

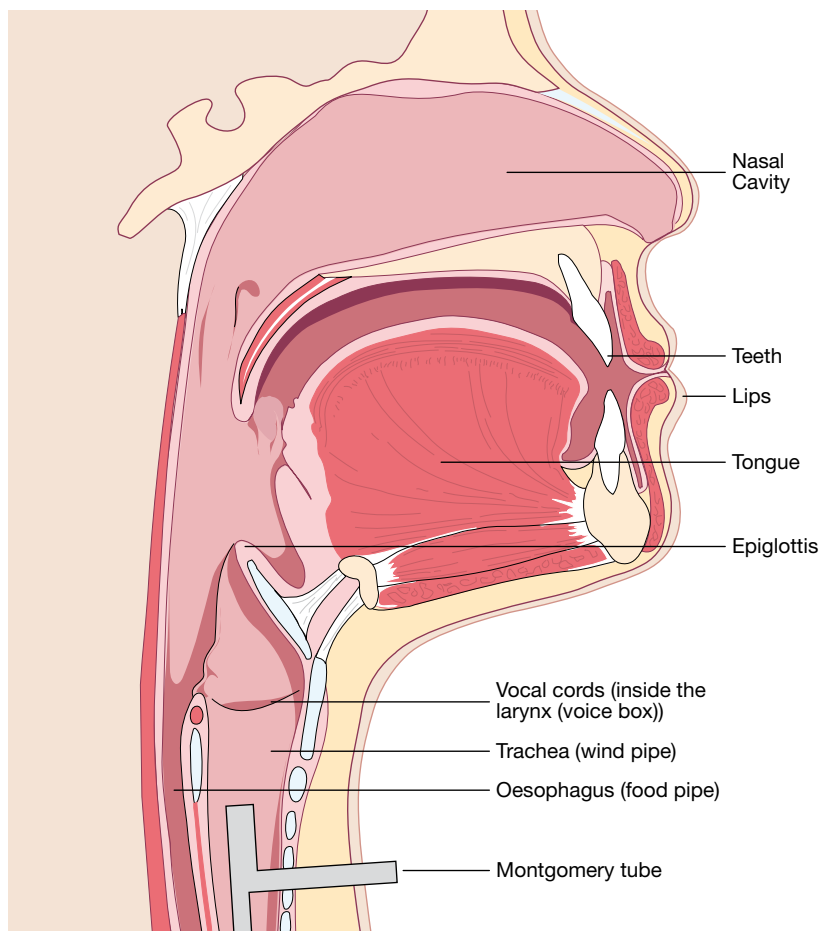
Carer Competencies for Tracheostomy Care at Home

Great Ormond Street Hospital for Children



NHS Trust

Montgomery T-tube Care



Carer Competencies & Discharge Planning

Child's Name:

Hospital Number:

Date of birth:

Consultant:

Ward:

Montgomery T-tube Care

Carer Competencies & Discharge Planning

Introduction

1st carer: Name: _____
Relationship to child: _____

2nd carer: Name: _____
Relationship to child: _____

Training schedule:

[illegible]

Affix Patient Label

Montgomery T-tube Care**Carer Competencies
& Discharge Planning****Suctioning****Performance Criteria:**

Carer is able to understand the need for suctioning.

Remarks: _____

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

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

Remarks: _____

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Carer is able to demonstrate the correct suction catheter use

Remarks: _____

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

Remarks: _____

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Evaluation of Teaching:When both carers and practitioners are satisfied that the technique has been carried out competently
and allows independent practice, sign here.

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

Affix Patient Label

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

Carer is aware of potential emergency situations.

Remarks: _____

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

Carer is familiar with the emergency equipment to be carried and familiar on their use (in accordance with guidelines).

Remarks: _____

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After carer 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: _____

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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 independent practice, sign here.

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

Montgomery T-tube Care

Carer Competencies & Discharge Planning

Communication Record

[illegible]

Notes

Montgomery T-tube Care

Carer Competencies & Discharge Planning

Notes

Montgomery T-tube Care

Carer Competencies & Discharge Planning

Affix Patient Label**Montgomery T-tube 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.