

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 Policies & 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, across all wards 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, coordinated tracheostomy education must be readily available for all staff.

Aims of Tracheostomy Care at Austin Health:

To provide safe, patient centred care based on best available evidence

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.

To maintain our position as a global leader in tracheostomy care and to collaborate/benchmark with other tracheostomy specialists around the world. Austin Health is a founder and lead site of the Global Tracheostomy Collaborative www.globaltrach.org

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
- TRAMS operates Mon-Fri 8.30am-5pm. Outside of TRAMS hours, contact ICU for assistance.

Disclaimer: This Document has been developed for Austin Health use and has been specifically designed for Austin Health circumstances. Printed versions can only be considered up-to-date for a period of one month from the printing date after which, the latest version should be downloaded from the hub.

- ICU staff manage patients with tracheostomy tubes in the ICU setting in line with Austin Health tracheostomy policy.
- The ENT unit 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 state-wide service for patients requiring chronic mechanical ventilation. This includes patients ventilated via tracheostomy who are admitted for acute care. After a VRSS patient has been discharged to the community following an acute admission they will be managed by the VRSS Outreach team. TRAMS will only consult on VRSS community patient readmissions upon written request from the VRSS Consultant.
- **In the event of an emergency, Austin Health emergency procedures should be followed**
- The *Interdepartmental Tracheostomy Forum (ITF)* is held 2-3 times a year. The objective of the forum is to improve patient safety, improve communication across departments and disciplines involved in tracheostomy care. The following are reviewed at each forum: Case presentations, policies & procedures, risk data, education and equipment issues. TRAMS organises this meeting with representation from the following services: Respiratory Medicine, Thoracic Surgery, ICU, ENT, Anaesthetics, Plastics, Maxillofacial, and the disciplines of medicine, nursing, physiotherapy, speech pathology.
- Tracheostomy data is collected by TRAMS on all inpatient admissions (exception ENT acute and VRSS readmissions). Community tracheostomy data is collected by TRAMS and the VRSS.

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

- The VRSS Outreach team manage patients who require ventilation via a tracheostomy at HRH and 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, Austin Health emergency procedures should be followed**

In the Community Setting

- TRAMS manage patients with a tracheostomy (no ventilation) who are discharged from to the community. TRAMS staff work closely with the parent unit and community health care providers to ensure safe discharge from acute care. Services provided include: support, assessment, carer education, management advice, tracheostomy tube changes, consumables, equipment provision and maintenance.
- Patients requiring long-term ventilation via a tracheostomy who are discharged to the community are managed by the VRSS Outreach team. Services provided include: support, tracheostomy tube changes, respiratory assessment, carer education, equipment provision and management.
- **In the event of an emergency in the community, carers or patients should call for an ambulance on 000**

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.
- Prior to discharge, the ICU Tracheostomy Discharge Form M79.3 must be completed by the ICU physiotherapist, ICU Nurse Liaison or ICU medical staff.
- Patients discharged from ICU with a tracheostomy and ventilation requires referral to VRSS **and** TRAMS.
- When a patient with a tracheostomy arrives on the ward, the nurse in charge will contact TRAMS (exception of ENT acute).
- ENT patients are seen by TRAMS upon written referral to TRAMS from an ENT doctor.

Patient Management

- The parent unit has ultimate responsibility for patient management.
- The bedside nurse must 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 provide support to staff on all campuses and in the community as required.
- For acute ENT patients, the bedside nurse and ENT medical staff must ensure mandatory tracheostomy equipment and Emergency Tracheostomy Management Poster are at the bedside

Discharge from Austin Health with Tracheostomy

Patients who are transferred to another hospital: The discharge summary to the receiving hospital should include information on the history of the patient's tracheostomy (including insertion method / date and the most recent date the tracheostomy was changed), 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 includes emergency procedures, routine tracheostomy care, schedule for tracheostomy tube changes, list of equipment and consumables, ordering information and schedule of ordering. Names and contact details of relevant staff are provided to the patient, family and community health care providers staff. The information is provided in the form of a customised booklet reflect the patient's individual requirements.

Tracheostomy Education for Staff:

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