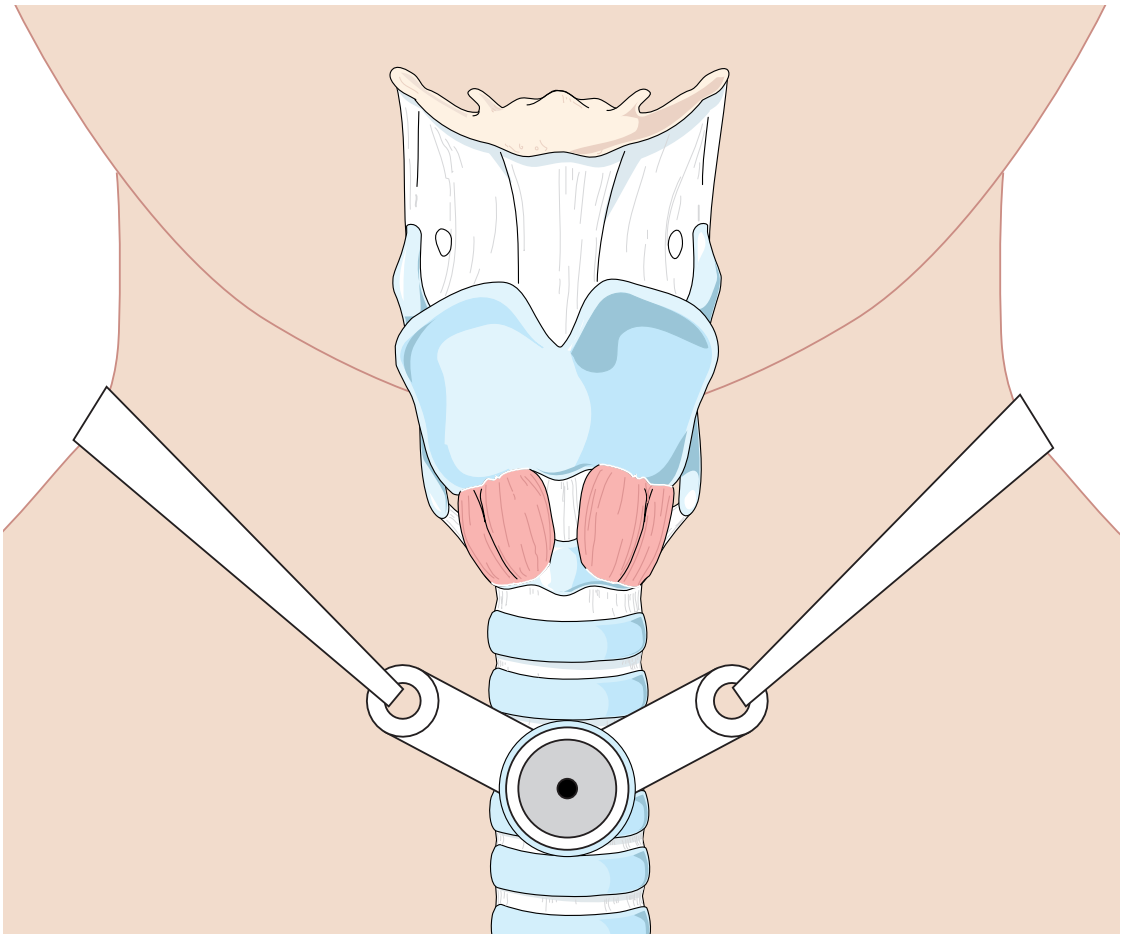
Appendix 4: Carer Competencies for Tracheostomy Care at Home

Great Ormond Street Hospital for Children NHS
NHS Trust

Paediatric Tracheostomy Care



Carer Competencies & Discharge Planning

Child's Name:	
Hospital Number:	
Date of birth:	
Consultant:	
Ward:	

Affix Patient Label

Tracheostomy Care

Carer Competencies & Discharge Planning

Introduction

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

1st carer: Name: _____

Relationship to child: _____

2nd carer: Name: _____

Relationship to child: _____

Training schedule:

Date & Time	Session	Carer & Trainer	Location
1 October 2004 14:00	Tracheostomy tape changes	Both carers to observe CNS	Peter Pan Ward
2 October 2004 13:00	Tracheostomy tape changes	Mum to hold tube for tape changes	Peter Pan Ward

Affix Patient Label

Tracheostomy Care

Carer Competencies & Discharge Planning

Suctioning

Performance Criteria:

Competence Achieved (Trainer to enter initials)	
Carer 1	**Carer 2**

Carer is able to understand the need for suctioning, and is aware of potential complications

Remarks: _____

Carer is able to recognise when their child needs suctioning and is able to correctly use the equipment.

Remarks: _____

Carer is able to demonstrate the correct method and technique of suctioning

Remarks: _____

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

Remarks: _____

Evaluation of Teaching:

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

Carer 1:	**Date:**
Carer 2:	**Date:**
Trainer:	**Date:**

Affix Patient Label

Tracheostomy Care

Carer Competencies & Discharge Planning

Tape Changes

Performance Criteria:

Competence Achieved (Trainer to enter initials)	
Carer 1	**Carer 2**

Carer is aware of the need to change tapes daily, and has observed a tape change and stoma check.

Remarks: _____

Carer demonstrates correct positioning of their child and is able to prepare all equipment.

Remarks: _____

Carer is able to support the tube throughout a tape change.

Remarks: _____

Carer is able to carry out a tape change with assistance.

Remarks: _____

Carer is able to carry out a tape change independantly.

Remarks: _____

Evaluation of Teaching:

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

Carer 1:	**Date:**
Carer 2:	**Date:**
Trainer:	**Date:**

Affix Patient Label

Tracheostomy Care

Carer Competencies & Discharge Planning

Tube Changes

Performance Criteria:

	Competence Achieved (Trainer to enter initials)	
	Carer 1	**Carer 2**
Carer is able to identify tube in use and any specifics relating to it, such as cuff care, duration of use, cleaning directions.		

Remarks: _____

Carer is able to identify the need for a routine and/or emergency tube changes.		

Remarks: _____

Carer has observed a tube change and is able to demonstrate correct positioning and prepare equipment.		

Remarks: _____

Carer is able to carry out a tape change with assistance from medical staff.		

Remarks: _____

Carer is able to to perform a tube change independently.		

Remarks: _____

Evaluation of Teaching:

When both carers and practitioners are satiisfied that the technique of tube changes has been carried out competently and allows independant practice, sign here.

Carer 1:	**Date:**
Carer 2:	**Date:**
Trainer:	**Date:**

Affix Patient Label

Tracheostomy Care

Carer Competencies & Discharge Planning

Emergency Care

Competence Achieved (Trainer to enter initials)	
Carer 1	**Carer 2**

Performance Criteria:

Carer is aware of potential emergency situations.

Remarks: _____

Carer is familier with the emergency equipment to be carried and familier on their use.

Remarks: _____

Carer 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 (seldhinger technique).

Remarks: _____

Evaluation of Teaching:

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

Carer 1:	**Date:**
Carer 2:	**Date:**
Trainer:	**Date:**

Affix Patient Label

Tracheostomy Care

Carer Competencies & Discharge Planning

Communication Record

Date	Communication	Signature (print name and designation)

Affix Patient Label

Tracheostomy Care

Carer Competencies & Discharge Planning

Statement of competence

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

Carer 1:	
Signature:	**Date:**

Carer 2:	
Signature:	**Date:**

I agree that the above carers 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.