		ACTION	FREQUENCY (HOURS)	ADDITIONAL INFORMATION AND RECOMMENDATION
Т	Tube care	Inner cannula (check/clean)	4	More frequently if secretions thick and sticky.
		Cuff check (pressure)	8	Normal range (25-32 cm H ₂ O)
		Sub-glottic port secretions (aspirates)	4	More frequently if high aspirates retrieved.
R	Resuscitation	Familiarise with head of bed safety signFollow algorithm	Immediately	Tracheostomy/Laryngectomy bed signs placed on the door and head end of the bed.
Α	Airway	Suction to keep airway clear	PRN	Catheter size calculation Add 4 to the size of tube. Eg. size 8 tube + 4= 12 Size 12 suction catheter used.
С	Communication	Non-verbal communication aidsAugmentative and alternative communication	Per Shift PRN	Speech and Language therapy referral
Η	Humidification	 Use humidification ladder <u>Active</u>: Adding heat or water, Airvo heated humidifier, Nebuliser <u>Passive</u>:Heat moisture exchange filters, Soft shield humidification bibs 	PRN	Airvo settings Temperature ideally 37 ⁰ C Flow of 30 lpm unless prescribed higher by medical team and % Oxygen set at 21% (room air) or supplemental oxygen as required.
E	Equipment	 Bedside care equipment Emergency equipment 	Per Shift	As per guidelines
0	Organised care of stoma	 Assess stoma site for skin integrity Protective dressing below flange 	Per shift	Cavilon advanced skin protector or wand PolyMem or Aquacel foam non-adhesive.
S	Swallowing and nutrition	Swallow assessmentAdequate nutrition	PRN Daily	Speech and Language therapy referral Dietician referral
Τ	Tube security	Check tube(tapes/ties)Changed weekly unless solid with secretions	4	Changing ties is always a two person technique
0	Oral care	Oral secretion management	8	Follow oral care bundle
Μ	Mobilisation	• Adequate mobilisation is encouraged-sitting upright position unless otherwise contraindicated.	PRN	Physiotherapy referral for dependent patients
Y	Yourself	Document your findings	Per Shift / PRN	On EPR

