St Ann's Hospice

Tracheostomy/Laryngectomy Pre-Admission Referral Form

The appropriate sections of the referral form MUST be completed with as much information about the patient's tracheostomy/laryngectomy for admission to St Ann's Hospice to be considered.

Section 1: Please complete if the patient has a Tracheostomy

Tracheostomy formation:

1. Reason for insertion *(e.g. laryngeal cancer, tracheal compression from neck nodes, aspiration)*

.....

.....

2. Date of insertion: ..... / ..... /..... *(must be at least two weeks before hospice admission)*

a. Where inserted? ..... b. By Whom? .....

3. Any problems since insertion? Yes / No

If yes, what were the problem(s):

.....

.....

4. Has hospital admission been required due to the problem(s) since insertion? Yes / No

Dates: ..... Which Hospital(s): .....

Current Tracheostomy Tube:

1. Tube type: standard / fenestrated / adjustable flange

2. Tube size: (normally 6.5 – 9)

3. Inner tube present?	Yes ☐	No ☐	*(if no, please speak to the hospice)*
4. Cuffed tube:	Yes ☐	No ☐	
Is cuff ever inflated?	Yes ☐	No ☐	Reason for inflation?
Is artificial ventilation being used?	Yes ☐	No ☐	*(If yes, please speak to the hospice)*
5. Speaking valve used	Yes ☐	No ☐	continuously / intermittently.

Contact person for difficulties with tracheostomy:

ENT specialist consultant: ..... Contact details: .....

Specialist Nurse: ..... Contact details: .....

Please insert any additional information required

Section 2: Please complete if the patient has a Laryngectomy

Laryngectomy formation:

1. Reason for insertion *e.g. laryngeal cancer*

.....

.....

2. Date of operation: ..... / ..... /..... *(must be at least two weeks before hospice admission)*

a. Where? ..... b. By Whom? .....

3. Any complications since the operation? *e.g. bleeding, blocking, laryngeal dislodgement, fistula, stoma stenosis* Yes / No

If yes, please state the problem(s):

.....

.....

4. Has hospital admission been required due to the problem(s) since the operation? Yes / No

Dates: ..... Which Hospital(s): .....

5. Do they have a use a Laryngectomy tube? Yes / No

If yes, please state the reason(s) for the tube to be in place: i.e. attachment of external equipment

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6. Does the patient have a TEP (Tracheoesophageal puncture) speaking valve? Yes / No

7. If the patient does not have a TEP speaking valve, how do they communicate?

.....

Contact person for difficulties with laryngectomy:

ENT specialist consultant: ..... Contact details: .....

Specialist Nurse: ..... Contact details: .....

Please insert any additional information required

Transfer to hospice checklist:

- The hospice cannot accept the following patients:
  - Those with tracheostomies/laryngectomies less than two weeks old.
  - Those who require ventilatory support (CPAP / BiPAP) via their tracheostomy.
  - Those who have tracheostomies without an inner tube or an adjustable flange.
- The patient/family need to be made aware that the hospice can offer only basic tracheostomy/laryngectomy care.
- The patient must bring the following equipment with them:
  - Tracheostomy with an inner tube plus a spare replacement inner tube.
  - Replacement tubes including 1 x same size and 1 x size smaller, replacement inner tubes.
  - Any other equipment including dressings / fixings, any speaking valves & humidification devices.
- Patient will require a nurse escort if being transferred from hospital / care facility.

By completing and signing this form, you are stating that you have read the checklist above, accepted the responsibility for the knowledge of what equipment we need and responsibility for informing patient.

Name: .....

Role: .....

Contact details: .....

Date completed: ..... Date sent to St Ann's Hospice: .....