

<b>Patient's details:</b> Name: _____ UR: _____ Location: _____
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## Tracheostomy Education: For Patient and Family

N.B. Clinician to sign and date each box

Topic	Demonstrated to patient	Demonstrated to carer	Patient performed with supervision	Carer performed with supervision	Patient competent	Carer competent
<b>Anatomy of tracheostomy</b>						
<b>Part of tracheostomy tube</b>						
<b>Humidification</b> (purpose and types)						
<b>Inner cannula</b> (remove, clean and replace)						
<b>Stoma care</b>						
<b>Tracheostomy tape changes</b>						
<b>Suctioning</b> (indications and procedure)						
<b>Communication</b> (finger occlusion)						
<b>Passy Muir Valve</b> (safety issues)						
<b>Emergency management</b> (decannulation, partially and blocked tube, wound infection, chest infection)						