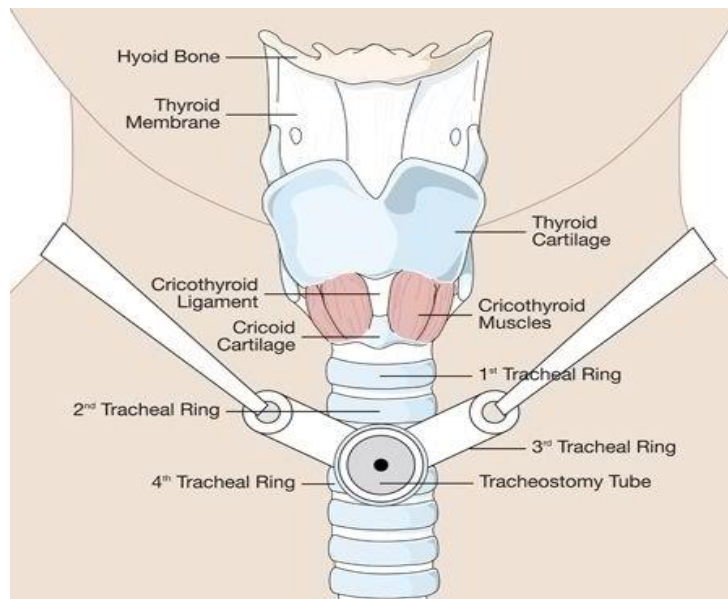


## Competency Document For Parents/Carers With Children Who Have Tracheostomies.



These competencies have been developed to describe the knowledge and skills required by carers to manage the care of a child with a tracheostomy. It includes a resource pack which covers in detail the information about the procedures and tasks relating to the care of a child with a tracheostomy.

All the competencies sections will need to be signed by a qualified professional who deems the carer competent. The carer will need to sign to say they feel confident and competent.

### Sign Off Records

Childs Name:

Date of Birth:

Name of Parent/carer:

Childs Name:

Hospital/NHS Number:



This booklet has been devised to support parents and carers who are undertaking the training on allowing them to become efficient and safe in all aspects of tracheostomy care. The levels are set out as below to identify what level require completion.

This pack offers a training programme for you so you can learn new skills to feel more confident in caring for a child's tracheostomy, when the time is right for you. It is very important that you do not feel pressurised into learning new skills. The nurse providing the training will support you through the process and will answer any questions that you may have.

Skills can be learnt in any order and at a time that is best for you. You may wish to arrange a review date for topics you want to learn later. On completion of the training pack you will be able to complete all aspects of tracheostomy care unsupervised.

This training pack will enable you to care for your child's tracheostomy and give you the option to take them off the ward for periods during the day. Home leave can also be arranged once training is complete in preparation for discharge.

What the wording means

**Discussed/ observed (Level 1)**

The procedure is explained to you by a tracheostomy competent nurse and /or you have watched the nurse perform the procedure. During this stage the learner will mainly observe the procedures and may carry out procedures under direct supervision.

**Practiced (Level 2)**

You have performed the procedure while being closely watched and guided by the tracheostomy competent nurse. At this stage the learner will be able to demonstrate acceptable skills in tracheostomy care. These will be supported under direct or indirect supervision.

You should have at least two practice sessions with each procedure. It is important that you learn new skills at your own rate and that you don't feel pressured or rushed into learning at a faster rate. You may also find that you need further support and training if you have not practiced a new skill for some time. This is not a problem.

It is important that you alert the trainer regarding any concerns and they will help you. For safety reasons you should never practice without a nurse watching you closely. The trainer will tell you, and document in your pack, when you are safe to perform a skill safely on your own.

**Safe to practice unsupervised (Level 3)**

This means that the nurse has assessed you as being safe to perform the procedure without being observed, supported, or prompted and that you understand the reasons for the procedure. It is important that both you and the nurse sign and date the document as it is evidence that you have achieved a safe standard. If, however you feel later that you need more help and support, please let your trainer know so that they can help you. It is easy to forget or feel frightened by something if you have not had the opportunity to practice it for a while. When on a ward it is important to tell your trainer when you are about to perform a procedure-so that they can then be available to help you if necessary.

### Demonstrating awareness of health and safety

#### CHECKING EMERGENCY EQUIPMENT:

INFORMATION It is important that the following equipment is always within easy reach as it may be needed in an emergency, such as if the tracheostomy tube becomes blocked or falls out.

What to do	How to do it	Why it is necessary
Check emergency equipment	Make sure the following stored together in a box and is always within easy reach: Ambu bag if required (yes/no) Tracheostomy tubes: • 1 x same size, • 1 x size smaller, both taped. • Scissors • Lubricating Jelly • One-way valve Suction unit and suction catheters. Emergency equipment must be in good working order and within reach in case it is needed quickly. It is needed to help you child breathe in an emergency.	Emergency equipment must be in good working order and within reach in case it is needed quickly. It is needed to help your child breathe in an emergency.
Check suction equipment	Suction unit and suction catheters	Clearing tracheostomy tube to keep patent.

### Assessment

What to do	How to do it	Why it is necessary
Assessment of a child's breathing	Look at the child's colour, chest movement, and rate of breathing. Oxygen saturation levels will be monitored in all areas. This can be useful at detecting the amount of oxygen in a child's blood although it can be misleading if the probe is not attached correctly. Listen to the child's breathing. Does it sound noisy? Can you hear secretions? Feel the child's chest with your hand. Can you feel secretions?	It is important to recognise signs of change in the child's condition. Increases in the child's work of breathing may indicate a chest infection or blocked tube.

### Positioning the child for tracheostomy cares

What to do	How to do it	Why it is necessary
Change the child's position regularly if they are not able to move around	Turn the child from side to side when in bed or lying down. Help them to sit up as often as possible when awake. Encourage the child to cough if he or she can. The physiotherapist will show you how to do any specific chest physiotherapy if the child needs it.	Change in position helps the child to clear secretions and helps all areas of the lungs to be inflated with air. Coughing will help to clear secretions so more air can enter the lungs. Physiotherapy helps to clear secretions from the lung, helps more air to enter, and may help to treat a chest infection

### Secretion Management

What to do	How to do it	Why it is necessary
Suction	Tell the child's nurse that you are about to suction the child. Turn the suction unit on and check that it is working and set to the correct suction pressures (start with low pressure, increase as required): • Neonate (0 - 4 weeks): 60 - 80mmHg • Infant (5weeks to 1 year): - 80-100mmHg • Child (1 - 11 years): 100 - 150mmHg • Teenager: 100-200mmHg Wash your hands with soap and hot water. Tell the child what you are going to do. If in first 7 days put non-sterile gloves on each hand. Attach the correct sized suction catheter to the tubing (catheter size double the size of tracheostomy tube size), keeping it in the wrapper.	This ensures that the nurse can assist you if you have difficulties or if a child's condition changes. Too high a pressure can remove too much air from the child's lungs. Reduces the risk of infection. Helps to reduce a child's anxiety. Protects you from the child's secretions. Keeps the catheter sterile. Keeps the catheter sterile. Ensures that the catheter is kept sterile and reduces the risk of infection.

Childs Name:

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	<p>If in first 7 days put a sterile glove on your dominant hand. Remove the catheter from the wrapper being careful not to touch tip of catheter. Disconnect the ventilator tubing or Swedish nose from the tracheostomy tube with your other hand. Hold at premeasured length as per documentation Insert the catheter into the tracheostomy tube to required length.</p> <p>Apply suction whilst removing suction catheter over 10-15 second period. Reattach the ventilator tubing or Swedish nose (HME). Observe the amount, colour and consistency of the secretions.</p>	<p>Premeasured length is no more than 1cm below tip of tracheostomy tube. Passing the tube too far can cause trauma.</p>
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### Stoma Care

What to do	How to do it	Why it is necessary
<p>Clean stoma at least twice a day to ensure skin is clean and dry.</p>	<p>Prepare Equipment Wash your hands using soap and hot water. Clean around the stoma site using gauzes and water.</p> <ul style="list-style-type: none"> <li>• Ordinary water/Cool Boiled water if skin is intact</li> <li>• Normasol if skin brown down Dry the skin thoroughly.</li> </ul> <p>Apply barrier cream/film</p> <ul style="list-style-type: none"> <li>• If skin intact apply cream</li> <li>• If skin red/broken down apply barrier film</li> </ul> <p>Apply appropriate dressing as advised by specialist practitioner.</p> <p>Observe the area for signs of redness, broken skin, and granulation (a build-up of skin tissue). Tell the nursing team if you are concerned about the child's skin</p>	<ul style="list-style-type: none"> <li>• Prevents infection.</li> <li>• Keeps skin in good condition.</li> <li>• To protect skin from infection and breakdown</li> <li>• To relieve pressure and absorb exudate/secretions.</li> <li>• Any problems can be detected and treated as soon as they occur.</li> </ul>

### Tracheostomy Tape changes

What to do	How to do it	Why it is necessary
<p>Change the tracheostomy tapes</p>	<p>Must be done by two people, one of whom must be safe to practice unsupervised.</p> <ul style="list-style-type: none"> <li>• Inform the nurse that you are changing the child's tapes.</li> <li>• Prepare equipment: Emergency equipment - Ambu bag if required (yes/no), suction, spare tubes. Two lengths of tracheostomy tape/Velcro fasteners. Scissors. Water and gauze or similar to clean and dry skin with.</li> <li>• Wash your hands.</li> <li>• Explain to the child what you are about to do. Position the child on his or her back.</li> <li>• Extend the child's neck by placing a rolled-up pillowcase or towel for example, under the shoulders.</li> <li>• One person must always hold the tracheostomy tube in position until the new tapes are finally tied with three knots on each side/Velcro fasteners are secure.</li> <li>• The other person cuts the tapes and removes them from the tracheostomy tube.</li> <li>• Inspect, wash and dry the child's skin where the tapes were and under the 'arms' of the tracheostomy tube.</li> <li>• Apply barrier cream/film</li> <li>• If skin intact apply cream</li> <li>• If skin red/broken down apply barrier film</li> <li>• Attach tapes as per guidance</li> <li>• Apply appropriate dressing as advised by specialist practitioner.</li> </ul>	<ul style="list-style-type: none"> <li>• To maintain the child's safety.</li> <li>• Reduces the risk of infection.</li> <li>• To reduce the child's anxiety.</li> <li>• Moves the child's chin out of the way and makes the procedure easier as you will be able to see what you are doing.</li> <li>• To ensure the tube does not fall out.</li> <li>• To protect skin from infection and breakdown Changes in condition of the skin can be detected and treated promptly</li> <li>• To relieve pressure and absorb exudate/secretions.</li> <li>• If the tapes are too loose the tube could fall out. If they are too tight, they may cause pain, discomfort, swelling and skin breakdown.</li> </ul>

Childs Name:

Hospital/NHS Number:

- With the tracheostomy tube still held in place, remove the neck roll and check the tightness of the tapes.
- You should be able to get only one finger between the child's neck and the tapes.
- With the tracheostomy tube still held in place, re-adjust the tightness of the tapes as required.
- Check again that the tapes are not too tight or too loose/ undo fastener readjust and secure.
- The person holding the tube can now let go.

### Changing the tracheostomy tube

What to do	How to do it	Why it is necessary
Change the tracheostomy tube. Prepare the equipment.	<p>In hospital, tubes must be changed by two people, one of whom has been trained and assessed as safe to practice unsupervised.</p> <p>Tracheostomy specialist practitioner/ward staff will teach you how to change a tube on your own in case of an emergency when not in hospital.</p> <ul style="list-style-type: none"> <li>• A clean technique must be used to change the tube.</li> </ul> <p>This means keeping everything as clean as possible and not touching the part of the tracheostomy tube that goes through the stoma.</p> <p><b>Prepare:</b> A clean area in which to work Taped Tracheostomy tubes - one the same size and type as the tube you are replacing and one a size smaller. Check introducer inserts and removes easily. Scissors Lubricate new tube Suction equipment Ambu bag attached to oxygen if required (yes/no) Water and gauze or similar</p>	<ul style="list-style-type: none"> <li>• To maintain the child's safety.</li> <li>• To prevent introducing infection.</li> <li>• The smaller tube is available in case it is difficult to insert the same size tube.</li> <li>• Helps the tube to slide in easily.</li> </ul>
Prepare the child	<p>Explain to the child what you are going to do if he or she is old enough to understand.</p> <p>If the child is a baby, you may find it easier to wrap him or her in a blanket to keep the arms still and out of the way</p> <p>Position the child on his or her back with a roll under the shoulders</p> <p>If the child needs suction, remove the secretions before you cut the tapes</p>	<p>The child may find it less stressful if they know what is happening.</p> <p>This will extend the child's neck and lift the chin.</p> <p>This makes it easier for you to see the stoma and helps open up the hole.</p> <p>Reduces coughing during the tube change.</p>
Procedure	<p>Hold the old tube with your fingers while the tapes are being cut by the nurse / competent helper.</p> <p>Clean neck and stoma (as required)</p> <p>Remove the old tube.</p> <p>Insert the new tube.</p> <p>Remove the introducer if used.</p> <p>This process should only take a few seconds.</p> <p>If you cannot insert the tube easily CALL FOR HELP IMMEDIATELY. (In hospital: Call a nurse. Out of hospital: other person in house/ shops etc or 999.)</p> <p>Tie the tapes as you would when changing the tapes.</p>	<ul style="list-style-type: none"> <li>• To prevent the tube from being coughed out.</li> <li>• To prevent infection and breakdown of skin. To minimise the risk of the stoma closing.</li> </ul>

Childs Name:

Hospital/NHS Number:

**Emergency Algorithm (Basic life support)**

**Standard Approach to Resuscitation**

**Variations for child with a Tracheostomy**

Safe to approach?

Stimulate – Check for response.

Shout for help.

**AIRWAY**

Check mouth observe for any obvious obstructions in mouth or nose and remove.

Open airway to neutral position (<1yr)

or

Open airway to sniffing position (>1yr)

**AIRWAY**

Perform a head-tilt chin-lift to allow access to the tracheostomy tube.

Observe the tracheostomy for obvious signs of obstruction

Suction the tube to clear it

If tube blocked or obstructed, then tube change is required

**BREATHING**

Assess – look listen and feel for up to 10 second.

Five rescue breaths.

**BREATHING**

Look, Listen and feel for breath over the tracheostomy tube

Give mouth to tracheostomy breaths

**CIRCULATION**

Assess – look for a response

Place the heel of 1 or 2 hands on the centre of the chest and press 30 times. Then give 2 breaths and 30 compressions.

Rate of 100-120/min to at least 1/3 depth of chest

Useful resources at:

[www.tracheostomy.org.uk](http://www.tracheostomy.org.uk)

**RING 999**

If no-one else available to do so. Continue BLS: 2 rescue breaths and 30 compressions.

**Please Note: Parent training for Tracheostomy BLS must be provided by an appropriately trained staff member.**

Childs Name:

Hospital/NHS Number:

Competency statement (Date and Sign by Trainer)	Level 1 discussed/observed (Date and Sign by Trainer)	Parent carer Date and sign	Level 2 Practiced under supervision (Date and Sign by Trainer)	Parent carer Date and sign	Level 3 achieved no supervision (Date and Sign by Trainer)	Parent carer Date and sign	Comments
<b>Demonstrating awareness of health and safety</b>							
1. Assess the child's immediate area for health and safety.							
2. Demonstrate the safety checks required at beginning of each shift.							
3. Demonstrate how to check and use the BVM if required (yes/no).							
4. List contents of emergency tracheostomy box and state how, why and when to use each item.							
<b>Reducing the risk of infection</b>							
5. Wash hands effectively using soap and hot water.							
6. Demonstrate how to put gloves on correctly for the first week -sterile and non-sterile.							
<b>Assessment</b>							
7. Observation of child's colour, chest movement, rate of breathing, and sounds of breathing.							
8. List signs of breathing difficulties.							
<b>Positioning the child for tracheostomy cares</b>							
9. Demonstrate correct positioning of child. Eg roll under shoulders to extend the neck.							
10. Awareness of medical equipment (eg Ventilator tubing) when changing position of child).							
<b>Secretion management</b>							
11. List signs of the need for suction							
12. Demonstrate preparation of the child and equipment.							
13. Demonstrate how to use the suction unit							
14. State which suction pressure should be used.							
15. Safely perform suction and observe amount, colour and consistency of secretions.							

Childs Name:

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Competency statement <small>(Date and Sign by Trainer)</small>	Level 1 discussed/observed <small>(Date and Sign by Trainer)</small>	Parent carer Date and sign	Level 2 Performed under supervision <small>(Date and Sign by Trainer)</small>	Parent carer Date and sign	Level 3 Achieved no supervision <small>(Date and Sign by                      Trainer)</small>	Parent carer Date and sign	Comments
16. Reassess child's breathing, colour and need for further suction							
17. Understands the requirement for correct humidification. Eg, warmed humidity in first 7 days or HME thereafter.							
<b>Stoma care</b>							
18. Prepare child and equipment.							
19. Demonstrate thorough cleaning and drying of the skin.							
20. Demonstrate applying a dressing if required and importance of regular dressing changes.							
21. State the signs of infection/granulation/skin breakdown.							
<b>Changing the Tracheostomy tapes</b>							
22. Prepare child and equipment.							
23. Demonstrate holding the tracheostomy tube during changing of the tapes							
24. Demonstrate removal of the old tapes.							
25. Attach the tracheostomy tapes to the tube.							
26. Demonstrate tying of the tracheostomy tapes and checking the tightness.							
<b>Changing the tracheostomy tube</b>							
27. Check that emergency equipment is within easy reach and in working order.							
28. Understand and discuss which tube is in use and the care of tube.							
29. Cleaning and storage (if applicable) tracheostomy tube.							
30. Care of a child with a cuffed tracheostomy tube and the differences.							
31. Remove the tracheostomy tube and insert new tube. Remove the introducer.							
32. Tie the tapes and assess the tightness of the tapes.							

Child's Name:

Hospital/NHS Number:

<b>Competency statement</b> (Date and Sign by Trainer)	<b>Level 1 Observed/ discussed</b> (Date and Sign by Trainer)	<b>Parent carer</b> Date and sign	<b>Level 2 Practiced under supervision</b> (Date and Sign by Trainer)						<b>Parent carer</b> Date and sign	<b>Level 3 Achieved no supervision</b> (Date and Sign by Trainer)	<b>Parent carer</b> Date and sign	<b>Comments</b>
33. State what action should be taken if you are unable to insert the new tube												
<b>Emergency Algorithm (Basic Life Support)</b>												
34. Signs and steps to take for a blocked tube.												
35. Steps that should be taken in the event of a tracheostomy becoming accidentally decannulated.												
36. Warning signs of breathing difficulties and actions to take.												
37. Demonstrate basic life support on a doll using the ABC approach (Airway, Breathing, Circulation).												
38. Awareness of NTSP emergency algorithm.												

Childs Name:

Hospital/NHS Number:

STATEMENT OF COMPETENCE

I certify that I (name of assessor) \_\_\_\_\_  
have a current NMC registration or I am affiliated with a Professional governing body. I am experienced and have attained my own competency in Tracheostomy care and teaching, in order that I am able to assess and sign off the competency of the carer below.

I certify that (parent/carer name) \_\_\_\_\_ has  
undergone a period of training and has been deemed competent to practice the procedures outlined in this booklet.

Print name \_\_\_\_\_ Designation \_\_\_\_\_ full  
Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that I (parent/carer name) \_\_\_\_\_

have undergone a period of theory and practical training and am confident and competent in the procedures detailed in this booklet. I will not carry out any procedures which have not been covered by this training. If there are any concerns, I will seek appropriate advice and guidance in order for me to continue to operate within these competencies.

Print name \_\_\_\_\_ Designation \_\_\_\_\_ full  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes:

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**A Copy of the signed competency pages when complete must be kept in the child's medical record.**