

## MANAGEMENT OF PATIENTS WITH TRACHEOSTOMY AT AUSTIN HEALTH

### *Staff this document applies to:*

Medical, Nursing, Physiotherapy and Speech Pathology staff across all campuses and in the community who manage patients with a tracheostomy tube in situ.

### *State any related Austin Health policies, procedures or guidelines:*

[Tracheostomy Procedures](#)

[Emergency Tracheostomy Management Poster](#)

[Oxygen Therapy Manual](#)

[Tracheostomy decannulation documentation M79.30](#)

[Tracheostomy ICU discharge M79.3](#)

[Tracheostomy elearning packages](#)

### *Rationale:*

Patients with a tracheostomy comprise a high-risk group. Patients with tracheostomy may be cared for in the ICU, ward, or community setting. The need for specialist, interdisciplinary care to manage this population is well documented. Policies, procedures and a consistent mechanism of care should be in place to ensure quality and safety for this patient group. Ongoing education must be readily available for all staff.

### *Aims of Tracheostomy Care at Austin Health:*

To provide evidence based and safe patient centred care.

To ensure that care is coordinated and standardised across all campuses and into the community.

To ensure that multidisciplinary groups of specialists liaise and coordinate this care.

To ensure that ongoing education on tracheostomy management is readily available to all staff.

To ensure that tracheostomy procedures are current, accessible and adhered to by all Austin Health staff.

### *Roles and Responsibilities:*

#### **Austin Hospital Setting**

- [Tracheostomy Review and Management Service \(TRAMS\)](#) is a consultative service that coordinates all tracheostomy care, policy and procedure and education across Austin Health

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- TRAMS operates Mon-Fri 8.30am-5pm. Outside of TRAMS hours, contact ICU for assistance.
- ICU staff manage patients with tracheostomy tubes in the ICU setting in line with Austin Health tracheostomy policy.
- The ENT doctors manage ENT tracheostomy patients in the acute setting. TRAMS co-manage ENT patients upon written referral from an ENT doctor.
- Ultimate management/decision making about a patient with a tracheostomy tube rests with the parent unit.
- The [Victorian Respiratory Support Service \(VRSS\)](#) is the statewide service for patients requiring chronic mechanical ventilation. This includes patients ventilated via tracheostomy who are admitted for acute care. TRAMS does not routinely consult on VRSS community patients who have acute or respite admissions. These patients are managed by the VRSS Outreach team. TRAMS will co-manage community VRSS patients on request.
- **In the event of an emergency, normal Austin Hospital emergency procedures should be followed**
- A Interdepartmental Tracheostomy Forum is held 3-4 times a year. TRAMS organises this meeting with representation from following services: Respiratory Medicine, Thoracic Surgery, ICU, ENT, Anaesthetics, Plastics, Faciomaxillary, and the disciplines of medicine, nursing, physiotherapy, speech pathology meet to discuss issues related to tracheostomy care. Cases are reviewed, policies proposed, risks assessed, education planned, equipment reviewed

#### **Heidelberg Repatriation Hospital (HRH) and Royal Talbot Rehabilitation Centre (RTRC)**

- The VRSS Outreach team manage patients who require ventilation via a tracheostomy at RTRC.
- TRAMS consults on management of patients with tracheostomy (no ventilation) at HRH and RTRC.
- Prior to transfer to HRH or RTRC the VRSS or TRAMS staff will contact the parent unit to establish their needs for support, education, equipment and tracheostomy tube changes.
- **In the event of an emergency, normal emergency procedures should be followed**

#### **In the Community Setting**

- TRAMS manage non-ventilated patients with a tracheostomy who are discharged from Austin Health to the community. TRAMS staff work closely with the parent unit and Health Independence Programs (HIP), to ensure safe discharge from acute care. The TRAMS acute service arranges discharge and TRAMS Community follows patients into the community. Services provided by TRAMS include: support, assessment, carer education, management advice, tracheostomy tube changes, consumables, equipment provision and maintenance.
- Ventilated patients with tracheostomy who are discharged to the community are managed by the VRSS Outreach team. Services provided by VRSS Outreach include: support, tracheostomy tube changes, respiratory assessment, tracheostomy and ventilation management advice, remote clinics, home visits, carer education, consumables, equipment provision, equipment service and repair.
- Other key parties who support those with tracheostomy in the community include Hospital in the Home (HITH), Community Link, Royal District Nursing Service (RDNS) and private service providers.

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- **In the event of an emergency in the community, carers or patients should call for an ambulance on 000**

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## **Tracheostomy Care Process:**

### **Referrals**

- **When a patient with a tracheostomy is ready for discharge** from ICU, the ICU staff will contact TRAMS directly on pager 1291 or extension 3095 and write a referral in the ICU discharge summary.
- Prior to discharge, the ICU medical staff and physiotherapist complete the ICU Tracheostomy Discharge Form M79.3
- Patients discharged from ICU with a tracheostomy and ventilation; require referral to VRSS **and** TRAMS.
- When any patient with a tracheostomy arrives on the ward, the nurse in charge will contact TRAMS.
- ENT patients are seen by TRAMS upon receipt of a written referral to TRAMS from an ENT doctor.

### **Patient Management**

- The parent unit has ultimate responsibility for patient management.
- It is the responsibility of the nurse in charge to ensure that all mandatory tracheostomy equipment is in place prior to the arrival of the patient. (See [Mandatory Tracheostomy Equipment](#))
- TRAMS conducts twice weekly rounds at the Austin campus and individual patient reviews as required. Patients at HRH or RTRC are seen as required. TRAMS provides liaison and support to staff on all campuses and in the community as required.

### **Discharge from Austin Health with Tracheostomy**

**Patients who are discharged to another hospital:** The discharge summary to the receiving hospital should include information on the history of the patient's tracheostomy, current type of tube and current care regime.

**Patients who are discharged to the community:** The patient and carers will receive all tracheostomy education and training prior to discharge. Ideally, this should take place over a number of sessions, generally over 2 weeks. VRSS or TRAMS staff will work closely with the parent unit to ensure that all training has taken place prior to discharge.

Education will include specifics on emergency procedures, tracheostomy care, schedule for tracheostomy tube changes, list of equipment and consumables, ordering information and schedule of obtaining same. The names and contact details of relevant staff will be provided to the patient, family and relevant agency staff. The information is provided in the form of a booklet written specifically to reflect the patient's individual requirements. The GP and case manager will also be provided with this information.

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## **Tracheostomy Education for Staff:**

- The TRAMS intranet site offers: [Tracheostomy elearning packages](#) and [TRAMS Posters, Guides and Clinical Instruction Sheets](#)

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- TRAMS and VRSS Outreach staff are available to provide individual patient consults, multidisciplinary in-services and workshops, education and training
  - Clinical nurse educators, clinical support nurses and allied health staff also provide education sessions
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