Name of Policy: Discharge Planning for Patients Going Home with Tracheostomy Care Needs
Policy Number: 3364-131-26
Department: Outcome Management
Approving Officer: Chief Nursing Officer
Responsible Agent: Director Outcome Management
Scope: The University of Toledo Medical Center

--- New policy proposal
X Major revision of existing policy
--- Minor/technical revision of existing policy
--- Reaffirmation of existing policy

(A) Policy Statement

Collaboration with the UTMC Respiratory Therapy Department will occur to adequately meet the discharge needs of patients going home with a tracheostomy.

(B) Purpose of Policy

Establish a protocol to implement a safe, well planned home discharge plan for patients with tracheostomy care needs.

(C) Procedure

1. Notice of hospitalized patients need for home tracheostomy care can occur by M.D. order or consultation, Outcome Management assessment screening, or nursing staff.

2. Respiratory Care and Social Worker is ordered upon placement of the tracheostomy, and/or for current tracheostomy patients. Respiratory Care will consult for management of the respiratory needs while the patient is admitted and for the ongoing education of patient as well as family. Social Work will coordinate post discharge referrals and care.

3. Respiratory Patient Discharge Worksheet has been completed and signed by the respiratory team and placed with discharge instructions for ordered care and equipment needed upon discharge.

4. The Respiratory Therapist will assess and determine respiratory care needs (i.e.: oxygen, aerosols, suction, type of trach teaching, needed supplies, equipment, etc.) and add these items to the Respiratory Care Patient Discharge Worksheet.

5. The Respiratory Therapist will utilize the Respiratory Care Patient Discharge Worksheet (orders/instructions) as the prescription for ordering the needed respiratory equipment and supplies. The Interdisciplinary Team will determine other equipment needs and Attending will order prescriptions based on the recommendations of the RC Patient Discharge Worksheet accordingly. The Outcome Management team will discuss recommendations of equipment based on Respiratory Worksheet and discuss with Physician Team.

6. The Respiratory Therapist will coordinate a teaching schedule with the home caregivers. After the necessary teaching and documentation of the teaching has been successfully completed, the Interdisciplinary Team (RN, SW and Attending) will be advised of discharge readiness.
7. The Outcome Management staff will coordinate with the patient, family and respiratory therapist in regards to the delivery of the equipment, supplies and home health care follow up. In the event only respiratory equipment and supplies are ordered the respiratory therapist will notify the Interdisciplinary Team of delivery arrangements.

8. The Interdisciplinary Team will coordinate and discuss all arrangements to the patient, family and staff.

9. The Outcome Management staff and Respiratory Therapist will document all pertinent information in the patient’s medical record and document discharge services on the Discharge Instruction form.
## Respiratory Care Patient Discharge Worksheet

<table>
<thead>
<tr>
<th>Vent Settings:</th>
</tr>
</thead>
</table>

### Oxygen:

|Humidity: yes / no|

### Respiratory Treatments / Frequency:

|Suction Frequency / Yield / Description:________________________ |

|Catheter / Ballard | Size: 10F 12F 14F|

### Tracheostomy:

|Size: 4 5 6 7 8|

|Shiley: DCT DFEN DCFS LPC SCT DCFN FEN CFS CFN|

|Portex|

|Other:________________________|

|Cuffed Cuffless Fenestrated Non-Fenestrated|

### Miscellaneous:

|Resuscitation Bag / Mask 10 ml. Syringe Artificial Nose|

|Speaking Valve with / without 02 Port Trach HME with 02 Port|

|Other:________________________|

Home Care Company / Phone # ______________________ Called: ____________

Completed By:________________________ Date:________________________
Respiratory Care
Home Discharge Supply & Equipment Needs

Current Respiratory Therapy

**Oxygen**
- Stationary Oxygen System
- Portable Oxygen System
- Nasal Cannula
- Humidifier Bottle

**Cool Aerosol**
- Air Compressor
- Aerosol/Trach Mask (circle)
- This Section is Not Applicable
- Water Bottle for Humidity
- T-piece Adaptor for Nebs
- O2 Bleed-In Adaptor
- O2 Ext Tubing

**Respiratory Treatments**
- Nebulizer Machine
- Nebulizer Circuit
- Aerosol/Trach Mask (circle)
- MDI Spacer

**Suction**
- Suction Machine
- Normal Saline Packets
- This Section is Not Applicable
- Suction Canister
- Suction Catheters (circle size) 10F 12F 14F
- Yankauer

**Tracheostomy**
- Trach Care Kits
- Gauze Tubs
- Disposable Inner Cannulas (see current tracheostomy tube below for size/style)
- This Section is Not Applicable
- Hydrogen Peroxide
- Dacron Swabs
- Sterile Water
- Disposable Trach Ties
- Split Dressings

**Current Tracheostomy Tube**
- Shiley DCT
- Shiley XLT Proximal
- Shiley XLT Distal
- Other (please be specific)
- Shiley DFEN
- Shiley DCFS
- Shiley LPC
- Shiley SCT
- Shiley DCFN
- Shiley FEN
- Shiley CFS
- Shiley CFN

- Size (circle) 4 5 6 7 8
  - Cuffed
  - Cuffless
  - Fenestrated
  - Non-Fenestrated

**Miscellaneous**
- Resuscitation Bag/Mask
- Speaking Valve w/O2 Port
- This Section is Not Applicable
- Speaking Valve
- 10ml syringe
- Trach HME w/O2 Port
- Artificial Nose
- Other (please list)

Home Care Company/Phone #__________________________________________

Completed By__________________________________________ Date__________

Called & Ordered

[ ]