

TRACHEOSTOMY TRAINING PROGRAMME FOR CARERS

PLANNED DATE OF DISCHARGE: ____ / ____ / ____

RELATIVE/CARER: _____

DESTINATION: _____

ASPECT OF CARE	DEMONSTRATED TO PATIENT	DEMONSTRATED TO CARER	PATIENT PERFORMED WITH SUPERIVISON	CARER PERFORMED WITH SUPERVISION	PATIENT COMPETENT	CARER COMPETENT
REMOVE/CLEAN/REPLACE INNER CANNULA						
STOMA CARE						
STOMA DRESSING						
TAPE CHANGES						
WHEN /HOW TO HUMIDIFIY						
WHEN/HOW TO SUCTION						
DISPOSAL OF SUCTION AND CLINICAL WASTE						
WHEN /HOW TO CHANGE TUBE						
CUFF PRESSURE CHECKS						

