

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CLEANING THE STOMA: ASSESSMENT DOCUMENT

Procedure	Discussed/observed Parent to date & sign	Discussed/ observed Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Safe to practice unsupervised Parent to date & sign	Safe to practice unsupervised Nurse to date & sign
Wash hands effectively using soap and hot water.										
Prepare child and equipment.										
Demonstrate thorough cleaning and drying of the skin.										
Demonstrate apply dressing										
State the signs of infection.										

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CHANGING THE TRACHEOSTOMY TAPES: INFORMATION

What to do	How to do it	Why it is necessary
<p>Change the tracheostomy tapes</p>	<p>Must be done by two people, one of whom must be safe to practice unsupervised.</p> <p>Inform your nurse that you are changing your child's tapes.</p> <p><u>Prepare equipment:</u> Emergency equipment – Ambu bag if required (yes/no), suction, spare tubes. Two lengths of tracheostomy tape/Velcro fasteners. Scissors. Water and gauze or similar to clean and dry skin with.</p> <p>Wash your hands. Explain to your child what you are about to do.</p> <p>Position your child on his or her back. Extend your child's neck by placing a rolled up pillowcase or towel for example, under the shoulders.</p> <p>One person must hold the tracheostomy tube in position at all times until the new tapes are finally tied with three knots on each side/Velcro fasteners are secure. The other person cuts the tapes and removes them from the tracheostomy tube.</p> <p>Inspect, wash and dry your child's skin where the tapes were and under the 'arms' of the tracheostomy tube.</p>	<p>To maintain your child's safety.</p> <p>To maintain your child's safety.</p> <p>Reduces the risk of infection. To reduce your child's anxiety.</p> <p>Moves your child's chin out of the way and makes the procedure easier as you will be able to see what you are doing.</p> <p>To ensure the tube does not fall out.</p>

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What to do	How to do it	Why it is necessary
	<p>Apply barrier cream/film</p> <ul style="list-style-type: none"> • If skin intact apply cream • If skin red/broken down apply barrier film <p>Loop the new tapes onto the tube so that each side has a long and a short length of tape/attach Velcro fasteners (your nurse will demonstrate this to you).</p> <p>Pass the long piece behind your child's neck and tie it to the short piece on the opposite side. Tie it in a single knot and a bow or pass the Velcro fastener behind child's neck and thread through the tube and secure.</p> <p>Repeat this with the remaining long and short tapes</p> <p>Apply appropriate dressing as advised by specialist practitioner.</p> <p>With the tracheostomy tube still held in place, remove the neck roll and check the tightness of the tapes. You should be able to get only one finger between your child's neck and the tapes.</p> <p>With the tracheostomy tube still held in place, re-adjust the tightness of the tapes as required. Undo the bow on one side, and then knot tapes three times. Repeat on other side. Check again that the tapes are not too tight or too loose/ undo Velcro fastener readjust and secure.</p> <p>The person holding the tube can now let go.</p>	<p>To protect skin from infection and breakdown</p> <p>Changes in condition of the skin can be detected and treated promptly</p> <p>Ensures the tapes are tied on the side of your child's neck so the knots can be seen at all times.</p> <p>Two tapes are safer than one if one of them becomes loose</p> <p>To relieve pressure and absorb exudate/secretions.</p> <p>If the tapes are too loose the tube could fall out. If they are too tight they may cause pain, discomfort, swelling and skin breakdown.</p>

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CHANGING THE TRACHEOSTOMY TAPES: ASSESSMENT DOCUMENT

Procedure	Discussed/observed Parent to date & sign	Discussed/ observed Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Safe to practice unsupervised Parent to date & sign	Safe to practice unsupervised Nurse to date & sign
Wash hands effectively using soap and hot water.										
Prepare child and equipment.										
Check that emergency equipment is within easy reach and in working order.										
Demonstrate holding the tracheostomy tube during changing of the tapes.										
Demonstrate removal of the old tapes.										
Demonstrate cleaning of the stoma and checking the site for redness, granulation etc.										
Attach the tracheostomy tapes to the tube.										
Demonstrate tying of the tracheostomy tapes and checking the tightness.										

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CHANGING THE TRACHEOSTOMY TUBE: INFORMATION

What to do	How to do it	Why it is necessary
<p>Change the tracheostomy tube-</p> <p>Prepare the equipment.</p>	<p>In hospital, tubes must be changed by two people, one of whom has been trained and assessed as safe to practice unsupervised. Tracheostomy specialist practitioner/ward staff will teach you how to change a tube on your own in case of an emergency when not in hospital.</p> <p>A clean technique must be used to change the tube. This means keeping everything as clean as possible and not touching the part of the tracheostomy tube that goes through the stoma.</p> <p>Prepare:</p> <p>A clean area in which to work</p> <p>Taped Tracheostomy tubes – one the same size and type as the tube you are replacing and one a size smaller.</p> <p>Check introducer inserts and removes easily.</p> <p>Lubricate new tube</p> <p>Scissors</p> <p>Suction equipment</p> <p>Ambu bag attached to oxygen if required (yes/no)</p> <p>Water and gauze or similar</p> <p>Wash your hands</p>	<p>To maintain your child's safety.</p> <p>To prevent introducing infection.</p> <p>To open the stoma if it is difficult to insert the same size tube. If this occurs CALL FOR HELP. (In hospital: Call a nurse. Out of hospital: other person in house/ shops etc or 999.)</p> <p>The smaller tube is available in case it is difficult to insert the same size tube. If this occurs CALL FOR HELP.</p> <p>The doctor can insert this into the stoma if the smaller tracheostomy tube will not fit.</p> <p>Helps the tube to slide in easily.</p>

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What to do	How to do it	Why it is necessary
<p>Prepare your child</p>	<p>Explain to your child what you are going to do if he or she is old enough to understand. If your child is a baby, you may find it easier to wrap him or her in a blanket to keep the arms still and out of the way</p> <p>Position your child on his or her back with a roll under the shoulders</p> <p>If your child needs suction, remove the secretions before you cut the tapes</p>	<p>Your child may find it less stressful if they know what is happening.</p> <p>This will extend your child's neck and lift the chin. This makes it easier for you to see the stoma and helps open up the hole.</p> <p>Reduces coughing during the tube change.</p>
<p>Procedure</p>	<p>Hold the old tube with your fingers while the tapes are being cut by the nurse / competent helper.</p> <p>Clean neck and stoma (as required)</p> <p>Remove the old tube.</p> <p>Insert the new tube.</p> <p>Remove the introducer if used.</p> <p>This process should only take a few seconds. If you cannot insert the tube easily CALL FOR HELP IMMEDIATELY. (In hospital: Call a nurse. Out of hospital: other person in house/ shops etc or 999.)</p> <p>Tie the tapes as you would when changing the tapes.</p>	<p>To prevent the tube from being coughed out.</p> <p>To prevent infection and breakdown of skin.</p> <p>To minimise the risk of the stoma closing.</p>

CHANGING THE TRACHEOSTOMY TUBE: ASSESSMENT DOCUMENT

Procedure	Discussed/observed Parent to date & sign	Discussed/ observed Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Safe to practice unsupervised Parent to date & sign	Safe to practice unsupervised Nurse to date & sign
Wash hands effectively using soap and hot water.										
Prepare child and equipment. Attach tracheostomy tapes to new tube.										
Check that emergency equipment is within easy reach and in working order.										
Remove the tracheostomy tube and insert new tube. Remove the introducer.										
Tie the tapes and assess the tightness of the tapes.										
State what action should be taken if you are unable to insert the new tube.										

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BASIC LIFE SUPPORT: INFORMATION

What to do	How to do it	Why it is necessary
Call for help.	If on the ward, call a nurse. If in the hospital building, send for help from the nearest ward. If in the grounds of the hospital, send for help from a ward. Get someone to use the mobile phone. If out of hospital call 999.	Calling for help can save your child's life.
Check responsiveness.	Call your child's name quite loudly and gently shake or pinch a limb. Do not shake your child's head, as this can be dangerous.	Voice and touch may cause your child to breathe. If no response, quickly move on to the next step.
Open the airway.	Check that the tracheostomy tube is not blocked by performing suction. If there is a blockage (unable to insert suction catheter), quickly change the tracheostomy tube. Tilt your child's head back until it is in the 'sniffing' position	You will not be able to resuscitate your child if the tube is blocked. This will open up your child's airway so that you can get air into the lungs. If your child is not breathing you need to quickly move on to the next step.
Check breathing.	Look – is your child's chest moving? Listen – can you hear any breathing? Feel – can you feel any breath on your cheek from your child's tracheostomy or nose or mouth?	
Breathe.	Give your child 5 breaths through the tracheostomy tube with your mouth making sure that the chest rises and falls each time. If available ambubag can be used yes/no	This puts oxygen into your child's lungs. It might stimulate your child to breathe.
Check for signs of Life.	Look for movement, breathing, coughing. If not sure continue to chest compressions.	To assess whether or not your child's heart is pumping.
Compress your child's chest.	Compress the lower third of your child's chest, 1 finger up from the bottom of the sternum (breastbone) 30 times . Press hard enough to move the sternum 1/3 depth of the chest depth.	This pumps the oxygenated blood around your

What to do	How to do it	Why it is necessary
Continue basic life support.	<p><i>Child less than 1 year</i> – use 2 fingers.</p> <p><i>Child older than 1 year</i> – use the heel of one or two hands.</p> <p>Compress chest at a rate of 110-120 times a minute.</p> <p>2 breaths: 30 compressions. Continue giving 2 breaths then 30 compressions for 1 minute or 2 cycles if no help has been called make sure the emergency services are on their way. If emergency services are on their way continue giving 2 breaths to 30 compressions until help arrives. Do not stop to check whether child is breathing unless obvious signs of life are seen.</p>	<p>child's body.</p> <p>It is vital to keep giving your child oxygenated breaths and to pump that oxygen around the body until help arrives.</p>

BASIC LIFE SUPPORT: ASSESSMENT DOCUMENT

Procedure	Discussed/observed Parent to date & sign	Discussed/ observed Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Practiced Parent to date & sign	Practiced Nurse to date & sign	Safe to practice unsupervised Parent to date & sign	Safe to practice unsupervised Nurse to date & sign
State the signs of cardiac and respiratory arrest in a child										
List the possible causes of arrest in a child with a tracheostomy										
Demonstrate basic life support on a doll using the ABC approach (Airway, Breathing, Circulation)										
Discuss Emergency Algorithm.										

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STATEMENT OF COMPETENCE

PARENT/CARER DECLARATION

I agree that I have received full training and am now competent to provide care independently

Name: _____

Signature: _____

Date: _____

STAFF DECLARATION

I agree that the above carer is competent on the date stated, it is the responsibility of the parent/carer to seek further training or support if required.

Name: _____

Signature: _____

Date: _____

**When completed a copy of this document is to be kept in the child's medical records
and copy given to parents or carers.**

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