



Tracheostomy Discharge Planning Checklist - Adult



Initiate when a patient is identified as going home with a tracheostomy:

Item	Details	Date/Time & Initials	Comments
Referral to Community Respiratory Services (CRS)	Meditech OE Category: PHC Procedure: CRSREF Procedure Name: Community Respiratory Services		
Referral to Social Work for Equipment Funding	Provide list of medical equipment and cost list for tracheostomy supplies (WebFI Form ID: RTXX107331; Printshop #263484)		
Identify Support Person for Home Tracheostomy Care and Pick up of supplies	Support Person: _____		
Patient/Family Teaching	Complete " Education Checklist " as per Home Tracheostomy Care Book (PS# 262730)		
Confirm Outpatient Trach Changes / Follow-Up	RT/PCC to arrange with ENT/Respirology if high risk or Outpatient tracheostomy clinic if low risk and confirm dates with patient		
Notify CRS Upon Confirmed Discharge Date	CRS Phone Number: 604-514-6106		
Discharge Home with 1 Weeks' Worth of Supplies (RT to Provide)	<input type="checkbox"/> 2 Bottles of Normal Saline (500 mL) <input type="checkbox"/> 1 Bottle of Hydrogen Peroxide (if available) <input type="checkbox"/> 2 Tracheostomy Care Kits <input type="checkbox"/> 28 Cotton Tip Applicators <input type="checkbox"/> 10 2x2 gauze <input type="checkbox"/> 2 Tracheostomy Ties <input type="checkbox"/> 14 Tracheostomy Topper Dressing <input type="checkbox"/> 10 Addi-Pak (Pink) Normal Saline (5 mL) <input type="checkbox"/> 5 Suction Catheters (if needed) <input type="checkbox"/> Emergency kit (Trach tube same size and one size smaller, lubricant, trach ties, Addi-Pak normal saline, Trach care kit)		
Verify Purchased Supplies are in the home	Confirm with Family/Caregivers		