

Levels of nursing care and supervision for Trachy patients in rehabilitation and long term care settings

Background

Specialist (Levels 1 and 2) rehabilitation services and specialist nursing homes cater for a wide range of patients with complex neurological disability, including patients on the following pathways:

- Hyper-acute rehabilitation recently out of ITU or HDU care
- Restorative rehabilitation for patients recovering from catastrophic brain injury and other complex neurological illness/injury
- Disability management and neuro-palliative in preparation for discharge to long term nursing home care
- End of life care for dying patients with complex neurological disability, including elective withdrawal of clinically assisted nutrition and hydration following the relevant approvals from the Court of Protection.

These services are taking an ever-increasing number of patients who have either temporary or long-term tracheostomy. Tracheostomy nursing care needs to be provided at an appropriate level and in the context of their other needs. This paper sets out the principles for their care and supervision.

Issues

- Patients' needs are constantly changing and need to be individually assessed on a regular basis to provide optimal levels of nursing care.
- Tracheostomy management is just one aspect of their care that determines the level of nursing inputs required.
- Equipment such as Oxygen Sats monitors may or may not be helpful in this group. Many patients are restless and constantly moving, or prone to excessive sweating to autonomic 'storming' which may make it difficult to keep the monitors on reliably leading to frequent false alarms.
- The increasing numbers of tracheostomy patients coming through to these services means that these patients sometimes need to be managed in areas that were previously designated as lower dependency beds.
- The increasingly stringent requirements for infection control mean that patients may sometimes need to be nursed in isolation in a single room for periods of their stay, which may impact of their needs for nursing care and supervision.
- Balanced against the ever-changing needs of the ward caseload are the practical issues of recruiting and retaining a sufficient number of trachy-trained nursing staff. As with all services, there are times when the nursing numbers are unexpectedly low and the nursing staff need to be deployed as best as possible to manage the needs of all patients.

It is not possible to draw up a single policy on tracheostomy care and supervision requirements because patients' needs vary so widely. Although many Trusts have policies in place for the care of patients with tracheostomies, these tend largely focused on the needs of patients with acute temporary tracheostomy, and are not always appropriate to rehabilitation and long term care settings.

In rehabilitation our principal aim is to restore normality so far as possible, and to engage patients in activities that are meaningful to them. In long-term care settings the priorities for intervention shift from preserving life expectancy to maximising the quality of life for the time remaining to the patient. In both of these situations it is appropriate to explore activities such as trips out in the community, where the patient may not have instant access to full tracheostomy care.

As in all other aspects of care, it is appropriate to make a risk assessment based on the balance of benefits and harms, including the likelihood and seriousness of the risks involved for that particular patient.

As the patient approaches discharge in a rehabilitation setting it is appropriate to mimic the levels of care they will receive in the community, to evaluate the safety and appropriateness of the proposed care package.

Levels of Tracheostomy support

The following 5 broad levels of nursing support for tracheostomy may be required at different times during the patient's admission to the RHRU:

Grade	Description of condition	Nursing requirement
A	Unstable airway requiring very frequent trachy intervention (eg ½ -1 hourly) with frequent periods of de-saturation and/or mucous plugging	1:1 nursing care from a trachy trained nurse
B	Complex tracheostomy requiring frequent trachy intervention (eg 1-2 hourly) including regular deep suction. Trachy needs may be unpredictable.	Cohort nursing in 4 bed bay, usually in a bay with 1-2 trachy-trained nurses constantly in the vicinity. If such patients are managed in a single room they may require 1:1 nursing
C	Standard trachy requiring intervention usually every 2-4 hours	Usually cohort nursing. If managed in a single room need checking at least hourly, and Oxygen Sats monitor on when left alone, if saturations are unstable.
D	Simple stable trachy requiring occasional intervention only - eg suction or change of inner tube just 1-2 times a day	May be managed in a lower dependency area of the unit with or without an Oxygen Sats monitor at times when there is no nurse within the immediate vicinity, depending on individual requirements and level of risk
E	Ceiling of care (including planned end-of-life care) mean that trachy interventions may be limited as part of an overall planned withdrawal of interventions to allow a dignified death	Patients are usually managed in a single room. They are likely to have high levels of nursing intervention for their other requirements (ie symptom control and palliative care) but the tracheostomy itself is not the priority for nursing management

Recommendations for good practice:

The CRG for Specialised Rehabilitation recognises that, due to constraints in funding and staff availability, the following recommendations are aspiration at the current time. However they represent good practice that providers and commissioners should work towards.

1	The level of care and supervision provided should take account of the above requirements, but also patients' other needs to support and supervision
2	Patients should have their level of tracheostomy care requirement documented on a regular basis, including recording of tracheostomy grade according to the above requirements
3	If the stated level of care cannot be offered, the reasons for this should be documented and steps in place to remedy the situation or to minimise risk should be recorded.
4	In the event that external requirements (eg infection control measures) are placing the patient at risk in terms of the level of nursing supervision than can be provided, the issue should be brought to the attention of the management team through the appropriate mechanism – eg Datix reporting.

Tracheostomy Care monitoring sheet

PATIENT IDENTIFICATION				
Name:		Hospital No:		Date of assessment:/...../.....
Tracheostomy details <input type="checkbox"/> Simple <input type="checkbox"/> Complex				
Type of tracheostomy	<input type="checkbox"/> Cuffed <input type="checkbox"/> Un-cuffed	<input type="checkbox"/> Fenestrated <input type="checkbox"/> Non-fenestrated	Size:	Make:
Status	<input type="checkbox"/> Permanent <input type="checkbox"/> Static <input type="checkbox"/> Active weaning	Details of weaning programme:		
Intervention	Check frequency	<input type="checkbox"/> < ½ hr <input type="checkbox"/> ½-1 hr <input type="checkbox"/> 1-2 hr <input type="checkbox"/> 2-4 hrs <input type="checkbox"/> >4 hrs		
	Suction frequency	Superficial suction Deep suction		
Assisted ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type and details:		
Endoscopy findings	Granulation tissue: Stenosis Vocal chords	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Open <input type="checkbox"/> Closed	Details:	
Rehabilitation Complexity Scale: Care Nursing and Medical scales				
RCS-E v 13	C: /4 N: /4 M: /4			
OR RCS-SNH	C: /3 N: /3 M: /3			
Northwick Park Dependency scale item scores:				
Trache management	0 1 3 5			
Safety awareness	0 1 2 3 Able to summon help: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Grade	Description of condition	Nursing requirement	Delivered	
A	Unstable airway very frequent trachy intervention +/- de-saturation / mucous plugging	<input type="checkbox"/> 1:1 nursing care <input type="checkbox"/> Cohort nursing 1:2 <input type="checkbox"/> Trachy-trained nurse	<input type="checkbox"/> Yes <input type="checkbox"/> No If not why not:	
B	Complex tracheostomy frequent trachy intervention including regular deep suction. Trachy needs may be unpredictable.	<input type="checkbox"/> Cohort nursing in 4 bed bay with trachy-trained nurse in vicinity <input type="checkbox"/> Single bay with 1:1 nurse / HCA <input type="checkbox"/> Single bay + frequent checks	<input type="checkbox"/> Yes <input type="checkbox"/> No If not why not:	
C	Standard trachy requiring intervention usually every 2-4 hours	<input type="checkbox"/> Cohort nursing in 4 bed bay <input type="checkbox"/> Single bay + frequent checks <input type="checkbox"/> O ₂ Saturation monitor	<input type="checkbox"/> Yes <input type="checkbox"/> No If not why not:	
D	Simple stable trachy requiring occasional intervention only	<input type="checkbox"/> Check frequency: <input type="checkbox"/> O ₂ Saturation monitor if alone	<input type="checkbox"/> Yes <input type="checkbox"/> No If not why not:	
E	Ceiling of care	<input type="checkbox"/> Check frequency:	<input type="checkbox"/> Yes <input type="checkbox"/> No If not why not	
Action required:				

Scoring details for RCS and NPDS items

Care nursing and medical needs may be recorded using with the RCSE version 13 (in rehabilitation settings) or the RCS SNH (in nursing home or slow-stream rehabilitation settings)

Rehabilitation Complexity Scale		
RCSE-13		RCS-SNH
BASIC CARE AND SUPPORT NEEDS		
C 0	Largely independent in basic care activities	C 0
C 1	Requires help from 1 person for most basic care needs	C 1
C 2	Requires help from 2 people for most basic care needs	C 2
C 3	Requires help from ≥3 people for basic care needs	C 3
C 4	Requires constant 1:1 supervision – for safety or behavioural management	
SKILLED NURSING NEEDS		
N 3	Requires specialist nursing care (e.g. for tracheostomy, behavioural management etc)	N 3
N 4	Requires high dependency specialist nursing (eg medically unstable, very frequent monitoring/ intervention by a qualified nurse – at least hourly)	
MEDICAL NEEDS		
M 0	No active medical intervention (Could be managed by GP on basis of occasional visits)	M 0
M 1	Basic investigation / monitoring / treatment (Requiring non-acute hospital care)	M 1
M 2	Specialist medical intervention for diagnosis or management	M 2
M 3	Potentially unstable medical /psychiatric condition	M 3
M 4	Acute medical / surgical problem - Requiring emergency out-of hours intervention	

Northwick Park Dependency Scale	
TRACHEOSTOMY MANAGEMENT	
0	No tracheostomy in situ / or self management
1	Maintenance tracheostomy intervention e.g changing inner tube, minimal suction <2 day
2	Active tracheostomy intervention e.g weaning, frequent suction 2-6 times a day
3	Maximal tracheostomy intervention e.g suction >6/ day or 2 people or v close monitoring
SAFETY AWARENESS	
0	Fully orientated, aware of personal safety
1	Safe to be left for more than 2 hrs + could summon help in emergency
2	Could not be left for 2 hrs + could not summon help in an emergency
3	Requires at least hourly checks or constant supervision