

# Altered Airways (Tracheostomy and Laryngectomy) Information Form



Please complete all appropriate sections and return to the hospice alongside the patient's referral

## Patient Information

Name:.....  
 DOB:.....  
 Address:.....  
 .....  
 NHS:.....

## Current location of patient:

Contact detail (name and number) of:  
 ENT specialist nurse:.....  
 ENT consultant:.....

Referring healthcare professionals need to be aware of the following:

The hospice inpatient unit will not be able to accept the following patients:

- An altered airway that is less than 2 weeks old
- Those receiving ventilatory support via their tracheostomy (ie CPAP, BiPAP)
- Those without an inner tube in place

The hospice inpatient and outpatient setting is not an acute medical service and patients and family are to be aware we provide basic care as a community setting. For those in the outpatient setting, responsibility and care of the airway during this appointment needs to be considered beforehand and communicated accordingly.

Tracheostomy information	Laryngectomy information
<p><b>Insertion details</b></p> <ul style="list-style-type: none"> <li>• Reason for insertion.....</li> <li>• Date of insertion.....</li> </ul>	<p><b>Formation details</b></p> <ul style="list-style-type: none"> <li>• Reason for formation.....</li> <li>• Date of formation.....</li> </ul>
<p><b>Problems post insertion</b></p> <ul style="list-style-type: none"> <li>• Mucus plugging/secretions YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>• Suction required? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>• Frequency and depth of suction? .....</li> <li>• Bleeding YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>• Dislodged YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>• Tumour growth YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>• Any hospital admissions for airway issues? .....</li> </ul>	<p><b>Problems post formation</b></p> <ul style="list-style-type: none"> <li>• Mucus plugging/secretions YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>• Suction required? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>• Frequency and depth of suction? .....</li> <li>• Bleeding YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>• Dislodged YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>• Tumour growth YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>• Any hospital admissions for airway issues? .....</li> </ul>
<p><b>Current tracheostomy information</b></p> <ul style="list-style-type: none"> <li>• Tube Type and Brand:</li> <li>• Size:</li> <li>• Inner tube present?</li> <li>• If cuffed:                             <ul style="list-style-type: none"> <li>• Is it inflated? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>• Is artificial ventilation used? YES <input type="checkbox"/> NO <input type="checkbox"/></li> </ul> </li> <li>• Is it fenestrated? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>• Do they use a speaking valve? YES <input type="checkbox"/> NO <input type="checkbox"/></li> </ul>	<p><b>Current laryngectomy information</b></p> <ul style="list-style-type: none"> <li>• Do they use a laryngectomy tube? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>• Do they use a speaking valve? YES <input type="checkbox"/> NO <input type="checkbox"/></li> </ul>

**Please note:** If copy and pasting information, please ensure text fits in the boxes provided. Additional space is provided on **page 3** for any more information.

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Are there any communication issues?

Additional information

All tracheostomy patients must bring into the hospice:

- Current tube in situ with inner tube and a spare inner tube
- Replacement tube x1 same size, x1 size smaller and replacement inner tubes for both
- All other equipment: dressings, speaking valves, humidification devices

This will be required on transfer from acute trusts and **MUST** come with the patient. Patients at home are advised to bring all their tracheostomy equipment in to the hospice with them.

Referrers Details:

Name:.....

Role:.....

Contact Details:.....

Date completed:.....

Please return this form to the relevant Moya Cole Hospice site, using the following details:

Heald Green:  
2 Hardy Field Lane, Heald Green,  
Cheadle, SK8 3SZ  
Phone: 0161 498 3608  
Email: [nehgm.moyacolereferrals@nhs.net](mailto:nehgm.moyacolereferrals@nhs.net)

Little Hulton:  
Meadowsweet Lane, Off Peel Lane, Little Hulton,  
Worsley, M28 0FE  
Phone: 0161 702 5408  
Email: [nehgm.moyacolereferrals@nhs.net](mailto:nehgm.moyacolereferrals@nhs.net)

For information about how Moya Cole Hospice processes personal information, see our privacy notice here:  
[www.moyacole.org.uk/privacy-policy](http://www.moyacole.org.uk/privacy-policy)

## Additional Information