

## DISCHARGE PATHWAY FOR CHILDREN WITH A NEWLY FORMED TRACHEOSTOMY

**Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Hospital No:** \_\_\_\_\_

**Consultant:** \_\_\_\_\_

**Ward:** \_\_\_\_\_

**Date care plan commenced:** \_\_\_\_\_

## DISCHARGE PLANNING CHECKLIST FOR CHILDREN WITH A TRACHEOSTOMY (Rough guide as will depend on the initial day tracheostomy is inserted)

Tracheostomy Inserted on:- \_\_\_\_\_

| Date post Tracheostomy | Ward staff responsibilities   | Tick | Sign/ date |
|------------------------|---|------|------------|
| Day 1-3                | Contact Community team  |      |            |
|                        | Fax equipment list and relevant referral letter (see page 4&5)  |      |            |
|                        | Fax request letter regarding need for saturation monitor  |      |            |
|                        | Organise discharge meeting for approximately day 14   |      |            |
| Day 1-7                | Give parent/carers teaching pack and information pack   |      |            |
|                        | Devise a teaching plan (see page 14&15)   |      |            |
|                        | Start teaching to include equipment checks, breathing assessment, suction and stoma care.                 |      |            |
|                        | Sign teaching pack accordingly  |      |            |
|                        | Contact all relevant team members regarding discharge meeting and document whether attending (see page 6) |      |            |
|                        | Organise resuscitation training for approximately day 14  |      |            |
|                        | Give Parents/carers a tube to practice tying tapes  |      |            |
| Day 7                  | First Tube change by ENT team observed by parent/carers   |      |            |
|                        | Start to wean off warm humidification   |      |            |
|                        | Ring community to check if attending discharge meeting if not already confirmed                           |      |            |
|                        | Leave parents with teaching doll and spare tubes to practice tying tapes around neck if applicable        |      |            |
| Day 8                  | Parents/carer (1) to perform tube change  |      |            |
|                        | Parent/carer to complete tape change and stoma care   |      |            |
|                        | Sign teaching pack  |      |            |
| Day 9                  | Parents/carer (2) to perform tube change  |      |            |
|                        | Parent/carer to complete tape change and stoma care   |      |            |
|                        | Sign teaching pack  |      |            |
| Day 10                 | Parents/carer (1) to perform tube change  |      |            |
|                        | Parent/carer to complete tape change and stoma care   |      |            |
|                        | Sign teaching pack  |      |            |
| Day 11                 | Parents/carer (2) to perform tube change  |      |            |
|                        | Parent/carer to complete tape change and stoma care   |      |            |
|                        | Sign teaching pack  |      |            |
| Day 12                 | Parents/carer (1) to perform tube change  |      |            |
|                        | Parent/carer to complete tape change and stoma care   |      |            |

Patients Name \_\_\_\_\_ Hospital Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

|                      |   |  |  |
|----------------------|---|--|--|
|                      | Sign teaching pack  |  |  |
| Day 13               | Parents/carer (2) to perform tube change  |  |  |
|                      | Parent/carer to complete tape change and stoma care   |  |  |
|                      | Sign teaching pack  |  |  |
| Day 14               | Tube change performed by both parents/carers with no assistance from nursing staff                                  |  |  |
|                      | Ensure all aspects of training complete   |  |  |
|                      | Sign teaching pack  |  |  |
|                      | Discharge meeting finalise PDD  |  |  |
|                      | Document in medical notes discharge plan  |  |  |
|                      | Parents resuscitation training  |  |  |
|                      | Complete HOOF (oxygen at home form) if required   |  |  |
|                      | Wean off monitoring as per discharge plan   |  |  |
| Day 15-24            | Parents to continue with cares  |  |  |
|                      | Photocopy teaching packs for notes  |  |  |
|                      | Parents to stay overnight prior to discharge (needs all essential equipment)  |  |  |
|                      | Confirm equipment delivery date _____ with community (2 Suction machine, Nebulizer machine, and Saturation machine) |  |  |
|                      | Obtain ____ week supply of consumables ready for discharge e.g. trachy tubes and suction catheters                  |  |  |
| Day Before Discharge | Complete and Fax Fittleworth order form   |  |  |
|                      | Arrange take home medication  |  |  |
|                      | Arrange Transport for discharge   |  |  |
|                      | Inform all relevant MDT of discharge date   |  |  |
| Discharge Day        | Check equipment has arrived and in working order  |  |  |
|                      | Give parents all required consumables for discharge   |  |  |
|                      | Give parents information regarding follow up appointments   |  |  |
|                      | Provide parents with contact numbers  |  |  |
|                      | Contact Community team following discharge and confirm visit arrange for 24-48hrs post discharge                    |  |  |

**TRACHEOSTOMY EQUIPMENT NEEDED FOR DISCHARGE**  
**Complete alongside community letter to highlight what equipment has been requested**

| PRODUCT                                    | SIZE   | REFERENCE NO | SUPPLIER    | TICK | SIGN |
|--|--|--------------|-------------|------|------|
| <b>TRACHEOSTOMY TUBES</b>                  |  |              |             |      |      |
| Shiley Neonatal Tracheostomy               | <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.5<br><input type="checkbox"/> 4.0 <input type="checkbox"/> 4.5   | ____ NEO     | Community   |      |      |
| Shiley Paediatric Tracheostomy             | <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.5 <input type="checkbox"/> 4.0<br><input type="checkbox"/> 4.5 <input type="checkbox"/> 5.0 <input type="checkbox"/> 5.5<br><input type="checkbox"/> 6.0 | ____ PED     | Fittleworth |      |      |
| Shiley Paediatric Long (PDL)               | <input type="checkbox"/> 5.0 <input type="checkbox"/> 5.5 <input type="checkbox"/> 6.0<br><input type="checkbox"/> 6.5   | ____ PDL     | Fittleworth |      |      |
| Bivona Flextend Neonatal Straight Flange   | <input type="checkbox"/> 2.5 <input type="checkbox"/> 3.0<br><input type="checkbox"/> 3.5 <input type="checkbox"/> 4.0   | 60NFPS ____  | Community   |      |      |
| Bivona Flextend Paediatric Straight Flange | <input type="checkbox"/> 2.5 <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.5<br><input type="checkbox"/> 4.0 <input type="checkbox"/> 4.5 <input type="checkbox"/> 5.0<br><input type="checkbox"/> 5.5 | 60PFSS ____  | Community   |      |      |
| Other                                      |  |              |             |      |      |
| <b>TAPES</b>                               |  |              |             |      |      |
| Cotton Tapes                               |  |              | Community   |      |      |
| Velcro Tapes                               | Rusch Pead   | 507800       | Fittleworth |      |      |
|  | Rusch Adult  | 507900       | Fittleworth |      |      |
|  | Kapitex Trachi Hold Mini   | TRACC0030    | Fittleworth |      |      |
|  | Kapitex Trachi Hold Small  | TRACC0014    | Fittleworth |      |      |
| Other                                      |  |              | Community   |      |      |
| <b>SUCTION</b>                             |  |              |             |      |      |
| Mains Suction Machine                      | One Mains and one portable or two portable.  |              | Community   |      |      |
| Portable Suction Machine                   |  |              | Community   |      |      |
| Suction Catheters                          | 6  | 1203918      | Community   |      |      |
| Suction Catheters                          | 7  | 12041182     | Community   |      |      |
| Suction Catheters                          | 8  | 12044182     | Community   |      |      |
| Suction Catheters                          | 10   | 12047182     | Community   |      |      |
| Suction Catheters                          | 12   | 12086182     | Community   |      |      |
| Suction Catheters                          | 14   |              | Community   |      |      |

Patients Name \_\_\_\_\_ Hospital Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

| <b>HUMIDIFICATION</b>                    |                                  |             |                |  |  |
|--|----------------------------------|-------------|----------------|--|--|
| Humid-vent Mini                          | Neonatal for patients under 10Kg | 10011       | Community      |  |  |
| Portex Thermovent T (Swedish Nose)       | For Patients over 10Kg           | 100/570/015 | Community      |  |  |
| Hydro Trach II HME                       | For oxygen and Humidification    | 1873        | Community      |  |  |
| Thermovent O2 (green tubing is attached) | Oxygen via Thermovent T          | 100/575/010 | Community      |  |  |
| Provox Trachphone HME                    | Humidification                   | 7707        | Fittleworth    |  |  |
| 0.9% Saline Amps                         | Nebulisation                     |             | GP             |  |  |
| Nebulizer Machine                        | Nebulisation                     |             | Community      |  |  |
| Tracheostomy Mask                        | Nebulisation                     | 1206000     | Community      |  |  |
| Nebulizer Kit                            | Nebulisation                     | 1444000     | Community      |  |  |
| Saturation Machine                       |                                  |             | Community      |  |  |
| <b>OTHER</b>                             |                                  |             |                |  |  |
| Scissors                                 |                                  |             | Self-Providing |  |  |
| Lubricating Gel                          |                                  | 1121        | Fittleworth    |  |  |
| Gauze                                    | Cleaning                         | SWA264T     | Fittleworth    |  |  |
| Normasol                                 | Cleaning                         | NOR206B     | Fittleworth    |  |  |
| Barrier Cream                            | Protection                       | 3028        | Fittleworth    |  |  |
| Barrier Film                             | Protection                       | 3021        | Fittleworth    |  |  |
| Trachi Dressing                          | Small 60 x 82                    | TRDRE0001   | Fittleworth    |  |  |

Fittleworth Order Completed:-  YES  NO

Referral Letter to Community:-  YES  NO

Saturation Monitor Required:-  YES  NO    Consultant Letter:-  YES  NO

Humidifier Required:-  YES  NO    Consultant Letter:-  YES  NO

Signed:- \_\_\_\_\_

Order Letter Faxed to Community Date \_\_\_\_\_

Expected Delivery Date \_\_\_\_\_

Patients Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

## CONTACT LIST FOR DISCHARGE

Complete and sign as each member of the multidisciplinary team are contacted and confirm whether they are able to attend.

Meeting Date: \_\_\_\_\_ Time: \_\_\_\_\_ Venue: \_\_\_\_\_

| SPECIALITY                           | NAME             | EXTENSION         | CONTACTED | DATE | SIGN | ATTENDING |
|--------------------------------------|------------------|-------------------|-----------|------|------|-----------|
| ENT                                  |                  |                   |           |      |      |           |
| Respiratory                          |                  |                   |           |      |      |           |
| Paediatrics                          |                  |                   |           |      |      |           |
| Surgeons                             |                  |                   |           |      |      |           |
| Tracheostomy Specialist Practitioner |                  | 19521             |           |      |      |           |
| Ward Nurse                           |                  |                   |           |      |      |           |
| Physio                               | Reception        | 12640             |           |      |      |           |
| SALT                                 | Reception        | 12640             |           |      |      |           |
| Cleft Nurse                          | Reception<br>CNS | 19007<br>19083/84 |           |      |      |           |
| Dietician                            | Reception        | 12640             |           |      |      |           |
| OT                                   | Reception        | 12640             |           |      |      |           |
| Complex Discharge Co-ordinator       |                  |                   |           |      |      |           |
| Family Support                       | Reception        | 18700             |           |      |      |           |
| Social Worker                        |                  |                   |           |      |      |           |
| Children's Community Team            |                  |                   |           |      |      |           |
| Health Visitor                       |                  |                   |           |      |      |           |
| School Nurse                         |                  |                   |           |      |      |           |
| OTHER                                |                  |                   |           |      |      |           |
|                                      |                  |                   |           |      |      |           |
|                                      |                  |                   |           |      |      |           |
|                                      |                  |                   |           |      |      |           |



Manchester University  
NHS Foundation Trust

Patients Name \_\_\_\_\_ Hospital Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

## DISCHARGE MEETING SCHEDULE

- Arrange a date for Approximately 2 weeks post tracheostomy.
- Ensure a member of staff who is aware of the patient's progress is on duty to lead the meeting.
- Allocate a room for the meeting to take place.
- Refer to contact list to ensure all appropriate members of the multidisciplinary team are contacted and invited to the meeting.
- Keep a record of progress in discharge evaluation.
- Minutes of the meeting also need to be taken including a record of attendance.

### ISSUES THAT NEED TO BE DISCUSSED THROUGH THE MEETING:-

#### **A. Ward Nurse/Specialists Practitioner**

1. Introduce themselves and the patient
2. Explain where the patient is up to in their care and when they are likely to be fit for discharge.
3. Update on the training plan and when competencies will be achieved.

#### **B. Parents**

1. To be given the opportunity throughout the meeting to ask questions and clarify any issues they may have regarding their discharge and follow up care.

#### **C. ENT/Surgeon/Respiratory/Paediatrician/Cleft Team**

1. All - Discuss patient and their involvement with them.
2. All - Explain any future involvement they will have including follow up clinic, future operations and if any investigations are required.
3. Paediatricians – Will have the opportunity to discuss the patients development highlighting any issues that may be relevant
4. Paediatricians – May also need to discuss immunisation status and if any are needed after discharge.

#### **D. Health Visitor/Community Team**

1. Confirm with the team the expected date for delivery of the essential equipment.
2. Clarify and queries the community team/health visitor may have.
3. Discuss where the patients/carers are with the training. If a care package is required to provide parents/carers with help once discharged ensure this is discussed and provide all relevant information to the team.
4. Is a CAF form required?
5. Determine an expected date for discharge and make sure everything will be in place to ensure a smooth discharge.

**E. Dietician**

1. Discuss present feeding regime and any future plans
2. Have parents had pump training if needed if not, when it can be arranged for.
3. Has a referral been made to community dieticians if applicable?

**F. SALT**

1. Discuss patient's progress and any future plans.
2. Has a referral been made to local SALT if applicable?

**G. Physiotherapist/Occupational Therapist**

1. Discuss any future input the patient may need once discharge including any follow up visits to outpatients.
2. Ensure all equipment has been ordered for home use if applicable e.g. bath aids/wheelchairs.

**H. Social Worker/Family Support**

1. Discuss any issues that may be affecting discharge and plans in place to rectify them.
2. Explain their involvement with the family if applicable

- Arrange a date for further meeting if needed
- Obtain email addresses of all who attended in order to send meeting minutes
- Type and sign minutes and place a copy in medical notes.







## **GUIDE TO COMPLETION OF TEACHING PLAN**

- Discuss with parents/carers appropriate times when they will be resident and able to have training.
- Complete appropriate time slot on planner at days convenient for parents.
- Daily tube changes incorporating tapes changes can take place if doctors agrees, patient well enough and parent's consent.
- Allocate a staff member on duty that is able to complete the training
- Teaching plans need to be taken into consideration during patient allocation
- Negotiate with parents/carers throughout
- If any teaching is not completed clearly document on teaching plan reason
- Complete training to meet parent/carers needs
- Blank section to enable further changes as needed
- Ensure all teaching plans are signed appropriately
- A completed copy of teaching needs to remain with notes on discharge.

Patients Name \_\_\_\_\_ Hospital Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

### TEACHING PLAN

Days 1-7 parents to be given information booklet and teaching package and can be made aware of emergency equipment and start to observe all tracheostomy cares. A teaching doll and spare tapes are available for parent/carers to practice tube preparation.

**Parent /Carer (1):** \_\_\_\_\_ **Parent/Carer (2):** \_\_\_\_\_

| Day Post Tracheostomy | Date | Time | Procedure  | Nurse | Sign |
|-----------------------|------|------|--|-------|------|
| Day 1-7               |      |      | Parents to commence teaching pack<br>Suction/Stoma care/Breathing assessment,<br>Positioning and Equipment<br>Sign teaching packs.     |       |      |
| Day 7                 |      |      | Parents to watch tube change<br>Positioning  |       |      |
|                       |      |      | Parent/carer (1&2) to change tapes<br>Tube change parent/carer 1<br>Stoma care and suctioning<br>Sign teaching packs                   |       |      |
|                       |      |      | Parent/carer (1&2) to change tapes<br>Tube change parent/carer 2<br>Breathing assessment<br>Emergency equipment<br>Sign teaching packs |       |      |
|                       |      |      | Parent/carer (1&2) to change tapes<br>Tube change parent/carer 1<br>Stoma care and suctioning<br>Sign teaching packs                   |       |      |
|                       |      |      | Parent/carer (1&2) to change tapes<br>Tube change parent/carer 2<br>Breathing assessment<br>Emergency equipment<br>Sign teaching packs |       |      |
|                       |      |      | Parent/carer (1&2) to change tapes<br>Tube change parent/carer 1<br>Sign teaching packs  |       |      |
|                       |      |      | Parent/carer (1&2) to change tapes<br>Tube change parent/carer 2<br>Sign teaching packs  |       |      |
|                       |      |      | Tube change parent/carers 1 & 2 with no<br>assistance<br>Review teaching packs<br>Sign teaching packs                                  |       |      |

Patients Name \_\_\_\_\_ Hospital Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

| Day Post Tracheostomy | Date | Time | Procedure | Nurse | Sign |
|-----------------------|------|------|-----------|-------|------|
|                       |      |      |           |       |      |
|                       |      |      |           |       |      |
|                       |      |      |           |       |      |
|                       |      |      |           |       |      |

Teaching plan is subject to change due to the availability of staff to provide the teaching, parent availability and patient's condition. Ensure accurate documentation to explain reason behind teaching delay.





Patients Name \_\_\_\_\_ Hospital Number \_\_\_\_\_ Date of Birth \_\_\_\_\_