

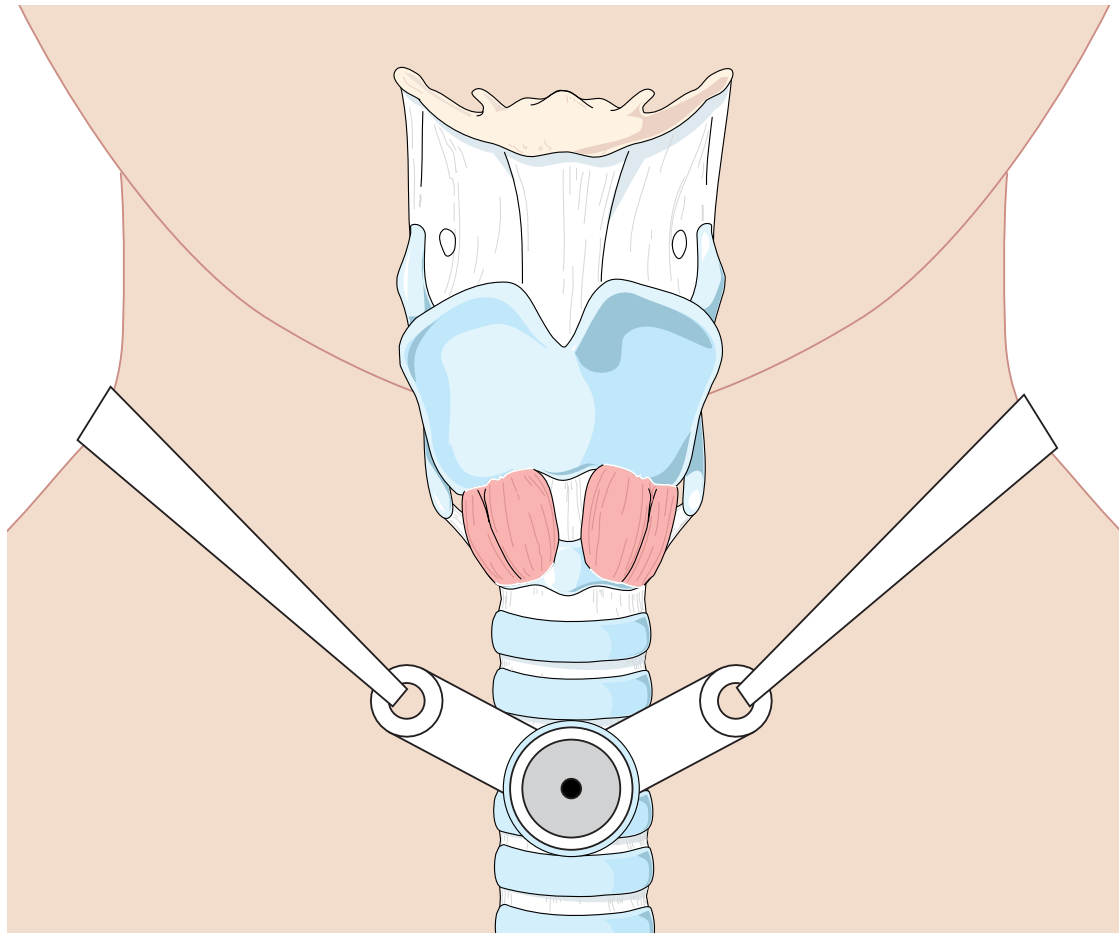
## Appendix 4: Carer Competencies for Tracheostomy Care at Home

Great Ormond Street Hospital for Children



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**

**Suctioning**

**Performance Criteria:**

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

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

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

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

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

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

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

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

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

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**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.

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

**Affix Patient Label**

**Tracheostomy Care  
Carer Competencies  
& Discharge Planning**

**Tape Changes**

**Performance Criteria:**

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

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

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

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

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

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

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

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

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

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Carer is able to carry out a tape change independantly.

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

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**Evaluation of Teaching:**

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

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

**Affix Patient Label**

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**Tube Changes**

**Performance Criteria:**

Carer is 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)	
Carer 1	Carer 2

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

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

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

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

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

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

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Carer is able to to perform a tube change independently.

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

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**Evaluation of Teaching:**

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

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

**Affix Patient Label**

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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 familiar with the emergency equipment to be carried and familiar 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.

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



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Carer Competencies  
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**Statement of competence**

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

<b>Carer 1:</b>	
<b>Signature:</b>	<b>Date:</b>

<b>Carer 2:</b>	
<b>Signature:</b>	<b>Date:</b>

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

<b>Name:</b>	<b>Name:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Position:</b>	<b>Position:</b>
<b>Date:</b>	<b>Date:</b>

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