NDIS LWB 5651 HIDPA Tracheostomy Support - Protocol

- This Tracheostomy Support Protocol must be developed with the person we support and their Health Practitioner.
- The Tracheostomy Support Protocol must be overseen by the Health Practitioner.
- **Staff members must be appropriately trained to administer or dispense medication and undertake any Tracheostomy Support Procedures.**
- This Tracheostomy Support Protocol should be read in conjunction with the relevant policies and procedures.

Personal Details *(to be completed by staff & person we support)*			
Name:		**CIRTS ID:**	
Date of Protocol:		**Review Date:**	

My Support includes (tick all that apply) and who undertakes this:				
Procedure	**Me**	**LWB DSW**	**Health Professional**	**Other**
☐ Changing HME	☐	☐	☐	
☐ Stoma Care	☐	☐	☐	
☐ Changing ties	☐	☐	☐	
☐ Ventilator (see separate procedure)	☐	☐	☐	
☐ Oral suctioning (see separate procedure)	☐	☐	☐	
☐ Tracheostomy suctioning	☐	☐	☐	
☐ Changing inner cannula	☐	☐	☐	
☐ Changing tracheostomy tube	☐	☐	☐	
☐ Checking cuff pressure	☐	☐	☐	
☐ Oxygen	☐	☐	☐	

My Preferences *(Completed by the person we support or their Support Network)*		
I like my tracheostomy tube to be changed	every	.
I like the HME to be changed	every	.
I need to have my tracheostomy suctioned	every	.
I like the inner cannula to be changed	.	
My communication needs are captured in my: ☐ NDIS LWB 5001 Client Profile ☐ Communication Profile ☐ Other:		

My Equipment *(Completed by the person we support or their Support Network)*

- Refer to Tracheostomy Procedure for tracheostomy and suctioning equipment
- Refer to Ventilator Procedure for ventilator equipment (where applicable)

Item	Description	Who orders this	How often	Where
Tracheostomy tube	Make: Size:			
	☐ Cuffed ☐ Non-cuffed ☐ Inner cannula ☐ Fenestrated			
HME	Make:			
Suction Management ***Refer to the NDIS LWB 5625a Oral Suctioning Recording Chart**	☐ *Oral suction ☐ Tracheostomy suction			
	☐ Yankeaur Sucker ☐ Open Y catheter ☐ Closed unit			
Other				

Person specific support requirements *(To be completed prior to completion/approval by the AQHP)*
Record any information specific to the person's support needs in relation to this protocol.

Details about any specific changes or preferences staff must know in order to support the person with this procedure: *(This section must be completed by the Health Professional)*
☐ Not Applicable, the person's supports do not require any modification.
☐ Modifications are required as follows:

In the event of an emergency, please contact 000 plus *(Completed by Person)*:			
Name:		**Contact Number:**	
Relationship:			
Name:		**Contact Number:**	
Relationship:			

Protocol developed by: *(completed by Health Professional(s))*			
Name:		**Profession:**	
Contact details:		**Date:**	
Name:		**Profession:**	
Contact details:		**Date:**	

Review of protocol *(completed by Health Professional)*		
☐ **Set review:**	**Date:**	
Signature:		
☐ **As needed review:** This protocol will be reviewed following • a problem being identified while following this protocol • a new risk being identified • advice from the person's GP/ Allied Health Professional		

Consent and Authorisation

I consent to the support requirements as detailed in this Protocol to be implemented in order to assist in the management of my health supports or receive general emergency response as required. If I am unable to give consent, LWB will seek consent from my guardian/person responsible.			
Name	**Relationship**	**Signature**	**Date**
	Self		
	Guardian / Person Responsible		
	LWB Line Manager		

Staff Declaration

All staff who work with this person to sign along with AQHP conducting Skills Assessment					
I have read and understood this Protocol and have received training relevant to the person's support needs and I agree to implement the attached protocol.					
Staff Name	Signature	Date	AQHP Name	Signature	Date

Upload to CIRTS as follows:
Plans & Assessments > New Plan > Service Type = the service providing the HIDPA > Plan name – [select from drop down] Tracheostomy Management Protocol > relevant dates > Add New Attachment > SURNAME, First Name. YYYY.MM.DD