Salisbury NHS
NHS Foundation Trust

Competency 1: General principles and equipment required to safely manage a patient with a tracheostomy tube.

Trainee

Name: ----------

Title: ----------

Ward or department: ----------

Clinical assessor

Name: ----------

Title: ----------

Method of assessment: ----------

Supervision Record

Please detail your clinical supervision activity.

Date	Activity	Suggested learning activities	Clinical assessors signature

Skill criteria		**Knowledge criteria**	
No errors observed	5	Evaluation: *articulates response, what, when how and why*	5
Occasional errors, corrected by trainee	4	Synthesis: articulates the *connections between the parts*	4
Frequent errors, corrected by trainee	3	Analysis: *able to examine how parts relate to the whole*	3
Frequent errors, not corrected by trainee	2	Application: *can relate facts to another situation*	2
Trainee unable to proceed without instruction/prompting	1	Knowledge and understanding: *provides examples and distinguishes differences between examples*	1

K= knowledge (minimum level indicated in box *) S= skill (minimum level 4)

Observable criteria	**Minimum level**	**Tick level of achievement**					**Assessment Outcome**		**Assessors Signature and Date**
	*** State required level i.e. S4, K5**	**1**	**2**	**3**	**4**	**5**	**Pass ✓**	**Fail ✓**	
1. Define the term tracheostomy	K 4								
2. Discuss the difference between a tracheostomy and laryngectomy	K 4								
3. Discuss the indications for a tracheostomy tube	K 4								
4. Set up the essential bedside equipment	S 5								
5. Discuss two different types of tracheostomy tubes used in the Trust	K 4								

Observable criteria	Minimum level	Tick level of achievement					Assessment Outcome		Assessors Signature and Date
	* State required level i.e. S4, K5	1	2	3	4	5	Pass ✓	Fail ✓	
6. Explain the function of the inner tube	K4								
7. Explain the function of the cuff	K4								
8. Explain why a patient may be unable to speak	K4								
9. Discuss the different methods of achieving effective communication	K4								
10. Discuss the signs and symptoms of respiratory distress in a patient with a tracheostomy	K5								
11. Demonstrate the specific airway management of a patient during a respiratory or cardiac arrest	S5								
12. Identify 3 complications that may occur immediately after insertion	K4								

Observable criteria	Minimum level	Tick level of achievement					Assessment Outcome		Assessors Signature and Date
	* State required level i.e. S4, K5	1	2	3	4	5	Pass ✓	Fail ✓	
13. For each complication: – List the signs and symptoms – Identify methods of prevention – Discuss the immediate treatment	K4								
14. Identify 3 complications that may occur after 36 hours of insertion	K4								
15. For each complication: – List the signs and symptoms – Identify methods of prevention – Discuss the immediate treatment	K4								
16. Discuss the term ***"standard precautions"***	K5								
17. Discuss the ***specific*** measures that would be taken if a patient with a tracheostomy had MRSA, pulmonary TB and flu	K5								

Competency Statement

Practitioner's signature and date:

I am competent in this procedure at this time and understand the standard statement, action and outcome. Having received appropriate training, I accept full responsibility for the maintenance my own competence and have discussed this role as part of my job description with the person to whom I am managerially accountable.

Signature: Date:

Printed name: Date:

Clinical Assessor's signature and date:

I confirm that the above practitioner has achieved the required competency level and is now able to work autonomously in an unsupervised capacity.

Signature: Date:

Printed name: Date:

Job role:

Please place one copy of this record in your professional portfolio and give a second copy to your line manager

Assessors Guidelines

Assessment Criteria	Required knowledge and/or skill
1. Define the term tracheostomy	– A surgical opening or stoma into the anterior wall of the trachea made at the level of the second or third cartilaginous ring
2. Discuss the difference between a tracheostomy and laryngectomy	– No connection between lower and upper respiratory tract with a laryngectomy. Depending upon the cause, a tracheostomy patient may still have a patent upper airway.
3. Discuss the indications for a tracheostomy tube	– Long term mechanical ventilation and weaning – Upper airway obstruction e.g. tumour, anaphylaxis, post-operative swelling – Protection from aspiration as in neurological diseases e.g. coma, stroke, motor neurone disease, Parkinson's, multiple sclerosis. – Respiratory failure due to severe neuromuscular weakness e.g. multiple sclerosis, motor neurone disease. – Retention of bronchial secretions e.g. chronic pulmonary disease, decreased levels of consciousness.
4. Set up the essential bedside equipment	• Oxygen • Suction system • Correct size suction catheters – sterile • Sterile suction gloves • Eye protection and appropriate level mask • Humidification system • Emergency purple or blue airway box containing: ☐ Spare inner cannula ☐ Tracheal dilators ☐ Spare tracheostomy tubes, same type, one same size and one size

Assessment Criteria	Required knowledge and/or skill
	smaller ☐ 10ml syringe (for cuffed tube) ☐ Cuff manometer (for cuffed tube) ☐ Lubricating gel ☐ Tracheostomy dressing –
5. Discuss two different types of tracheostomy tubes used in the Trust	– Portex® with or without inner tube, with or without cuff – Shiley® with or without inner tube, with or without cuff – Tracheotwist® with or without inner tube, with or without cuff – Mini tracheostomy - a temporary tube for the removal of secretions only – Silver tube (Negus) – Fenestrated tube
6. Explain the function of the inner tube	– The inner tube provides a vital safeguard against the life threatening complication of tube obstruction. It can be removed for cleaning purposes or if the tube is occluded.
7. Explain the function of the cuff	– To provide a seal to enable positive pressure ventilation – To provide limited protection to the airway from aspiration if the patient is vomiting – To help control bleeding
8. Explain why a patient may be unable to speak	– Speech is created by air passing through the vocal cords. Tracheostomies tubes are inserted below the vocal cords which usually prevents the production of sound.
9. Discuss the different methods of achieving effective communication	– Mouthing words and lip reading – Writing boards and pens

Assessment Criteria	Required knowledge and/or skill
	– Sign boards – Speaking valves – Fenestrated tube – Call bell must be with the patient at all times as they have no other way of summoning help – Speaking valves i.e. Trachphone® or Passy Muir® valve
10. Discuss the signs and symptoms of respiratory distress in a patient with a tracheostomy	– Increased work of breathing – Accessory muscle use – Anxiety – Sweaty and clammy – Restlessness – Increased pulse – Increased respiratory rate – Decreased oxygen saturation's – Central cyanosis
11. Demonstrate the ***specific*** airway management of a patient during a respiratory or cardiac arrest	– Call for help immediately – Head tilt and chin lift – Observe the tracheostomy tube/permanent stoma site for patency and remove any potential obstruction – Inflate the tracheostomy cuff if present – Bag using a manual resuscitator bag (ambu bag) – Check that the tube is patent by assessing the rise and fall of the chest wall. – Check for evidence of tube migration if the chest wall does not move – Check inner tube for patency
12. Identify 3 complications that may occur immediately after insertion	1. Obstruction from sputum, blood clots or cuff 2. Displacement of the tube 3. Haemorrhage

Assessment Criteria	Required knowledge and/or skill		
13. For each complication: – List the signs and symptoms – Identify methods of prevention – Discuss the immediate treatment	**Obstruction** **Recognition** In addition to respiratory distress: – stridor – intercostal recession – tracheal tug **Prevention** – humidification – regular suctioning – cleaning of the inner tube – keeping the patient hydrated – Cuff pressure (20) **Action** – increase oxygen – call for help – deflate cuff – pass suction catheter – remove inner tube – saline nebulisers – Dial 2222 if the patient stops breathing	**Displacement** **Recognition** – surgical emphysema – changed tube position – signs and symptoms of respiratory distress – signs and symptoms of obstruction – patient may be able to talk **Prevention** – check tapes at the beginning of each shift – change tapes daily – tube position central **Action** – give oxygen – if the tube is out keep the stoma open with the tracheal dilators – call for help (Fast bleep CCOT) – Dial 2222 if the patient stops breathing	**Haemorrhage** **Recognition** – bleeding from the stoma – Clots on suction – copious fresh blood on suction – signs and symptoms of respiratory distress **Prevention** – ensure tube is central – non-traumatic suction **Action** – increase oxygen – call medical team for help – inflate cuff – attempt suctioning – Dial 2222 if the patient stops breathing

Assessment Criteria	Required knowledge and/or skill		
14. Identify 3 complications that may occur after 36 hours of insertion	1. Chest infection 2. Wound infection 3. Mucosal ulceration		
15. For each complication: – List the signs and symptoms – Identify methods of prevention – Discuss the immediate treatment * Microscopy, culture and sensitivity	**Chest infection** **Recognition** – increased secretions – change in colour of secretions – secretions grade 2 or 3 – increased oxygen requirements – pyrexia **Prevention** – wash hands before suctioning – wear disposable apron and gloves – use sterile glove and suction catheters when suctioning – change water humidification circuits every 24 hours **Action** – inform medical team – send a sputum sample for MC&S*	**Wound infection** **Recognition** – patient has pain around stoma site – site is red and inflamed – exudate from wound **Prevention** – assess and document site appearance every 24 hours – re-dress site at least every 24 hours – change dressing when soiled or wet – use an aseptic technique **Action** – inform medical team – send a wound swab for MC&S*	**Mucosal ulceration** **Recognition** – noisy respirations – fresh blood on suction – patient may complain of pain on suctioning **Prevention** – correct suctioning technique – ensure tube is tied in securely – check cuff pressure **Action** Inform medical team

Assessment Criteria	Required knowledge and/or skill
16. Demonstrates ***"standard precautions"***	– **Washes hands** - before and after every patient contact, and immediately if in direct contact with blood or body fluids, and avoid hand to mouth / eye contact  – **Wear gloves and apron** - when in contact with blood or body fluids, mucous membranes or non-intact skin is anticipated and wash hands after their removal. – **Protect skin lesions and existing wounds** - waterproof dressings and/or gloves. Avoid exposure if suffering from chronic skin lesions – **Protects the eyes and mouth -** visor, goggles or safety spectacles and a mask whenever splashing is a possibility – **Clears up spillages of body fluids –** prompt disposal and disinfect surfaces – **Disposes of all contaminated waste and linen safely** – **Uses approved procedures -** for sterilisation and disinfection of instruments and equipment
17. Discuss the specific measures that would be taken if a patient had MRSA, pulmonary TB and flu	– Level 1 mask: MRSA, influenza patients for non-aerosol generating procedures – Level 2 mask: Staff should use an FFP2 respirator mask (N95/EN 149) if performing sputum-inducing procedures on a patient with suspected pulmonary tuberculosis. – Level 3 mask: Aerosol generating procedures for suspected H1N1 patients. For known or suspected multiple drug resistant TB an FFP3 Particulate filter respirator must be worn because of the more serious consequences of infection