



Quality Improvement ↔ Continuous Learning

TRACHEOSTOMY PASSPORT

Patient's identification label here

This document should be filed in the patient's notes. It should include the following documents:

Pages 3 – 6. TO BE COMPLETED AT THE TIME OF INSERTION BY THE DOCTOR PERFORMING THE PROCEDURE

Pages 3-5. LocSSIPs for percutaneous tracheostomy/ surgical notes in surgical tracheostomies. Please complete **page 3** in all cases, **page 4** for percutaneous tracheostomies and **page 5** for surgical tracheostomies.

Page 6. Safety information with regards to the insertion of a tracheostomy (page 5). In all cases at the end of the procedure

Page 7.- TO BE COMPLETED ON THE DAY OF DISCHARGE FROM ITU BY THE DOCTOR DISCHARGING THE PATIENT

Page 7. Safety information at the time of discharge from level 3 area

Pages 8-11 . TO BE COMPLETED ONCE WEEKLY (Tuesday 2pm) DURING THE TRACHEOSTOMY MDT WARD ROUND

Pages 8-11. Tracheostomy MDT proforma (to be completed weekly)

Page 12. TO BE COMPLETED IN EVERY TRACHE TUBE CHANGE.

Tracheostomy change form.

Page 13. Annex 1. Voice and swallow assessment

Page 14. Annex 2. Decannulation assessment

Developed by: North West London Safe Tracheostomy Care Collaborative



Particular thanks to:

Clinical leads at Royal Brompton & Harefield NHS Foundation Trust

- Donna Hall, Consultant in Critical Care Medicine
- Clara Hernandez Caballero, Consultant in Critical Care Medicine

Invasive Procedure Safety Checklist: TRACHEOSTOMY

BEFORE THE PROCEDURE	TIME OUT	SIGN OUT
<p>Have all members of the team introduced themselves? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Patient identity checked as correct? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Appropriate consent completed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is suitable tracheostomy and equipment available? (difficult airway trolley/bronchoscope) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is appropriate monitoring available? (including EtCO2) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are there any Contraindications to performing the procedure? (High FIO2, PEEP, anatomical, vascular, coagulopathy) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Medicines and coagulation checked? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any Known drug allergies? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is feed stopped and NG aspirated? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are spinal precautions required? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are there any concerns about this procedure for the patient? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p style="text-align: center;">Verbal confirmation between team members before start of procedure</p> <p>Is patient on adequate ventilator settings and 100% FIO2? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is patient adequately sedated and paralysed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is position optimal? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Cuff tested as intact? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>All team members identified and roles assigned? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any concerns about procedure? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you had any concerns about the procedure, how were these mitigated?</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<p>Tracheostomy position confirmed with Bronchoscope? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Capnography in situ? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Ventilator settings reviewed post procedure? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Sedation reviewed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Post procedure hand over given to nursing staff? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Level of difficulty anticipated prior to the start of the procedure</p> <p>None anticipated <input type="checkbox"/> Possibly difficult <input type="checkbox"/> Considerably difficult <input type="checkbox"/></p>	<p>Procedure date: <input type="text"/> Time: <input type="text"/></p> <p>Operator: <input type="text"/></p> <p>Observer: <input type="text"/></p> <p>Assistant: <input type="text"/></p> <p>Level of supervision: SpR <input type="checkbox"/> Consultant <input type="checkbox"/></p> <p>Equipment & trolley prepared: <input type="text"/></p>	<p>Signature of responsible clinician completing the form</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<p>If considerably difficult: 1. Consider ENT involvement 2. 2 Consultant anaesthetists must be involved</p>		
<p>Names/Registering body numbers of clinicians responsible for tracheostomy</p> <p>1) 2) Bronchoscopist</p>		
		<p>Patient Identity Sticker:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

The Procedure			
Personnel			
Bronchoscopy:		Tracheostomy:	
Grade:		Grade:	
Supervising consultant:			
Sterile Scrub/Gown and Gloves?			Yes <input type="checkbox"/>
2X Chloraprep sticks to skin?			Yes <input type="checkbox"/>
Large fenestrated drape Used?			Yes <input type="checkbox"/>
Sedation:		Local Anaesthetic:	
Level of Entry	1-2 Ring		AP Entry Point:
	2-3 Ring		
	Other(Specify)		
Tracheostomy tip is: Cms from carina as confirmed by endoscope			
Tracheostomy Kit/ Batch No:			
Size/Type Tracheostomy:			
Additional Comments:			
Chest X-Ray Ordered Post Procedure?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature:			

Complications			
Correct ventilator settings set post procedure			Yes <input type="checkbox"/>
None <input type="checkbox"/>	Vascular puncture <input type="checkbox"/>	Malposition <input type="checkbox"/>	
2 nd person required <input type="checkbox"/>	Unable to place <input type="checkbox"/>	Other <input type="checkbox"/>	

SURGICAL NOTES. Date:

Surgeon and assistant:

Please complete periprocedural checklist in page 2

Operation notes:

SAFETY INFORMATION ESPECIALLY RELEVANT AT THE TIME OF INSERTION	
Relevant medical and surgical history	
Insertion date	
Indication for tracheostomy ¹	
Technique ²	
Tracheostomy tube and size ³	
Tracheostomy position ⁴	
Complications during insertion ⁵	
Airway (Cormack-Lehane)	
Duration of intubation prior to tracheostomy and ET tube size	
Any complications related to intubation/mechanical ventilation prior to the insertion of the tracheostomy	
Will the patient need a nasal endoscopic airway examination prior to decannulation? If yes, state why	
Abnormal findings in the upper/lower airway during endoscopy	
Tracheostomy bed head sign completed and displayed ⁶	

¹ Airway obstruction (elective/emergency), prolonged mechanical ventilation, secretion management, neurological compromise

² Percutaneous/surgical

³ Non fenestrated/fenestrated, cuffed/uncuffed, single lumen/double lumen, armoured, adjustable flange, mini trache

⁴ 1st-2nd ring, 2nd-3rd ring.

⁵ Bleeding, paratracheal insertion, difficulties in finding entry point with several attempts, fractured ring, posterior wall trauma etc..

⁶ Yes/No

SAFETY INFORMATION AT THE TIME OF DISCHARGE FROM CRITICAL CARE AREA. Date:

Tracheostomy tube and size ⁷	
Complications after the insertion ⁸	
Ventilation and oxygenation requirements at the time of discharge from critical care area	
Tolerating cuff-deflation trials?	
Able to phonate normally? If not, specify findings from nasal endoscopic airway examination	
Able to eat normally? If not, specify findings from clinical swallow assessment/FEES/VFSS and recommendations	

⁷ Non fenestrated/fenestrated, cuffed/uncuffed, single lumen/double lumen, armoured, adjustable flange, mini tracheostomy

⁸ Lung atelectasis, pneumothorax, inadvertent tracheostomy tube decannulation, bleeding from stoma, airway bleeding, obstruction of the tracheostomy tube, stoma infection, tracheal stenosis, etc..

TRACHEOSTOMY MDT WARD ROUND PROFORMA

Date:

Tracheostomy care bundle completed ⁹	
Bedside safety equipment checked ¹⁰	
Tracheostomy bed head sign visible ¹¹	
Tracheostomy tube and size ¹²	
Nasal endoscopy performed? If yes, state date, findings and recommendations ¹³	
Endoscopy through tracheostomy tube performed? If yes, state date, findings and recommendations	
Ventilatory and O2 requirements at the time of the MDT ward round	
Able to tolerate cuff deflation trials?	
Able to phonate? See Annex 1	
Secretion management ¹⁴	
Stoma inspection	
Communication ¹⁵	
Recommendations from the MDT. Specify tube changes if applicable, cuff inflated/deflated, speaking valve use, secretion management strategy if required, readiness for decannulation.	
Additional comments	

⁹ Yes/No

¹⁰ Yes/No

¹¹ Yes/No

¹² Non fenestrated/fenestrated, cuffed/uncuffed, single lumen/double lumen, armoured, adjustable flange, mini trache

¹³ Normal vocal cords mobility Y/N, clear airway above tube/granulation tissue/secretions/foreign body/mass above tube, signs of aspiration

¹⁴ Hyoscine, glycopyrronium, botulinum toxin.

¹⁵ Speaking valve, ability to reliably summon help using call bell Y/N, leak speech, above cuff vocalisation, dysphonia, non-verbal communications, AAC, specific communication impairment, no communicative intent.

NORTH WEST LONDON TRACHEOSTOMY PASSPORT

Members of the MDT (name and role)	1 2 3 4 5 ...

TRACHEOSTOMY MDT WARD ROUND PROFORMA

Date:

Tracheostomy care bundle completed ¹⁶	
Bedside safety equipment checked ¹⁷	
Tracheostomy bed head sign visible ¹⁸	
Tracheostomy tube and size ¹⁹	
Nasal endoscopy performed? If yes, state date, findings and recommendations ²⁰	
Endoscopy through tracheostomy tube performed? If yes, state date, findings and recommendations	
Ventilatory and O2 requirements at the time of the MDT ward round	
Able to tolerate cuff deflation trials?	
Able to phonate? See Annex 1	
Secretion management ²¹	
Stoma inspection	
Communication ²²	
Recommendations from the MDT. Specify tube changes if applicable, cuff inflated/deflated, speaking valve use, secretion management strategy if required, readiness for decannulation.	
Additional comments	

¹⁶ Yes/No

¹⁷ Yes/No

¹⁸ Yes/No

¹⁹ Non fenestrated/fenestrated, cuffed/uncuffed, single lumen/double lumen, armoured, adjustable flange, mini trache

²⁰ Normal vocal cords mobility Y/N, clear airway above tube/granulation tissue/secretions/foreign body/mass above tube, signs of aspiration

²¹ Hyoscine, glycopyrronium, botulinum toxin.

²² Speaking valve, ability to reliably summon help using call bell Y/N, leak speech, above cuff vocalisation, dysphonia, non-verbal communications, AAC, specific communication impairment, no communicative intent.

NORTH WEST LONDON TRACHEOSTOMY PASSPORT

Members of the MDT (name and role)	1 2 3 4 5 ...
------------------------------------	------------------------------

SAFETY INFORMATION AT THE TIME TRACHEOSTOMY TUBE CHANGE. Date:

Indication for tracheostomy change	
New tracheostomy tube and size ²³	
Complications during change ²⁴	
Recommendations after tracheostomy change	
CXR requested ²⁵	
Bed sign modified with new tracheostomy tube and safety equipment checked and available ²⁶	

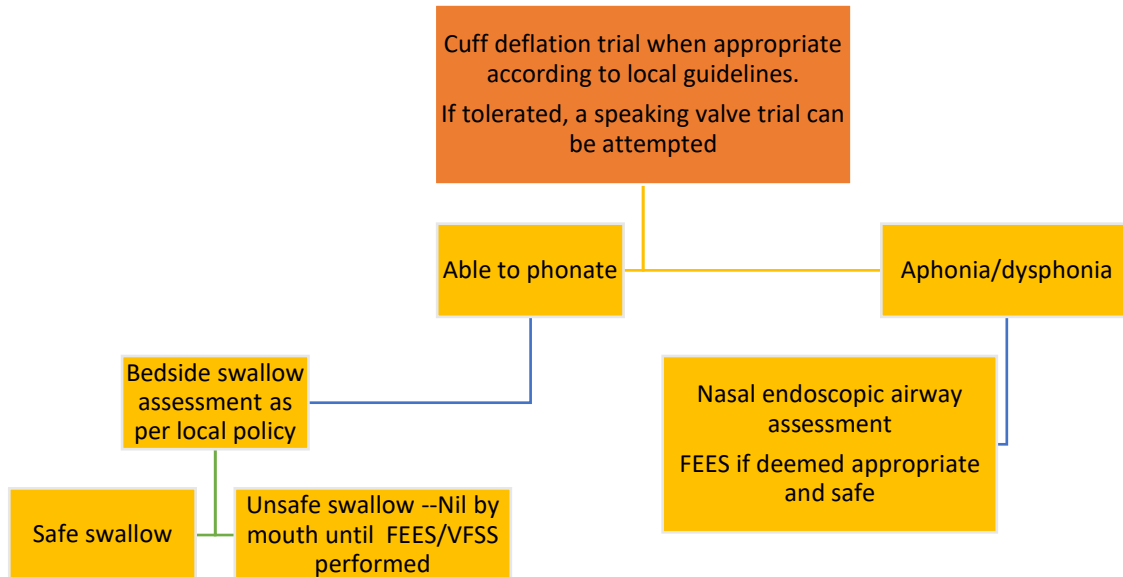
²³ Non fenestrated/fenestrated, cuffed/uncuffed, single lumen/double lumen, armoured, adjustable flange, mini trache

²⁴ Bleeding, paratracheal insertion, difficulties in finding entry point with several attempts, respiratory distress, etc..

²⁵ Yes/No

²⁶ Yes/No

ANNEX 1. Voice and swallow assessment



ANNEX 2. Decannulation assessment

