TRACHEOSTOMY OR LARYNGECTOMY – AIRWAY ALERTS FOR PATIENTS WITH A

1. What it is

Guideline for alerting clinical staff to patients who have either a temporary or permanently altered airway i.e. the presence of a tracheostomy or laryngectomy neck stoma. Instructions to provide safe and relevant clinical airway management for patients with a temporary/permanent tracheostomy or an established laryngectomy neck stoma during acute admission to hospital or day surgery.

2. Risk rating

Extreme

3. Employees it applies to

All clinical staff involved in the care of patients with a tracheostomy or laryngectomy stoma.

4. Process Definitions

This CIBR applies to all patients with a tracheostomy tube who are not in the Intensive Care Unit (ICU) and for all patients with a laryngectomy anywhere in the hospital.

A tracheostomy is an opening into the trachea into which a tracheostomy tube is placed. These tubes are usually insitu short term. However, in a small percentage of patients they are permanent. A patient with a tracheostomy may or may not have a functioning upper airway.

A laryngectomy is the term used when a patient has had a surgical removal of their larynx, separation of the trachea from the oesophagus and the formation of a permanent end neck stoma. There may or may not be a tube present in the stoma. The stoma is the patient’s only airway.

4.1 Identification of patients

- Patients with a permanent tracheostomy or laryngectomy stoma have an “Airway Alert” on the iPm and EMR system.
- There are several portals where patients may enter the hospital or leave the ICU and require identification. Any patients with a tracheostomy/laryngectomy who are in a ward area (outside of ICU), the Day Surgery Unit or Emergency Department (ED) must have an airway alert in their clinical notes.
- The following staff are responsible for placing the airway alerts in the clinical notes

<table>
<thead>
<tr>
<th>Clinical Area</th>
<th>Person Responsible</th>
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<tbody>
<tr>
<td>Emergency Department</td>
<td>ENT Registrar</td>
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<tr>
<td>Pre-Admission Clinic</td>
<td>Anaesthetist</td>
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<tr>
<td>Ward Area</td>
<td>ICU2 Medical Officer (Tracheostomy)</td>
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<td>ENT Registrar (Laryngectomy)</td>
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4.2 Governance

- All patients with an altered airway – tracheostomy or laryngectomy stoma - will all have an “Airway Management” sticker inserted in their notes
- There is a different sticker for patients with a tracheostomy or a laryngectomy neck stoma
- The stickers are termed
  - “Airway Management for patients with a Tracheostomy”
  - “Airway Management for patients with a Laryngectomy”
- When tracheostomy/laryngectomy patients arrive in ED, the triage nurse will be alerted (via EMR and/or iPM alert) to contact the ENT Registrar to ensure that the Airway Alert system is initiated.

4.3 Completion of information on Airway Alert

- Information on the Airway Alert will be completed by the ENT, Anaesthetist or Intensive Care Medical Officer (MO).
- All patients with an Airway Alert will have the acute airway orders completed on the right hand of the sticker.
- In all cases the MO must sign and date the Airway Alert.

5. Keywords

Airway, Tracheostomy, Laryngectomy, Emergency

6. Functional Group

All Medical, Nursing and Allied Health staff caring for patients with an altered airway – either a tracheostomy or laryngectomy stoma

7. External references

ACI (2013) Care of Adult Patients in Acute Care Facilities with a Tracheostomy Clinical Practice Guideline

8. Consumer Advisor Group (CAG) approval of patient information brochure (or related material)

N/A

9. Implementation and Evaluation plan

Including education, training, clinical notes audit, knowledge evaluation audit etc

Prior to use of the “Airway Alert” extensive education of all staff who may be involved in the clinical care of a tracheostomy or laryngectomy patients including medical, nursing and allied health staff will be conducted.

Medical Staff training will occur via Medical and Surgical Grand Rounds
All 999 Anaesthetic Staff will undergo training – this will occur biannually at the change of term by a staff specialist in anaesthetics
Day Surgery, Emergency and Pre-Admission staff will also undergo training
Inclusion in PACE newsletter for distribution across the hospital
All clinical nurses will be trained by the ICU case manager (surgical wards) and respiratory CNC (medical wards) regarding the implementation of the Airway Alert system
Emergency and Allied Health training will be conducted by the speech pathologist.
Consultation with CPIIU will be conducted to capture any airway PACE or IIMS data in these patient populations following the implementation of the Airway Alerts.
### 10. Knowledge evaluation

**Q1:** What is the difference between a tracheostomy and laryngectomy stoma?

* A tracheostomy is usually temporary and the patient may have a patent upper airway. A laryngectomy patient has permanent separation of the trachea & oesophagus & only breathes through their neck stoma.

**Q2:** Which patients need to have an Airway Alert?

* A: All patients with a tracheostomy outside of ICU and all patients who have a total laryngectomy.

**Q3:** Who is responsible for placing the Airway Alert in the clinical notes and filling out the airway management sections?

* A: A medical officer (ENT, Anaesthetic or ICU)

### 11. Who is responsible

- Martin Mackertich Director of Clinical Services St George Hospital
- A/Prof Theresa Jacques, Director, Department of Intensive Care
- Dr Michael Farrell, Department Head, ENT Surgery
- Dr Richard Morris, Director of Anaesthesia

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**Approval for:**

**TRACHEOSTOMY OR LARYNGECTOMY – AIRWAY ALERTS FOR PATIENTS WITH A**

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<tr>
<th>*Specialty/Department Committee</th>
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<td>Chairperson name/position:</td>
<td>A/Prof Theresa Jacques</td>
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**Executive Sponsor**

- Name/Position: Martin Mackertich Director of Clinical Services SGH

**Contributors to CIBR development**

- Dr Julia Maclean, Clinical Specialist, Speech Pathology
- Dr Sharon Tivey, Staff Specialist, Anaesthetics
- Dr Michael Farrell, VMO, ENT Surgeon
- Dr Richard Morris, Head of Department, Anaesthetics
- Dr Doris Lam, Intensive Care Specialist
- Dr Theresa Jacques, Intensive Care Specialist

**Members of the Tracheostomy MDT**

- Ms Julie Beeson, ICU Case Manager
- Dr Janine Bothe, CNC Surgery
- Ms Mary Dunford, Respiratory CNC
- Ms Liz Havyatt, Senior Respiratory Physiotherapist
- Ms Karen McBarron, Speech Pathologist
- Ms Sheila Pomfrey, Stroke CNC

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**Revision and approval history**

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<th>Author (Position)</th>
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<td>Dr Julia Maclean, Clinical Specialist, Speech Pathology</td>
<td>Feb 2017</td>
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**Director of Operations Ratification**

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