

Taking Patients with a Tracheostomy +/- mechanical ventilation off the Critical Care Unit at University Hospital of Wales



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Introduction and Objectives:

- Patients admitted to critical care for long periods of time benefit from trips of the unit to aid physical and psychological wellbeing.
- These patients typically have tracheostomy tubes in situ and may still require invasive ventilation.
- To be considered appropriate to go off the unit for trips they must be physiologically stable with no recent requirements for increased medical input or therapy, and able to sit in a chair for up to one hour.
- This document details the process for taking patients off the unit – specifically those with tracheostomies +/- invasive ventilation.

Main text

Process:

- The responsible ICU Consultant must consent to the patient leaving the unit and document this in medical notes.
- Patient must be in a physically stable condition.
- The patient must be escorted by appropriately trained healthcare professionals (e.g. at least one qualified nursing staff who has completed intermediate NDP program, static critical care physiotherapy staff or ACCP), and must be in accordance with an individualized risk assessment.
- Staff escorting the patient must feel confident and competent in own ability to undertake this task and understand their professional accountability in doing so.
- The escorting professionals must have knowledge of the patients, medical history, current issues and resuscitation status.
- A 'off-unit' checklist must be completed for every trip off unit.

Equipment:

- Full oxygen cylinder in working order.
- Self inflating resuscitation bag, e.g. Ambubag, face mask and appropriate size airway for the patient.
- Working portable suction, yankuer and soft suction catheters, and sterile gloves.
- Spare tracheostomy inner tube.
- Spare tracheostomy tube (same size / manufacture).
- Cuffed spare tracheostomy tube (size smaller).
- Appropriately sized Guedel oral airway.
- Non-rebreather mask.
- If ventilated: ventilator and full battery (allow patient time to settle on ventilator for at least 15minute prior to leaving unit).
- Waters circuit (or equivalent) if ventilated.

Location of trip outside:

- To ensure safety the following locations may be used for trips off critical care – these have been selected due to access to emergency help as needed:
- B5 Chapel.
- Concourse.
- Paediatric Hospital Outside Area.
- Outside concourse around pond area.

Checklist for Completion:

The following checklist must be completed prior to leaving critical care and must be taken with the patient at all times:

Off-unit' Checklist

- To be completed by registered nurse or senior physiotherapist before escorting a level 2 or 3 patient on an 'off unit trip'
- Enter a tick or N/A and sign
- If item is not present or not applicable, you should not leave the unit – checklist to be taken with patient off unit

| Date/time | Duty Consultant Approval | Zone leader informed | O2 cylinder checked | Emergency equipment checked (see below) | Ambu bag with facemask | Resus status noted | Tracheostomy inner tube | Oxygen saturation monitor and ETCO2 (if appropriate) | Portable suction checked | If ventilated - Ventilator appropriate set up (including alarms) with adequate battery | Ability to contact unit (e.g. mobile phone) | Patient Comfortable + Stable | Signature |
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Emergency Equipment to be taken with patient:

- Tracheostomy tube (same size / type)
- Cuffed Tracheostomy tube (size smaller)
- Suction catheters
- Waters circuit (if ventilated)
- Airways (guedels)
- Spare full oxygen cylinder
- Non-rebreather mask
- Gloves
- Yankauer suction
- Appropriately sized oral

In the event of adverse event (or potential adverse event) assistance must be gained via '2222' call requesting 'CRITICAL CARE EMERGENCY' and stating location. Patients must be moved to the nearest clinical environment – this may be Emergency Department if outside concourse

Emergency Management:

- In the event of an emergency the following chart must be followed:

| Patient deteriorating or emergency situation | |
|--|---|
| Consider moving to a place of safety: Recovery main theatres, Recovery Radiology, Emergency Dept, SSSU recovery, Heulwen ward. Concourse (has phone & defib) (If patient not mobile consider '999 Ambulance') | |
| Summon help by 2222 call to switch stating ' critical care emergency ' and state location | |
| Assess patient and use interventions appropriate to skill set of those present | |
| While waiting for assistance; Consider | |
| A | Provide high flow oxygen Assess airway patency (monitor ETCO2 if available) If tracheostomy present - check inner tube, attempt suction – if unable to pass catheter then deflate cuff (if present) and remove tracheostomy tube if necessary, and use bag-valve mask via mouth |
| B | Assess breathing Use water circuit or ambu bag as necessary Check air entry - R=L? consider possible sputum plug and provide suction as required |
| C | Assess Pulse and BP Consider laying patient flatter, fluids (if available), raise legs Manage any bleeding |
| D | Assess alteration of consciousness and pupils Assess blood sugars when machine available |
| E | Has patient fallen? assess for musculo-skeletal injury Protect from extremities of temperature. |
| If patient deteriorates to cardiac arrest. Begin CPR and support airway. Further 2222 call 'Cardiac Arrest. 'Help will come to you | |

Useful Contact Numbers:

Critical Care Unit:

- Shift Co-ordinator Ext. 46520 (Bleep 5772)
- Consultant (Bleep 5490)
- Registrar (Bleep 6424)
- Critical Care Technicians (Bleep 5157)
- A3N 48384 B3S 46800 / 45319 B3N: 42071