NHS
Suffolk and North East Essex

TRACHEOSTOMY AND LARYNGECTOMY PRESCRIBING GUIDE

Introduction

Purpose and Scope

This guide has been developed as a resource tool, to support all healthcare professionals that prescribe or request prescriptions for patients, that require treatment within primary care settings. This includes patients seen in GP practices and Nursing Homes.

Stakeholders

This formulary has been prepared by Suffolk Medicines Optimisation Teams, in consultation with specialists from West Suffolk Hospital, ESNEFT and Cambridgeshire University Hospital Trust.

Product Inclusion

The products listed within this document are examples of appliances that may be prescribed but the list is not exhaustive. The quantities are based on the average amount required but patients' needs vary as treatment can be complex. The document is a guide to provide professionals with the information required to prescribe effectively, safely, and promptly.

Useful Resources

1) **East of England Community Tracheostomy Guidelines for Adults (East of England Trauma Network)**

2) Best Practice Statement ~ Caring for the patient with a tracheostomy NHS quality improvement Scotland.

3) Drug Tariff

4) National Tracheostomy Safety Project http://tracheostomy.org.uk/

5) Living with a tracheostomy document complied by Specialists at Cambridge University Hospitals NHS Foundation Trust (East of England Trauma Network)

6) Cancer Information and Support - Macmillan Cancer Support

Useful Contacts

01473 712233 – Ipswich Hospital
01284 713000 – West Suffolk Hospital
01206 747474 – Colchester Hospital

Tracheostomy and Laryngectomy Guide

Background

Tracheostomy:
A tracheostomy is an opening in the front of the trachea that can be temporary or permanent. There are a number of reasons why a person might ultimately be living in the community with a long-term tracheostomy. This could be to protect the airway from aspiration when swallowing is impaired, to facilitate breathing/weaning from artificial ventilation and to facilitate the clearance of secretions.

An opening is made in the lower part of the front of the neck. It is held open by a small plastic tube, however when swelling is reduced the tube can be removed and the opening can be left to heal over naturally if required. You cannot usually speak with the tube in place; a speech and language therapist maybe involved.

Laryngectomy:
A total laryngectomy is a surgery during which the voice box, called larynx, is taken out. This is usually as a result of a cancer diagnosis. A partial laryngectomy is when part of the larynx is taken away, however patients are often offered chemotherapy or radiotherapy initially. Patients undergoing this procedure may still be able to speak but the voice could be weak or horse.

A total Laryngectomy is typically performed when more conservative measures cannot manage the disease. The airway is separated from the nose and mouth, below the level of the larynx and a permanent opening is created to the base of the neck creating a stoma. Therefore, the upper airway is not used for breathing. After a laryngectomy, breathing happens via an opening in the neck (a stoma) instead.

More and more patients are living with this intervention long term in the community, every patient must be assessed individually. It's vital the stoma is kept clean and well maintained through suctioning if required. It's even more important professionals and carers are educated on how to care for the stoma and manage the patient in an emergency.

The document is a guide for prescribers, but all requests must originally be initiated by a specialist nurse, consultant, speech and language therapist or ward/clinic in the hospital. Please refer to the pathway attached for further information.

Tracheostomy Passport/Care Booklet

"My Tracheostomy Log" contains important information about the patient's tracheostomy, which should be completed prior to discharge from hospital and updated as required. It should be stored in the Tracheostomy Emergency Box and accompany the patient wherever they go.

***Please note** - A copy can be obtained free of charge from Atos Care - *0800 783 1659* or by emailing info.uk@atosmedical.com

Further information is available from the east of England Trauma Network for advice and guidance on Living with a Tracheostomy in the community. Please refer to this for best practice and guidance.

09162-R05_TrachyTools_Res05_PT+CarerInfo_6ppDL.indd (eoetraumanetwork.nhs.uk)

Tracheostomy Product Guide

Plastic Tubes

There are various types of tracheostomy tubes available, which can be confusing for healthcare professionals when prescribing and dispensing these products. These tubes however, have specific functions depending on the patient's clinical needs, all of which enable patients to breathe, communicate and maintain a safe, functioning airway. They must be measured correctly and cannot be switched without clinical oversight.

The most commonly used tubes are ***currently not available on prescription*** so please refer to the attached pathway at the end of this document should a request be made.

Humidification Devices

Normally the nose filters, warms and moistens the air that is breathed in. A tracheostomy by passes this natural function so inhaled air must be artificially filtered. Appliances are used to help prevent secretions from becoming thick and sticky and reduce the need for suctioning. Heat moisture exchange (HME) devices and stoma bibs are therefore recommended.

Product	Quantity per month
1-3 times a day discard after each use	1-3 Boxes a month If secretions are high quantity can increase

Speaking Valve

There are various types of speaking valves on the market. Not all patients can tolerate these appliances and each individual patient needs to be assessed by a clinician to determine if it's suitable or not. Speaking valves are usually attached directly onto a tracheostomy tube in the community. They are designed to open during inhalation and close during exhalation. This air leakage can result in secretions traveling up into tube and into the valve. They are a valuable device to help patients communicate effectively but have to be initiated after careful clinical assessment. Some are available on prescription.

Packs of 1 or 2.	1-2 every month depending on product.

Neck/Ostomy Dressings

It is important to keep the skin around the tracheostomy clean and dry to prevent soreness and infection. This should be routinely cleaned, and a dressing may be required once each day. However, if the dressing is wet and soiled it will need to be changed more frequently

Dressings allow secretions from the stoma to be absorbed and can prevent pressure damage from the tracheostomy tube**.** This is an important part of treatment and care.

1 dressing Per Day	2-3 packs per Month

Neck Band/tube holder

These appliances are designed to ensure safe and secure adhesion for the tracheostomy tube, to hold it in place. The **Tracheostomy** Tube **Holder** is also used to aid prevention of accidental decannulation for patients. Some are reusable but many will need to be changed once soiled.

1 per day	3 packs per month

Suction Catheters and Tubing

Suction Catheters are currently not available on drug tariff and will need to be issued by the service providing care, for example, Yankauer argyle. Most are a standard adult length, individually wrapped and sterile. These are used to assist with the removal of secretions.

Laryngectomy Product Guide

Heat and Moisture Exchanger (HME)	
A Heat and Moisture Exchanger (HME) helps to reduce mucus production and coughing by humidifying and filtering the air that is breathed through a stoma**.** An HME is placed directly over the stoma, and as air is exhaled, heat and moisture from breath are captured in the HME. Patients may use a range of HMEs with differing levels of breathing resistance for specific activities and may therefore order several types at once	
Frequency of change	**Quantity per month**
1-2 times daily usually every 12 hours	1-2 packs of each type a month
Adhesive Baseplates	
The most common way to attach an HME (Heat and Moisture Exchanger) is by using an adhesive base plate. There are different base plates with different shapes and adhesion strengths to fit the patient's needs. They are often soft and flexible to fit around patients contours.	
Frequency of change	**Quantity per month**
On average, change every 12 – 72 hours (**patient dependent**)	1-2 packs per month
Hands Free Speech Devices	
Please note – hands Free items should only be requested after specialist assessment, measuring, and teaching has been completed by Speech and Language Therapy or relevant Healthcare Professional	
1-2 per day	1-2 packs per month
Laryngectomy tubes	
A LaryTube is a pliable silicone tube, designed to maintain an airway of a laryngectomy. It has a curve consistent with the curve of the trachea. They are designed to be used with an HME cassette and can be secured with either an adhesive housing or ties/clips.	
Frequency of change is as per specialist advice.	Needs one spare but one tube lasts several months
Tube holders	
Created to securely hold the **Laryngectomy Tube** in place at the Stoma site	
Not re-usable change every 24 hours.	2-3 packs per month
1 per day	2 packs per month Pack contains 20 pads and 8 clips

Laryngectomy and Tracheostomy Accessories

All cleaning devices and products marked in the drug tariff must be dispensed with a supply of wipes and disposal bags **for free by the dispenser**	
Humidification / stoma protection ***(Bibs may also be requested for Tracheostomy patients)***	
Some patients prefer to use humidification bibs over HME devices. A bib covers the stoma and is another way of humidifying inhaled gases. These come in a variety of styles and designs and can disguise the stoma from view. **Many are reusable however follow manufactures guidelines.**	
Quantity can vary depending on brand	As per washing guidelines
Shower Protectors	
Barrier to preventing water entering the stoma during a shower These should be changed once damaged.	
Quantity can vary depending on brand	Re-usable 2-3 per year
Jaw Rehabilitation devices	
Portable system designed to restore jaw mobility by strengthening and mobilising muscles. Used when injury has occurred to the jaw/neck or during some treatments such as chemotherapy ****Prescribe ONLY if recommended by an NHS specialist **	
Jaw Rehabilitation Device	1 device lasts long term
Bite Pads	1 pad lasts approximately 2 weeks 2 bite pads per month
Cleaning brushes/swabs **(*Tracheostomy and laryngectomy will require cleaning*)**	
Four hourly cleaning recommended in hospital: This may decrease once at home. Swabs are used to ensure that the outer and inner tubes are kept free of dry secretions and debris. Brushes are only to be used on silver tubes as they are non-abrasive and do not damage the inner lumen of the inner canula. Brushes can cause abrasions within the inner canula which may cause secretions to stick/harbour bacteria. The surrounding skin must also be kept clean.	
Cleaning Swabs	Can be up to 6 per day initially for patients. Four hourly cleaning is the average recommended amount. 4 packs per month is the highest amount required (200 swabs)
Voice Prosthesis Brush	
These clean the lumen and the valve of the **voice prostheses** Size needs to correlate with voice prosthesis length.	
Voice Prosthesis Brushes	1-2 brushes per month. Replace every 7-10 days
Barrier Creams/Film **(*Laryngectomy and Tracheostomy*)**	
Barrier products help protect against moisture and repair the skin. Often required long term.	
Barrier Cream **May interfere with adhesion of baseplates**	Apply small amount as required per day 1 tube Per month
Barrier Film Applicators	As required per day 5-6 packs per month
Barrier Film Wipes	As required per day 1-2 packs per month

Adhesive Removers	
Allow for the safe removal of adhesive residue when lifting baseplates for example.	
Apply as required when removing base plates or dressings.	1-2 packs per month
Lubricants	
To be applied at point of tube change.	
Only a small amount is required. **Do not prescribe sachets**	1-2 tubes per year. Some patients may require a monthly tube
Gauze	
For cleaning: more cost-effective option. Non specialist.	
Non-Woven Fabric Swab, Non Sterile	As required 1-2 packs per month
Cleaning Towels	
Used for on the go cleaning. Approximately a few times a day	10 wipes in a pack - 8 packs per month.
Saline	
Please note - The prescribing of saline can vary according to setting and patient need. Other cleaning methods maybe used in the community. Sterile saline maybe used when a patient is high risk of infection or has had the stoma placed in situ recently. Please follow the specialist's guidance when prescribing this. Generally Not needed long term (post-surgery or for wound care)	
As required	1 pack of 25 per month

Tracheostomy Emergency Box

Patients need equipment and supplies on them at all times for emergency situations. Emergency boxes can be obtained from Suppliers. Please ensure your patient has enough to keep their box topped up with Appliances, however. Other Consumables maybe required depending on patient need.

Essential Equipment:

A spare tube the same size and type as the one in place

A spare tube a size smaller than the one in place

A spare inner cannula

Securing tapes

Ties

Collar

Scissors

Dressings

Two sachets lubricating gel

Gloves (for suctioning)

A spare humidification device (e.g. HME / Tracheostomy stoma bib)

Inner tube cleaning sponge/brush

Care Booklet/Trachi-Pass

Consumables

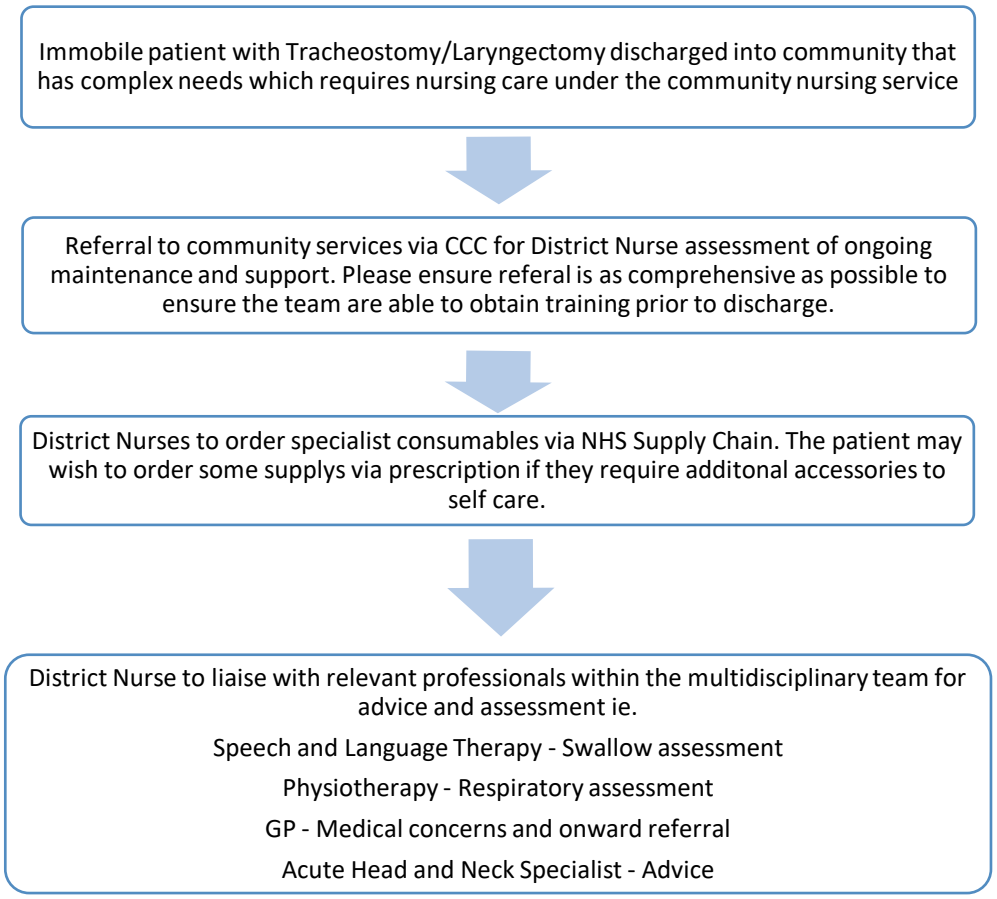
Some patients may require highly specialist pieces of equipment, the funding for which will need clarifying prior to discharge. Clear justification for the equipment and its long term requirement will need to be made to start the process so that discharge is not delayed. Some items are available on prescription - a list can be found on the following page.

The provision of consumables is important in influencing the health and well-being of the patient. Clarifying who is expected to directly purchase and be responsible for these items is essential. Ensuring the patient has clinical oversight is also an important part of their care/treatment.

The sourcing and funding of equipment and consumables can impact on patient care and cause delays in discharge. This can be reduced by having a clear agreement with the appropriate funding authority (ICB's, CHC, IFR or GP) as to funding responsibility **prior** to the acceptance of a patient into the community.

Please be advised in ALL cases the patient should be provided with a minimum of two weeks' worth of equipment, and the provision of specialist consumables must be agreed prior to discharge from hospital. The GP must be contacted and they will be required to authorise repeat prescriptions in the future, in line with guidelines.

Pathway for patients being seen by the district nurses ONLY



Equipment and consumables: Summary for ordering

Item/ Equipment	Funding agency	Comment
Portable suction unit with internal battery	CHC / IFR / Hospital/Community	*Most acute hospitals supply this equipment
Portable nebulizer machine	CHC / IFR / Hospital/Community	*Some acute hospitals supply this equipment
Cuff pressure manometer	CHC / Community / Hospital	– preventing the risk of aspiration
Consumables	**Funding agency**	**Comment**
Tracheostomy safety box and contents	Acute Trust	Replenishment of contents is the responsibility of the new provider
Tracheostomy tubes	NHS funded	Hospital/ NHS Supply Chain etc.
Inner tubes	NHS funded	Hospital/ NHS Supply Chain etc.
Suction catheters	NHS funded	Hospital/ NHS Supply Chain etc.
Suction tubing	NHS funded	Hospital/ NHS Supply Chain etc.
Yankeur suction tubing	NHS funded	Hospital/ NHS Supply Chain etc.
Suction machine liners	NHS funded	Hospital/ NHS Supply Chain etc.
Bowel Irrigation units	NHS funded	NHS Supply Chain/ Prescription.
Suction machine liners	NHS funded	Hospital/ NHS Supply Chain etc.
Specialist collars for tracheostomy patients.	NHS funded	Some are only available via NHS Supply Chain
Tracheostomy masks	NHS funded	Hospital/ NHS Supply Chain etc.
Nebulizer reservoir and tubing	NHS funded	Hospital/ NHS Supply Chain etc.
Non latex gloves	GP prescription	Prescription if patient self-cares.
Face masks	NHS funded	Hospital/ NHS Supply Chain etc.
Goggles	NHS funded	Hospital/ NHS Supply Chain etc.
10ml syringes	NHS funded	Hospital/ NHS Supply Chain/GP prescription
Speaking valve	NHS funded	Hospital/ NHS Supply Chain etc.
Saline for nebulization	GP prescription	As Per Formulary or Specialist Clinic/consultant
Barrier spray/solution	GP prescription	As Per Formulary or Specialist Clinic/consultant
Shower protector	GP prescription	As Per Formulary or Specialist Clinic/consultant
Inner cannula cleaning swabs	GP prescription	As Per Formulary or Specialist Clinic/consultant
Tracheostomy standard collars	GP prescription	As Per Formulary or Specialist Clinic/consultant
Tracheostomy dressings	GP prescription	As Per Formulary or Specialist Clinic/consultant
Heat moisture exchangers	GP prescription	As Per Formulary or Specialist Clinic/consultant
Humidification bibs	GP prescription	As Per Formulary or Specialist Clinic/consultant