



Competency: To Change a Tracheostomy Tube.

The following Policies/Protocols/Guidelines are applicable to this competency:

1. Tracheostomy care and management Guideline: SJH:N069.

(Tick/date/initial as applicable)

NMBI(2016) Domains of Competence	Performance Criteria	Needs Theory Date/Initials	Needs Practice Date/Initials	Competent Date/Initials
1,2	Can list the indications for changing a tracheostomy tube.			
1,2	Can identify who can perform tracheostomy tube changes in St. James's Hospital.			
1,2	Can identify the recommended minimum time before the first tube change takes place.			
2	Can identify the life span of a tracheostomy tube.			
1,2,4	Assesses the need for change of tracheostomy tube and obtains all the relevant patient information prior to changing the tracheostomy tube.			
1,2	Can identify potential complications that may occur during changing of a tracheostomy tube.			
4	Can list the equipment required for changing: 1. Shiley tracheostomy tube 2. Portex tracheostomy tube			
1,2,3,4	Demonstrates change of tracheostomy tube as per St. James's Hospital procedure guidelines			
4	Performs the necessary documentation post change of tube. (EPR-Bed sign).			
1,3,6	Recognises own competency level and can explain implications of this in relation to NMBI (2014) Code of Professional Conduct and Ethics / NMBI (2015) Scope of Nursing and Midwifery Practice Framework.			

I have sufficient theoretical knowledge and practice to undertake this procedure/skill/role independently, and I acknowledge my responsibility to maintain my own competence in line with the Nursing and Midwifery Board of Ireland (2015) Scope of Nursing and Midwifery Practice Framework.

Name & Signature of Staff Nurse: _____ Date: _____

Name & Signature of Assessor: _____ Date: _____

Clinical Evaluation by Named Assessor/Mentor Required: Yes No

Self Assessment Required: Yes No

