

<b>Patient's details:</b> Name: _____ UR: _____ Location: _____
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## Tracheostomy Education and Training - Community

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)						