

## Laryngectomy Passport

|   |                  |
|---|------------------|
| Affix <b>patient</b> identification label in box below or complete <b>details</b> |                  |
| Surname   | Patient i.d.No.  |
| Forename  | D.O.B DDMMYYYY   |
| Address   | NHS No.          |
|   | Sex. Male/Female |
|   |                  |
| Postcode  |                  |
|   |                  |

### Passport Guidance

- Passport to be used for inpatients only
- Passport to be used on all patients with tracheostomies &/or laryngectomies
- Passport to be used by the multidisciplinary team
- Passport to be used and continued on receiving critical care, theatre or ward.
- Critical care to document key events, cuff up and down and speaking valve use
- Critical care to complete pages 2, 3 and 4 only.
- Accountability to be signed by nurses on critical care and on ward, daily.
- Passport to be used to handover the patient.
- On discharge pages 3, 4, 10-14 is to be photocopied.
- Photocopied pages to be given to patient.
- Original to be filed in patients' medical notes.

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**Date care plan discontinued:**

**KEEP PASSPORT AT PATIENTS BEDSIDE**

Place, Elizabeth 19/03/2018

**Accountability Record (critical care and ward).**

**Enter in capitals name, signature and time nurse responsible for patient care**

| Date           | DDMMYY | DDMMYY | DDMMYY | DDMMYY | DDMMYY | DDMMYY | DDMMYY |
|----------------|--------|--------|--------|--------|--------|--------|--------|
| Morning time   |        |        |        |        |        |        |        |
|                |        |        |        |        |        |        |        |
| Afternoon time |        |        |        |        |        |        |        |
|                |        |        |        |        |        |        |        |
| Night time     |        |        |        |        |        |        |        |
|                |        |        |        |        |        |        |        |

| Date           | DDMMYY | DDMMYY | DDMMYY | DDMMYY | DDMMYY | DDMMYY | DDMMYY |
|----------------|--------|--------|--------|--------|--------|--------|--------|
| Morning time   |        |        |        |        |        |        |        |
|                |        |        |        |        |        |        |        |
| Afternoon time |        |        |        |        |        |        |        |
|                |        |        |        |        |        |        |        |
| Night time     |        |        |        |        |        |        |        |
|                |        |        |        |        |        |        |        |

| Date           | DDMMYY | DDMMYY | DDMMYY | DDMMYY | DDMMYY | DDMMYY | DDMMYY |
|----------------|--------|--------|--------|--------|--------|--------|--------|
| Morning time   |        |        |        |        |        |        |        |
|                |        |        |        |        |        |        |        |
| Afternoon time |        |        |        |        |        |        |        |
|                |        |        |        |        |        |        |        |
| Night time     |        |        |        |        |        |        |        |
|                |        |        |        |        |        |        |        |

| Date           | DDMMYY | DDMMYY | DDMMYY | DDMMYY | DDMMYY | DDMMYY | DDMMYY |
|----------------|--------|--------|--------|--------|--------|--------|--------|
| Morning time   |        |        |        |        |        |        |        |
|                |        |        |        |        |        |        |        |
| Afternoon time |        |        |        |        |        |        |        |
|                |        |        |        |        |        |        |        |
| Night time     |        |        |        |        |        |        |        |
|                |        |        |        |        |        |        |        |

| <b>Patient summary on transfer or discharge into critical care or ward area</b> |  |                               |  |
|---|--|-------------------------------|--|
| Date of laryngectomy  |  |                               |  |
| Reason for laryngectomy   |  |                               |  |
| Size of tracheostomy/stoma  |  |                               |  |
| Type of tracheostomy tube(tick all that apply)                                  |  |                               |  |
| Stoma: no tube  |  | Adjustable Flange Trachoe     |  |
| Un-cuffed   |  | Bivona                        |  |
| Cuffed  |  | Laryngectomy Tube             |  |
|   |  | Montgomery Tube               |  |
|   |  | Portex                        |  |
|   |  | Shiley                        |  |
|   |  | Speech valve/salivary bi-pass |  |
|   |  | Stoma button                  |  |
|   |  | Tracho Twist                  |  |

| <b>Nurse to complete on discharge or transfer to another ward/care setting</b> |                                       |
|--|---------------------------------------|
| O2 requirements  |                                       |
| Humidification requirements  |                                       |
| Suction requirements (frequency)   |                                       |
| Secretions (i.e. colour, viscosity)  |                                       |
| Communication requirements   |                                       |
| Nutrition requirements   |                                       |
| <b>Referrals</b>   | <b>Date (if known) or if required</b> |
| Outreach informed by   |                                       |
| Speech and language therapy (SALT) informed by                                 |                                       |
| SALT screen date:  |                                       |
| Physiotherapist informed by  |                                       |
| Dietitian informed by  |                                       |
| <b>Complete, date and sign</b>   |                                       |
| <b>Ward Nurse:</b>   | <b>ICU Nurse:</b>                     |





## Laryngectomy Patient Monitoring (ward only)

| Date & Time | Suction |        |             | Stoma care | Inner cannula cleaned?<br>Y/N/NA | Milk test *<br>(daily) | Speaking valve brushed | Voice quality:<br>-good<br>-fair<br>-poor | Humidification | Other comments<br>e.g. Sputum or swabs sent for C&S |
|-------------|---------|--------|-------------|------------|----------------------------------|------------------------|------------------------|---|----------------|---|
|             | Colour  | Amount | Consistency |            |                                  |                        |                        |   |                |   |
|             |         |        |             |            |                                  |                        |                        |   |                |   |
|             |         |        |             |            |                                  |                        |                        |   |                |   |
|             |         |        |             |            |                                  |                        |                        |   |                |   |
|             |         |        |             |            |                                  |                        |                        |   |                |   |
|             |         |        |             |            |                                  |                        |                        |   |                |   |
|             |         |        |             |            |                                  |                        |                        |   |                |   |
|             |         |        |             |            |                                  |                        |                        |   |                |   |
|             |         |        |             |            |                                  |                        |                        |   |                |   |
|             |         |        |             |            |                                  |                        |                        |   |                |   |
|             |         |        |             |            |                                  |                        |                        |   |                |   |
|             |         |        |             |            |                                  |                        |                        |   |                |   |
|             |         |        |             |            |                                  |                        |                        |   |                |   |

|                    |               |                    |                   |                        |                      |   |                           |                                    |                           |
|--------------------|---------------|--------------------|-------------------|------------------------|----------------------|---|---------------------------|------------------------------------|---------------------------|
| Sputum amount<br>s | +/- =min      | Sputum consistency | MP = mucopurulent | F = frothy             | <b>Warning Signs</b> | Sudden rise in respiratory rate   | Coughing ++ on swallowing | Encrusted inner tube               | See-saw breathing pattern |
|                    | + = small     |                    | M = mucoid        | A = aspirate i.e. feed |                      | Sudden fall in oxygen saturation  | Excessive coughing        | Fresh blood from stoma/trache tube | Noisy breathing           |
|                    | ++ = moderate |                    | P = purulent      |                        |                      | *Milk test – Ask patient to take a drink of milk. When the patient swallows the milk, shine a torch onto the valve to check if any milk is leaking from the valve site. If the valve is leaking the patient must be NBM until the problem is rectified. *Please inform outreach immediately if suspected leaking speaking valve. Ensure patient is NBM until reviewed |                           |                                    |                           |
|                    | +++ = large   |                    | B = bloody        |                        |                      |   |                           |                                    |                           |

- Essential Care**
- ✓ Minimum BD stoma cleaning & crust removal with forceps.
  - ✓ Daily milk test (if valve insitu)
  - ✓ BD valve brushing
  - ✓ 4 hourly saline nebs



## Laryngectomy Patient Monitoring (ward only)

| Date & Time   | Suction       |                    |                   | Stoma care             | Inner cannula cleaned?<br>Y/N/NA | Milk test *<br>(daily)  | Speaking valve brushed    | Voice quality:<br>-good<br>-fair<br>-poor | Humid-ification           | Other comments<br>e.g. Sputum or swabs sent for C&S |                                    |
|---------------|---------------|--------------------|-------------------|------------------------|----------------------------------|---|---------------------------|---|---------------------------|---|------------------------------------|
|               | Colour        | Amount             | Consistency       |                        |                                  |   |                           |   |                           |   |                                    |
|               |               |                    |                   |                        |                                  |   |                           |   |                           |   |                                    |
|               |               |                    |                   |                        |                                  |   |                           |   |                           |   |                                    |
|               |               |                    |                   |                        |                                  |   |                           |   |                           |   |                                    |
|               |               |                    |                   |                        |                                  |   |                           |   |                           |   |                                    |
|               |               |                    |                   |                        |                                  |   |                           |   |                           |   |                                    |
|               |               |                    |                   |                        |                                  |   |                           |   |                           |   |                                    |
|               |               |                    |                   |                        |                                  |   |                           |   |                           |   |                                    |
|               |               |                    |                   |                        |                                  |   |                           |   |                           |   |                                    |
|               |               |                    |                   |                        |                                  |   |                           |   |                           |   |                                    |
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## Laryngectomy Patient Monitoring (ward only)

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|---------------|---------------|--------------------|--------------------|---|----------------------------------|----------------------------------|---------------------------|---|---------------------------|---|--|
|               | Colour        | Amount             | Consistency        |   |                                  |                                  |                           |   |                           |   |  |
|               |               |                    |                    |   |                                  |                                  |                           |   |                           |   |  |
|               |               |                    |                    |   |                                  |                                  |                           |   |                           |   |  |
|               |               |                    |                    |   |                                  |                                  |                           |   |                           |   |  |
|               |               |                    |                    |   |                                  |                                  |                           |   |                           |   |  |
|               |               |                    |                    |   |                                  |                                  |                           |   |                           |   |  |
|               |               |                    |                    |   |                                  |                                  |                           |   |                           |   |  |
|               |               |                    |                    |   |                                  |                                  |                           |   |                           |   |  |
|               |               |                    |                    |   |                                  |                                  |                           |   |                           |   |  |
|               |               |                    |                    |   |                                  |                                  |                           |   |                           |   |  |
|               |               |                    |                    |   |                                  |                                  |                           |   |                           |   |  |
|               |               |                    |                    |   |                                  |                                  |                           |   |                           |   |  |
|               |               |                    |                    |   |                                  |                                  |                           |   |                           |   |  |
| Sputum amount | +/- =min      | Sputum consistency | MP = muco-purulent | F = frothy  | <b>Warning Signs</b>             | Sudden rise in respiratory rate  | Coughing ++ on swallowing | Encrusted inner tube                      | See-saw breathing pattern |   |  |
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|               | +++ = large   |                    | B = bloody         |   |                                  |                                  |                           |   |                           |   |  |

**Essential Care**

- ✓ Minimum BD stoma cleaning & crust removal with forceps.
- ✓ Daily milk test (if valve insitu)
- ✓ BD valve brushing
- ✓ 4 hourly saline nebs

## Home Discharge Planning Checklist. (Critical care and ward).

|   | Detailed instructions | Y/N/NA/Date | Signature |
|---|-----------------------|-------------|-----------|
| Planned date of discharge   |                       |             |           |
| Date of MDT meeting or outpatients meeting( if applicable)  |                       |             |           |
| Patient education input into care   |                       |             |           |
| Relative and carer input into care  |                       |             |           |
| <b>Patient and Carer education with:</b> <ul style="list-style-type: none"> <li>➤ SALT/ward staff/outreach or other</li> <li>➤ Stoma care</li> <li>➤ Inner cannula care</li> <li>➤ Humidification/bibs/Swedish Nose</li> <li>➤ Nebuliser</li> <li>➤ Suction</li> <li>➤ Laryngectomy Tube changes</li> <li>➤ HME</li> </ul>  |                       |             |           |
| <b>Tracheostomy Tube change date: (If applicable)</b> <ul style="list-style-type: none"> <li>➤ To be completed by ward</li> <li>➤ To be completed by district nurse</li> <li>➤ Any issues with previous changes</li> </ul>  |                       |             |           |
| <b>Stoma button</b> <ul style="list-style-type: none"> <li>➤ To be completed by ward</li> <li>➤ To be completed by district nurse</li> <li>➤ Any issues with previous changes</li> </ul>  |                       |             |           |
| <b>Community and GP</b> <ul style="list-style-type: none"> <li>➤ Countrywide set up</li> <li>➤ GP informed of discharge</li> <li>➤ Discharge letter</li> <li>➤ District nurse referral</li> <li>➤ District nurse letter</li> <li>➤ Name of district nurse</li> <li>➤ Date of 1<sup>st</sup> visit by district nurse</li> <li>➤ Registered with ambulance Service in patient's local area</li> </ul> |                       |             |           |

## Home Discharge Planning Checklist (critical care and ward).

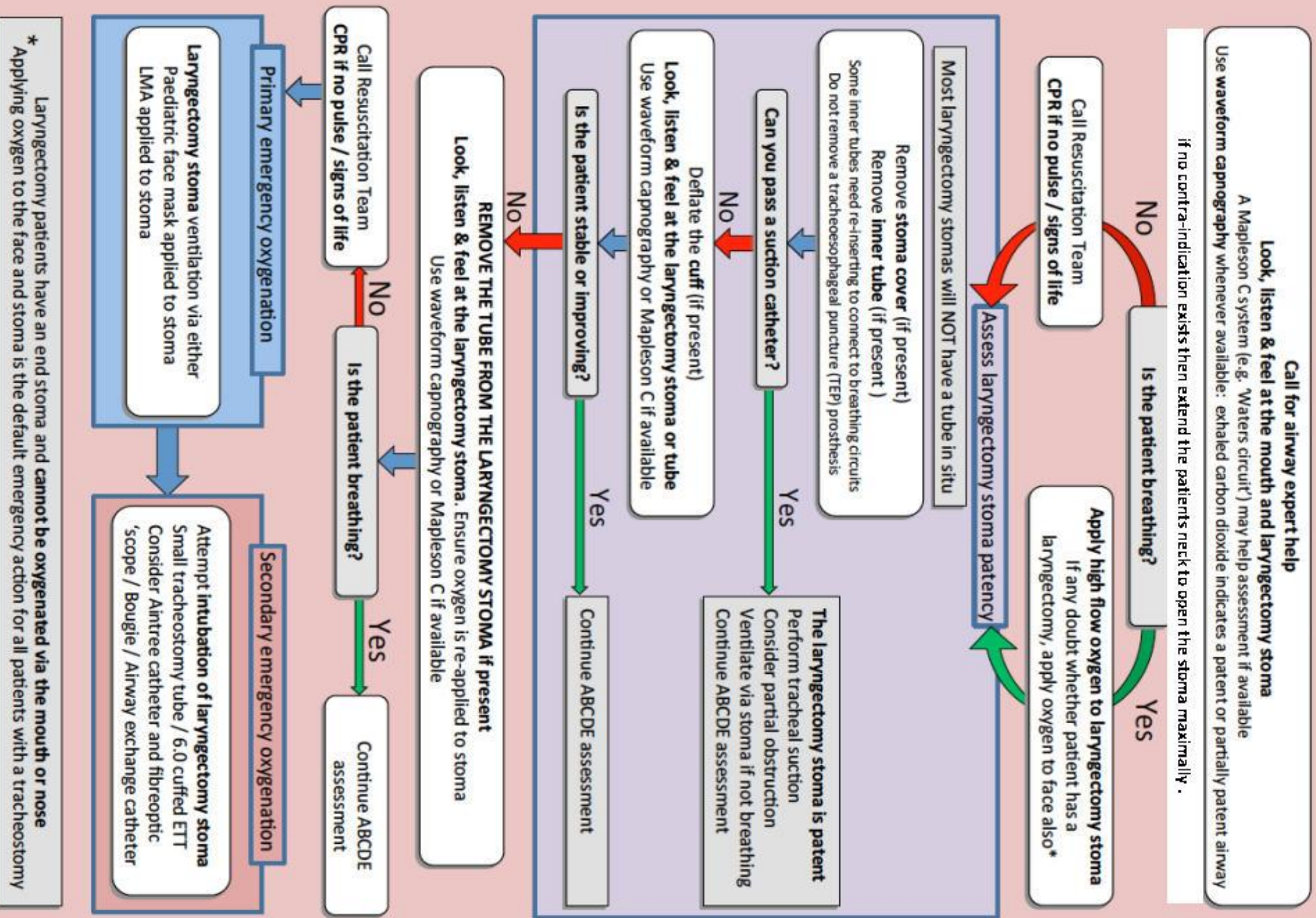
|   | Detailed instructions | Y/N/NA/Date  | Signature |
|---|-----------------------|--------------|-----------|
| <b>Specialist equipment arranged for the community</b> <ul style="list-style-type: none"> <li>➤ Suction</li> <li>➤ Nebuliser machine</li> <li>➤ Feed pump</li> <li>➤ Humidifier</li> <li>➤ O<sup>2</sup> therapy</li> <li>➤ Medication given to patient</li> <li>➤ Dressings given to patient</li> <li>➤ Green bag given to patient</li> <li>➤ Alert wrist band</li> </ul>  |                       |              |           |
| <b>Nutrition</b> <ul style="list-style-type: none"> <li>➤ NG/PEG/</li> <li>➤ Normal dietitian/supplements</li> <li>➤ Dietitian follow up</li> <li>➤ PEG referral follow up</li> <li>➤ Date for district nurse to change PEG balloon</li> </ul> 7 Days' supply of <ul style="list-style-type: none"> <li>➤ Feed</li> <li>➤ Syringes</li> <li>➤ Giving sets</li> <li>➤ Containers</li> </ul> Other equipment required <ul style="list-style-type: none"> <li>➤ Feed pump</li> <li>➤ pH paper</li> </ul> |                       |              |           |
| <b>Transport Arranged:</b><br>Own/Hospital/Ambulance  |                       |              |           |
| <b>MDT informed of Discharge</b> <ul style="list-style-type: none"> <li>➤ Medical team</li> <li>➤ SALT team</li> <li>➤ Dietitian</li> <li>➤ Physiotherapy</li> <li>➤ Outreach</li> <li>➤ Head and neck nurse</li> </ul>   |                       |              |           |
| Follow up date:   |                       |              |           |
| Speciality:   |                       |              |           |
| Plastics dressings clinic date  |                       |              |           |
| Contact number given to patient if any concerns   |                       |              |           |
| <b>Actual date of discharge:</b>  |                       |              |           |
| <b>Discharge destination:</b>   |                       |              |           |
| <b>Signature of nurse:</b>  |                       |              |           |
| <b>Print name:</b>  |                       | <b>Date:</b> |           |







# Emergency laryngectomy management



\* Applying oxygen to the face and stoma is the default emergency action for all patients with a tracheostomy

## Essential Bedside Equipment Checklist:

- ✓ Emergency laryngectomy algorithm
- ✓ Oxygen point
- ✓ Ambu bag available on ward(arrest trolley)
- ✓ Catheter mount
- ✓ Tracheostomy O2 mask and humidified circuit (Available PRN)
- ✓ Operational suction unit, which should be checked at least daily, with suction tubing attached and Yankeur sucker
- ✓ Appropriately sized suction catheters (-2 x 2)  
*E.g.: size 8 trache= 8-2=6 (x 2)=size 12 suction catheter*
- ✓ Minimum of 2 inner cannulas with patient (If trache insitu)
- ✓ Bottle of sterile water + cleaning jug
- ✓ Gloves (unsterile & sterile), aprons & face/eye protection
- ✓ Cleaning swabs
- ✓ Nebuliser kit

## Laryngectomy box (RED)

- ✓ Tracheal dilators
- ✓ 1 x packet cleaning sponges
- ✓ 1 x 10 ml syringe
- ✓ 1 x patient type and size trache tube
- ✓ 1 x patient type and size smaller tracheostomy tube: cuffed
- ✓ 1 x tracheostomy tube size 6 : cuffed
- ✓ 1 x trache tube wedge
- ✓ 1 x stitch cutter
- ✓ 1 x Aquagel
- ✓ 1 x paediatric anaesthetic mask size 0 or 1
- ✓ 1 x catheter mount
- ✓ Suction catheters size 12 and 14
- ✓ Tilley forceps

## Useful Contact Numbers

### FRH

Emergency Airway Team – 2222  
2<sup>nd</sup> On Call Anaesthetist – 48483  
Cardio 2<sup>nd</sup> on Call Anaesthetist – 48830  
Outreach – 48817  
SALT –38270 (neuro), 37646 (ENT)  
Physio –please insert  
Dietitian –please insert  
ENT ward – 37010

### RVI

Loss of Airway – 2222  
2<sup>nd</sup> On Call Anaesthetist – 29999(ORANGE)  
Outreach – 29995  
SALT –24324  
Physio –please insert  
Dietitian –please insert