

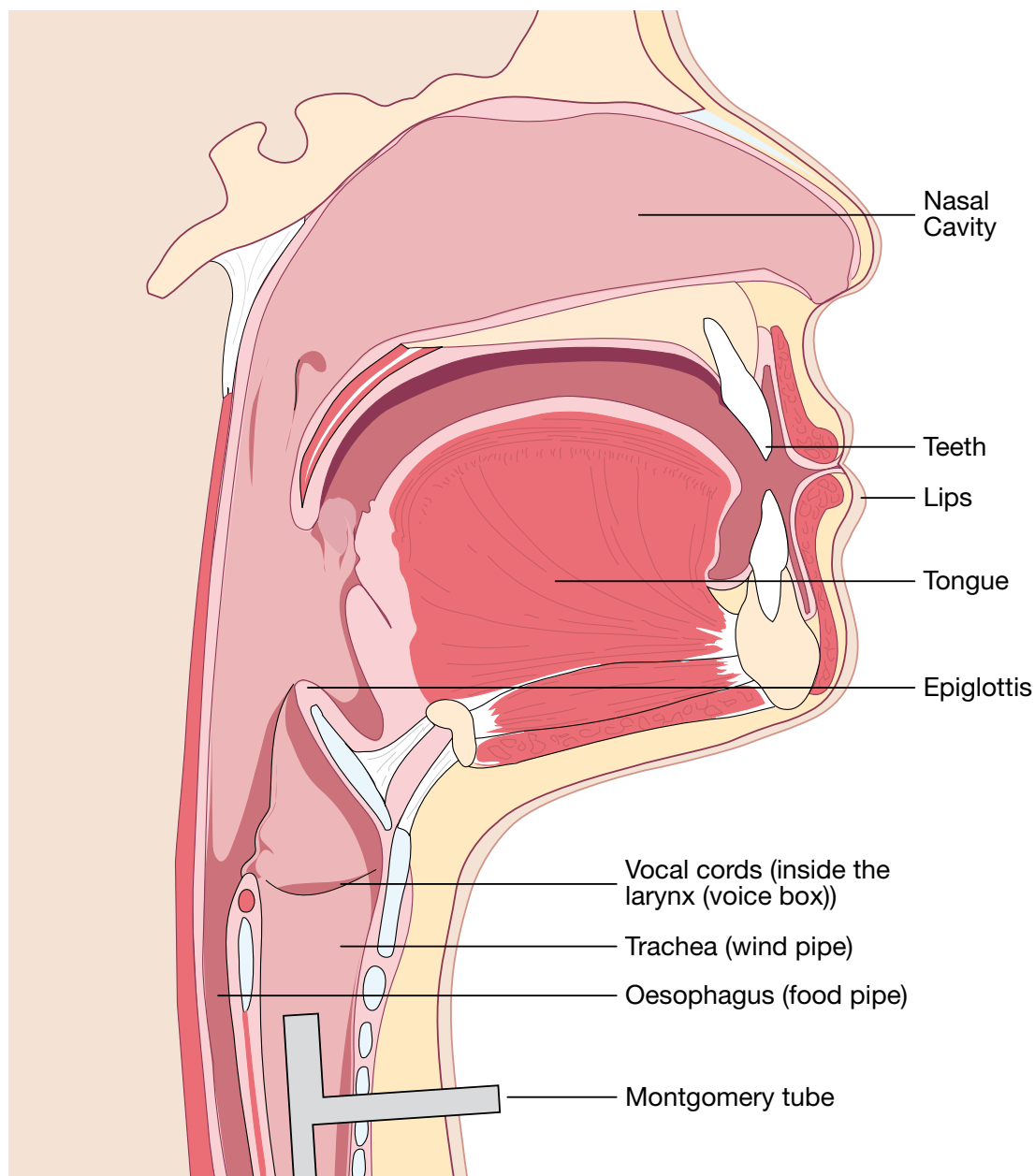
Staff Competencies for Tracheostomy Care at Home

Great Ormond Street Hospital for Children



NHS Trust

Montgomery T-tube Care



Staff Competencies & Discharge Planning

Staff Member Name:

Staff Competencies & Discharge Planning

This training package is intended to provide a structure and framework for teaching parents/ carers to care for their child with a Montgomery T-tube at home. Additionally it defines competencies that carers need to achieve prior to their child's discharge.

Staff member: Name:

[illegible]

Affix Patient Label

Montgomery T-tube Care**Staff Competencies
& Discharge Planning****Suctioning****Competence Achieved**
(Trainer to enter initials)**Performance Criteria:**

Staff member is able to understand the need for suctioning.

Remarks: _____

Staff member is able to recognise the need for suctioning
and is able to correctly use the equipment.

Remarks: _____

Staff member is able to demonstrate the correct suction catheter use

Remarks: _____

Staff member is able to safely and appropriately carry out suctioning,
demonstrating: angulation of the exterior limb
and correct technique and length.

Remarks: _____

Evaluation of Teaching:

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

Staff member:	Date:
Trainer:	Date:

Affix Patient Label

Montgomery T-tube Care**Staff Competencies
& Discharge Planning****Emergency Care****Performance Criteria:**

Staff member is aware of potential emergency situations.

Remarks: _____

Competence Achieved
(Trainer to enter initials)Staff member is familiar with the emergency equipment to be carried
and familiar on their use (in accordance with guidelines).

Remarks: _____

After staff member has had basic life support training, is able to
discuss and demonstrate action to be taken when/if:The Montgomery T-tube blocks:
Removal of Montgomery T-tube and insertion of
tracheostomy tube in an emergency:

Remarks: _____

Evaluation of Teaching:When both staff members 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:

Staff Competencies & Discharge Planning

Notes

Montgomery T-tube Care Staff Competencies & Discharge Planning

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Affix Patient Label**Montgomery T-tube 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 member 1:**Signature:****Date:**

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

Name:**Name:****Signature:****Signature:****Position:****Position:****Date:****Date:****Please keep in your personal development records**