

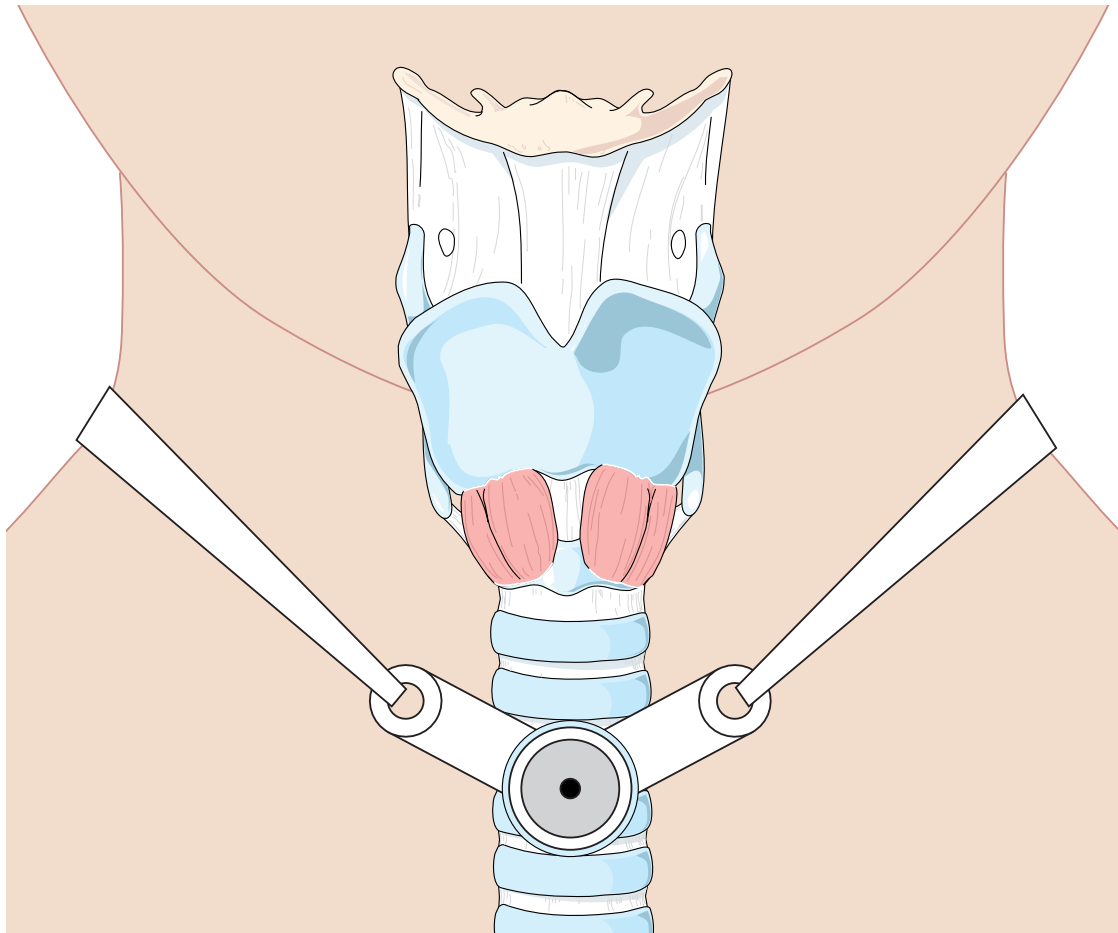
## Appendix 4: Staff Competencies for Tracheostomy Care at Home

Great Ormond Street Hospital for Children



NHS Trust

### Paediatric Tracheostomy Care



### Staff Competencies & Discharge Planning

Child's Name:

Hospital Number:

Date of birth:

Consultant:

Ward:

## Tracheostomy Care

### Staff Competencies & Discharge Planning

This training package is intended to provide a structure and framework for teaching parents/ staff to care for the child with a tracheostomy at home. Additionally it defines competencies that staff need to achieve prior to the child's discharge.

**2<sup>nd</sup> Staff:** Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

[illegible]

Affix Patient Label

## Tracheostomy Care

### Staff Competencies & Discharge Planning

## Suctioning

### Performance Criteria:

Staff are able to understand the need for suctioning,  
and are aware of potential complications

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Competence Achieved**  
(Trainer to enter initials)

**Staff 1**

**Staff 2**

Staff are able to recognise when their child needs suctioning  
and are able to correctly use the equipment.

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff are able to demonstrate the correct method  
and technique of suctioning

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff are able to safely recognise the need for suctioning, are able to independently carry out suctioning applying the correct technique throughout

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Evaluation of Teaching:

When staff and practitioners are satisfied that the technique of suctioning has been carried out competently and allows independent practice, sign here.

<b>Staff 1:</b>	<b>Date:</b>
<b>Staff 2:</b>	<b>Date:</b>
<b>Trainer:</b>	<b>Date:</b>

Affix Patient Label

## Tracheostomy Care

### Staff Competencies & Discharge Planning

## Tape Changes

### Performance Criteria:

Staff are aware of the need to change tapes daily, and have observed a tape change and stoma check.

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Staff member demonstrates correct positioning of their child and are able to prepare all equipment.

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Staff are able to support the tube throughout a tape change.

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Staff are able to carry out a tape change with assistance.

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Staff are able to carry out a tape change independantly.

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Evaluation of Teaching:

When staff and practitioners are satisfied that the technique of tape changes has been carried out competently and allows independant practice, sign here.

<b>Staff 1:</b>	<b>Date:</b>
<b>Staff 2:</b>	<b>Date:</b>
<b>Trainer:</b>	<b>Date:</b>

Affix Patient Label

## Tracheostomy Care

### Staff Competencies & Discharge Planning

## Tube Changes

### Performance Criteria:

Staff are able to identify tube in use and any specifics relating to it, such as cuff care, duration of use, cleaning directions.

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Competence Achieved (Trainer to enter initials)	
Staff 1	Staff 2

Staff are able to identify the need for a routine and/or emergency tube changes.

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Staff have observed a tube change and are able to demonstrate correct positioning and prepare equipment.

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Staff are able to carry out a tape change with assistance from medical staff.

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Staff are able to perform a tube change independently.

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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### Evaluation of Teaching:

When staff and practitioners are satisfied that the technique of tube changes has been carried out competently and allows independent practice, sign here.

<b>Staff 1:</b>	<b>Date:</b>
<b>Staff 2:</b>	<b>Date:</b>
<b>Trainer:</b>	<b>Date:</b>

Affix Patient Label

**Tracheostomy Care****Staff Competencies  
& Discharge Planning****Emergency Care****Performance Criteria:**

Staff are aware of potential emergency situations.

Remarks: \_\_\_\_\_

Competence Achieved (Trainer to enter initials)	
Staff 1	Staff 2

Staff are familiar with the emergency equipment to be carried and familiar on their use.

Remarks: \_\_\_\_\_

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Staff to be taught and to practice on a mannikin.

Basic life support session, to include the action to take on a blocked tube and the action to take if a tube cannot be inserted (seldinger technique).

Remarks: \_\_\_\_\_

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**Evaluation of Teaching:**

When staff and practitioners are satisfied that the action to take in an emergency has been carried out competently and allows independent practice, sign here.

<b>Staff 1:</b>	<b>Date:</b>
<b>Staff 2:</b>	<b>Date:</b>
<b>Trainer:</b>	<b>Date:</b>

## Tracheostomy Care

### Staff Competencies & Discharge Planning

## Communication Record

[illegible]

**Affix Patient Label**

**Tracheostomy Care**  
**Staff Competencies**  
**& Discharge Planning**

## Statement of competence

I agree that I have received full training and am now competent to provide care independently.

**Staff 1:**

**Signature:**

**Date:**

**Staff 2:**

**Signature:**

**Date:**

I agree that the above staff are competent in the care of

**Name:**

**Name:**

**Signature:**

**Signature:**

**Position:**

**Position:**

**Date:**

**Date:**

**A copy of this document, when complete, must be kept in the child's medical notes.**