

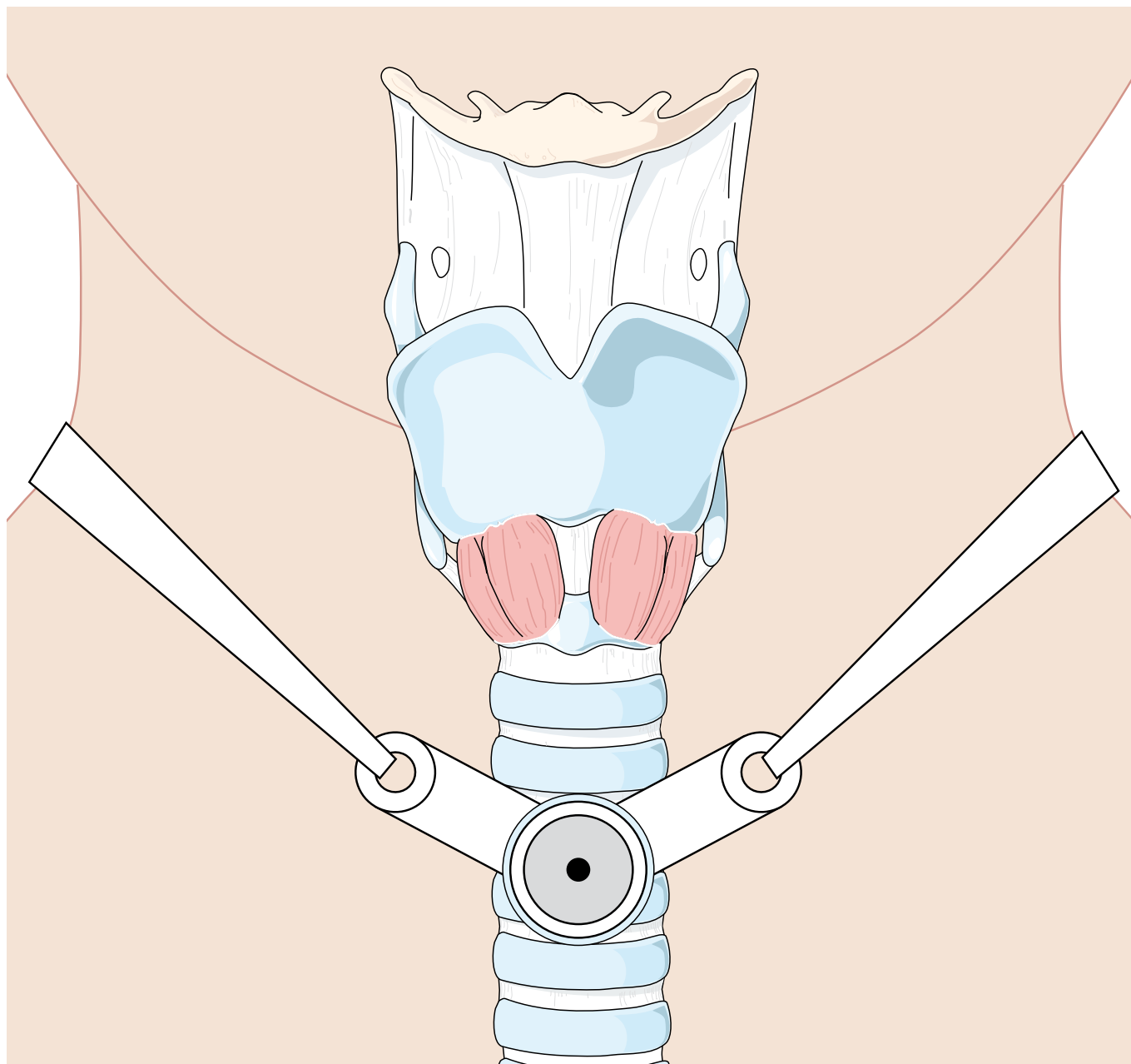
Appendix 4: Staff Competencies for Tracheostomy Care at Home

Great Ormond Street Hospital for Children



NHS Trust

Paediatric Tracheostomy Care



Staff Competencies & Discharge Planning

Staff Member Name:

Affix Patient Label

**Tracheostomy Care
Staff Competencies
& Discharge Planning**

Introduction

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.

Staff member: Name: _____

Training schedule:

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

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

Remarks: _____

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

Remarks: _____

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

Remarks: _____

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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.

Staff member:	Date:
Trainer:	Date:

Affix Patient Label

**Tracheostomy Care
Staff Competencies
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Tape Changes

Performance Criteria:

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

Remarks: _____

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

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.

Staff member:	Date:
Trainer:	Date:

Affix Patient Label

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

Remarks: _____

--

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 tube change with assistance from medical staff.

Remarks: _____

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Staff are able to 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 independant practice, sign here.

Staff member:	Date:
Trainer:	Date:

Affix Patient Label

**Tracheostomy Care
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Emergency Care

Performance Criteria:

Staff are aware of potential emergency situations.

Remarks: _____

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

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

Remarks: _____

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: _____

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.

Staff member:	Date:
Trainer:	Date:

Affix Patient Label

**Tracheostomy Care
Staff Competencies
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Statement of competence

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

Staff member:	
Signature:	Date:

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

Name:	Name:
Signature:	Signature:
Position:	Position:
Date:	Date:

Please keep in your personal development records