WRITE OR ATTACH ADDRESSOGRAPH

Surname.....

Forenames..... DOB

dd / mm / yyyy Age.....

Hospital number

South Tees Hospitals NHS
NHS Foundation Trust

PERSON COMPLETING CHECKLIST

DECANNULATION CHECKLIST

Tick below	
	Resolution of original need for tracheostomy insertion
	No planned intervention that will need artificial airway within 2 weeks
	Appropriate conscious level, able to maintain open airway. Patient will need to be observed for signs of airway obstruction post-decannulation
	Minimal oxygenation requirements last 24 hours, i.e., FiO2<40%
	Minimal secretions (PCF > 160 L/min). If cough effort insufficient
	Able to clear independently or if cough effort insufficient (PCF < 180 L/min) established used of cough assist device via mouth well tolerated by patient
	Patient tolerating cuff deflation for 24 hours
	If occlusion cap or speaking valve used, it should be tolerated for up to 4 hours
	CVS stability
	MDT (physiotherapist , SLT, specialist consultant, ward nurse, CCOT) informed and agreed
	Staff trained in advanced airway management (critical care or anaesthetist) for possible complications available nearby or by the bedside if known previous problems with patient's tracheostomy

Equipment	**Procedure**
Dressing pack and gauze Appropriate dressing Sterile water Gloves, apron and protective eye wear Appropriately sized tracheostomy tube and one a size smaller (available not opened) Oxygen, facemask or nasal specs Functioning suction unit and appropriate sized suction catheters Stethoscope Microbiological swab Resuscitation equipment available on the ward	Two person technique, clear understanding of roles Check emergency equipment availability Explain procedure to patient and gain patient consent where possible Position patient in semi-recumbent position When required place supplemental oxygen over nose/ mouth Remove old dressing and tapes and support the tube Suction patient Remove tube on expiration Observe stoma site, swab if required and clean stoma Check patient is comfortable Apply an appropriate dressing over the stoma site Advise patient to provide pressure to the stoma site when coughing and talking in the initial stages Document the procedure in the case notes and make a final check of the patient

DECANNULATION

DATE_____TIME_____LOCATION_____

OPERATOR (Name and GMC/RCN no.) _____-_____

COMMENTS_____

_____

_____

_____

_____

_____

_____

Monitoring of the patient post decannulation

Assess for possible deterioration post decannulation.

End of bed assessment by experience nurse and perform NEWS initially at least every 15 minutes for first hour, then hourly for next 2 hours and increase to 4 hourly as stability allows.

Signs and symptoms that could indicate deterioration are:

- Breathlessness
- Laboured breathing
- Noisy respiration
- Stridor
- Increased respiratory rate
- Increased heart rate
- Excess use of accessory muscles
- Change in respiration pattern
- Change in respiration depth
- Agitation
- Oxygen desaturation

PLEASE INFORM WARD DOCTOR IF CONCERN.

IF AIRWAY PROBLEM OR RAPID DETERIORATION OF BREATHING PLEASE INFORM CRITICAL CARE OUTREACH (BLEEP 7000 JCUH AND XXXX AT FHN) AND SENIOR CRITICAL CARE DOCTOR / ANAESTHETIST (BLEEP 1005 JCUH, BLEEP 195 FHN)

CONSIDER CARDIAC ARREST CALL 2222 IF VERY URGENT