



## Competency for Providing safe and effective care to a patient with 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
<b><i>Demonstrates basic knowledge of tracheostomy tubes</i></b>				
1,5	Explains the following terms and identifies the functional features of a tracheostomy tube <ul style="list-style-type: none"> <li>• Inner Cannula</li> <li>• Flange or neck piece</li> <li>• Obturator/introducer</li> <li>• Cuff</li> <li>• Fenestration</li> <li>• Decannulation</li> </ul>			
1,5	Explains the difference between fenestrated and unfenestrated tracheostomy tubes and can identify the clinical indications for each type of tracheostomy tube.			
1,5	Identifies the various types of tracheostomy tubes used in the department/ward.			
<b><i>Demonstrates knowledge of the indications &amp; complications of tracheostomy</i></b>				
1,5	Lists the indications for insertion of a tracheostomy tube.			
1,5	Lists both the immediate and late complications post tracheostomy insertion.			
<b><i>Provides appropriate nursing care to the patient with a tracheostomy</i></b>				
<b><i>Ensures adequate oxygenation</i></b>				
1,5	List the indications for and nursing management of a cuffed tracheostomy tube.			
1,5	Outlines the clinical significance of checking cuff pressure and can list the safe cuff pressure range.			
1,5	Outlines the clinical significance of providing humidified oxygen to patient with a tracheostomy and ensures that it is provided according to guidelines.			
1,5	Lists three methods of humidification, discusses the type of patients each method would be suitable for and the appropriate nursing care required.			
1,5	Rationalises when to use a tracheostomy mask for patients weaning from mechanical or non-invasive ventilation.(Critical Care Areas Only).			
1,5	Demonstrates an understanding of why a patient with a tracheostomy tube is susceptible to infection.			
1,5	Describes the clinical signs and symptoms that might indicate that the patient with a			



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	tracheostomy tube is developing a respiratory tract infection.			
2,4	Adheres to infection control policy during all aspects of care.			
2,4	Assembles bedside equipment as per guidelines.			
2,4	Can assemble & test the equipment required to deliver: <ul style="list-style-type: none"> <li>• High-flow humidified oxygen via a tracheostomy tube</li> <li>• BiPAP via a tracheostomy tube</li> <li>• CPAP via a tracheostomy tube</li> </ul>			
2,4	Carries out ongoing assessment of respiratory rate, work of breathing, depth and symmetry of chest movement.			
1,5	Describes the symptoms that would indicate that a patient with a tracheostomy tube is in respiratory distress.			
1,2,4,5	Outlines/Demonstrates the action to be taken if the following clinical situations occur: <ul style="list-style-type: none"> <li>• Hypoxia/Acute dyspnoea</li> <li>• Accidental Decannulation</li> <li>• Resuscitation</li> </ul>			
2,4	Performs arterial blood gas as appropriate discussing interpretation of results with a senior colleague (Critical Care Areas Only).			
2,4	Intervenes appropriately if arterial blood gas result is abnormal (Critical Care Areas Only).			
2,4	Demonstrates safe suctioning via the tracheostomy according to guidelines.			
1,5	Describes appropriate action if resistance is noted on suctioning.			
<b>Care of tracheostomy tube and site</b>				
1,5	Describes the clinical signs and symptoms that might indicate that a patient is developing an infection at the tracheostomy site.			
2,4	Inspects the site on each shift for signs of inflammation and infection.			
2,4	Sends a swab for culture and sensitivity if infection is suspected.			
3	Records assessment of site in nursing EPR notes.			
3	If infection is suspected, reports same to nurse in charge and medical staff.			
2,4	Dresses stoma site as per hospital guidelines.			
2,4	Checks and changes inner cannula as per hospital guidelines.			
2,4	Changes tracheostomy ties as required ensuring that they are clean and dry at all times.			
3	Documents inner cannula checks and dressing			



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	changes on monitoring form in EPR.			
1,2,4,5	Can rationalise when cuff deflation is required and demonstrates same.			
1,5	Demonstrates understanding of the role and management of the stay suture.			
1,5	Discusses decannulation according to hospital guidelines.			
1,3,5	Is aware of the tracheostomy discharge tray or tracheal dilator and spare tubes same size and size smaller and ensures they are sent with patient to the ward. (Critical care Areas Only) Is aware of the tracheostomy over bed sheet and ensures it has been completed and sent to ward with patient.			
<b>Communication</b>				
1,3,5	Demonstrates an understanding of communication difficulties experienced by a patient with a tracheostomy tube.			
1,5	Is familiar with the role of the Speech and Language Therapist and Tracheostomy CNS.			
1,5	Lists the communication aids available in the department/ward.			
1,5	Discuss the principle uses of a Passy-Muir speaking valve and outlines the nursing considerations.			
1,2,4	Demonstrates how to correctly apply a Passy-Muir valve.			
1,3,5	Discusses with the patient, methods that may be utilised to communicate with staff.			
1,3,5	Involves family members in any discussion regarding communication.			
1,3,5	Educates/supports patient and family on the clinical aspects of tracheostomies.			
1,3,6	Recognises own competency level and explains 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



**Learning Log**

**Actions necessary to achieve competence:**

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**Supporting evidence of measures taken to achieve/enhance competence:**

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