



**St. James's Hospital
Tracheostomy Care Working Group.**

**Tracheostomy: Transferring Patients Standard Operating Procedure
SJH:N069.14 version 5.**

This Standard Operating Procedure (SOP) is effective from September 2020 onwards and is due for renewal in September 2023. It will be reviewed during this time as necessary to reflect any changes in best practice, law, and substantial organisational, professional or academic change. This SOP is supplementary to the [Tracheostomy Care and Management Guideline \(SJH:N069\)](#) and describes standards for transferring patients with Tracheostomy.

1.0 Tracheostomy Patient Transfer (Internal)

- 1.1 In the event that a patient with a tracheostomy tube is being transferred to another department / ward within the hospital, the transfer must be managed in accordance with the Hospital's [Patient Transfer \(ward to ward\) Protocol \(SJH:N058\)](#) and [Patient transfer from wards to Critical Care areas \(SJH:N059\)](#).
- 1.2 The following should be considered and catered for:

- 1.2.1 In the event that the patient is receiving heated humidified oxygen via a tracheostomy mask the nurse should connect the patient to a HME 'Swedish nose' with oxygen port for the transfer (see Image 1.0). They are available on St. Johns ward, Anne Young ward, Private 2 ward and HDU.



Image 1.0: Swedish nose with O2 Connector

- 1.2.2 It is left to the discretion of the nurse +/- medical staff member in charge to determine if the patient requires an escort.
- 1.2.3 A competent nurse should accompany the patient in the event that the patient is likely to require clinical intervention during the transfer, e.g. suctioning, or if the patient is medically unstable.
- 1.2.4 A competent Nurse +/- Medical staff, or Health Care Professional (HCP) must accompany the patient in the event that Patient is confused / agitated and at risk of dislodging their tracheostomy tube.
- 1.2.5 In the event that the patient is assessed as not requiring an escort, the ward nurse must contact the receiving department prior to the patient leaving the ward to inform them that the patient has a tracheostomy tube in place and to expect their arrival.

2.0 Tracheostomy Patient Transfer (external)

2.1 Record all tracheostomy information on the nursing transfer letter on EPR via –Breathing Status section and include:

- Indication for tracheostomy tube insertion.
- Date of insertion.
- Date of last tube change.
- Tube type: Shiley/Portex, cuffed/non-cuffed, fenestrated/non-fenestrated.
- Any previous difficulties with tube changes.
- Oxygen requirements.
- Communication: Speaking valve or writing/typing/picture chart.

Links to related PPPGs:

- [Tracheostomy Care and Management Guideline \(SJH:N069\)](#)
- [Tracheostomy Care and Management Guideline: Associated Documents](#)