

Tracheostomy Discharge Flowsheet



Patient name: _____

Expected discharge date: _____ / _____ / _____

NHS number/patient label: _____

Tracheostomy Discharge Checklist

	Is this required?	Completed	Notes	Date	Initials
Patient/carer trained and competent to complete daily care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Order Suction machine if appropriate from the District Nurses	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Order nebuliser machine from the District Nurses	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Patient emergency box for discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Atos Care registration completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
1st Supply order submitted ready for discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Atos Care Nursing referral submitted	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Provide and fill in tracheostomy log book	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Register patient's address with local emergency services as a neck breather	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Register patient with EmergencySMS service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Referral to specialist care - please specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			

What will my tracheostomy patient need on discharge?

This is a generic list, and your patient may require different supplies than those listed below. Please tick below which products are required for your patient:

Prescription Items - supplied by Atos	Is this required?	Completed	Order codes	Date	Initials
Cleaning Swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Cascade Shower Protector	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
HMEs (Heat Moisture Exchanger)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Gauze	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Skin Barrier Wipe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Cleaning Towels	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Neckbands	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Dressings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Spare Inner Cannulas (Only Shiley)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Speaking Valve	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			

Non-prescription items - supplied by Hospital/DNs	Is this required?	Completed	Order codes	Date	Initials
Spare Inner Cannulas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Nebuliser/suction supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Emergency Equipment • Same size tracheostomy tube • Smaller size tracheostomy tube • Lubricant	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>			