National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

TRACHEOSTOMY CARE STUDY

CRITICAL CARE DISCHARGE/DECANNULATION QUESTIONNAIRE

CONFIDENTIAL

Hospital number: ________________________  NHS number: ________________________

Who completed this questionnaire?

Name: ________________________________  Position: ______________________________

Hospital: ______________________________  Trust: ______________________________

To be completed on all patients who are admitted to critical care (those who have their tracheostomy placed percutaneously or surgically on the critical care unit and those admitted to critical care following a surgical tracheostomy insertion) at the time of tracheostomy REMOVAL, DEATH or DISCHARGE from the unit

What is this study about?

NCEPOD is examining remediable factors in the process of care of ADULT patients (16 years or older) who undergo the insertion of a tracheostomy.

Data is being collected over a 4 month period from all sites where the insertion of a tracheostomy is undertaken across England, Wales, Northern Ireland, Jersey, Guernsey and the Isle of Man, from both the public and the independent sector (where applicable). Both surgical and percutaneous insertions undertaken on either an emergency or elective basis will be included in the data collection.

How to complete the form:

Information will be collected using two methods; box cross and free text, where your opinion will be requested.

This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either block capitals or a bold cross inside the boxes provided e.g.

Was this a standalone tracheostomy procedure?

☒ Yes  ☐ No

If you make a mistake, please “black-out” the incorrect box and re-enter the correct information, e.g.

☒ Yes  ☐ No

Unless indicated, please mark only one box per question.

Questions or help?

A list of definitions is provided on page 2 of the questionnaire.

If you have any queries about this study or this questionnaire, please contact

tracheostomy@ncepod.org.uk

Or telephone: 020 7251 9060

Thank you for taking the time to complete this questionnaire. The findings of the study will be published in 2014.
### DEFINITIONS

<table>
<thead>
<tr>
<th>Elective procedure/operation</th>
<th>A procedure or operation that is planned or booked in advance of routine admission to hospital.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levels of ward care</td>
<td>Level 0: Patients whose needs can be met through normal ward care in an acute hospital.</td>
</tr>
<tr>
<td></td>
<td>Level 1: Patients at risk of their condition deteriorating, or those recently relocated from higher</td>
</tr>
<tr>
<td></td>
<td>levels of care whose needs can be met on an acute ward with additional advice and support from</td>
</tr>
<tr>
<td></td>
<td>the critical care team.</td>
</tr>
<tr>
<td></td>
<td>Level 2: (e.g. HDU) Patients requiring more detailed observation or intervention including support</td>
</tr>
<tr>
<td></td>
<td>for a single failing organ system or post operative care, and those stepping down from higher</td>
</tr>
<tr>
<td></td>
<td>levels of care. (NB: When Basic Respiratory and Basic Cardiovascular support are provided at the</td>
</tr>
<tr>
<td></td>
<td>same time during the same critical care spell and no other organ support is required, the care</td>
</tr>
<tr>
<td></td>
<td>is considered to be Level 2 care).</td>
</tr>
<tr>
<td></td>
<td>Level 3: (e.g. ICU) Patients requiring advanced respiratory support alone or basic respiratory</td>
</tr>
<tr>
<td></td>
<td>support together with support of at least two organs. This level includes all complex patients</td>
</tr>
<tr>
<td></td>
<td>requiring support for multi-organ failure. (NB: Basic Respiratory and Basic Cardiovascular do</td>
</tr>
<tr>
<td></td>
<td>not count as 2 organs if they occur simultaneously (see above under Level 2 care), but will</td>
</tr>
<tr>
<td></td>
<td>count as Level 3 if another organ is supported at the same time).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Critical care</th>
<th>Level 2 and 3 care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed head signs</td>
<td>A sign available at the patient’s bed space which allows the quick and easy</td>
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</tbody>
</table>

### CODES FOR SPECIALTY

#### SURGICAL SPECIALTIES

<table>
<thead>
<tr>
<th>Code</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>General Surgery</td>
</tr>
<tr>
<td>101</td>
<td>Urology</td>
</tr>
<tr>
<td>102</td>
<td>Staff grade/Associate specialist</td>
</tr>
<tr>
<td>103</td>
<td>Breast Surgery</td>
</tr>
<tr>
<td>104</td>
<td>Colorectal Surgery</td>
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<tr>
<td>105</td>
<td>Hepatobiliary &amp; Pancreatic Surgery</td>
</tr>
<tr>
<td>106</td>
<td>Upper Gastrointestinal Surgery</td>
</tr>
<tr>
<td>107</td>
<td>Vascular Surgery</td>
</tr>
<tr>
<td>110</td>
<td>Trauma &amp; Orthopaedics</td>
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<tr>
<td>120</td>
<td>Ear, Nose &amp; Throat (ENT)</td>
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<tr>
<td>130</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>140</td>
<td>Oral Surgery</td>
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<tr>
<td>145</td>
<td>Maxillo-Facial Surgery</td>
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<tr>
<td>150</td>
<td>Neurosurgery</td>
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<tr>
<td>160</td>
<td>Plastic Surgery</td>
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<tr>
<td>161</td>
<td>Burns Care</td>
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<tr>
<td>170</td>
<td>Cardiothoracic Surgery</td>
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<tr>
<td>172</td>
<td>Cardiac Surgery</td>
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<tr>
<td>173</td>
<td>Thoracic Surgery</td>
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<tr>
<td>180</td>
<td>Accident &amp; Emergency</td>
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<td>190</td>
<td>Anaesthetics</td>
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<tr>
<td>192</td>
<td>Critical/Intensive Care</td>
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<tr>
<td>193</td>
<td>Medicine</td>
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#### MEDICAL SPECIALTIES

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<td>300</td>
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<td>301</td>
<td>Gastroenterology</td>
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<tr>
<td>302</td>
<td>Endocrinology</td>
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<tr>
<td>303</td>
<td>Clinical Haematology</td>
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<td>306</td>
<td>Haematology</td>
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<tr>
<td>307</td>
<td>Diabetic Medicine</td>
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<td>314</td>
<td>Rehabilitation</td>
</tr>
<tr>
<td>315</td>
<td>Palliative Medicine</td>
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<tr>
<td>320</td>
<td>Cardiology</td>
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<tr>
<td>330</td>
<td>Dermatology</td>
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<tr>
<td>340</td>
<td>Respiratory Medicine</td>
</tr>
<tr>
<td>350</td>
<td>Infectious Diseases</td>
</tr>
<tr>
<td>352</td>
<td>Tropical Medicine</td>
</tr>
<tr>
<td>360</td>
<td>Genito-Urinary Medicine</td>
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<td>361</td>
<td>Nephrology</td>
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<td>370</td>
<td>Medical Oncology</td>
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<td>400</td>
<td>Neurology</td>
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<td>410</td>
<td>Rheumatology</td>
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<tr>
<td>430</td>
<td>Geriatric Medicine</td>
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<tr>
<td>500</td>
<td>Obstetrics &amp; Gynaecology</td>
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<tr>
<td>501</td>
<td>Obstetrics</td>
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<tr>
<td>502</td>
<td>Gynaecology</td>
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<tr>
<td>510</td>
<td>Haematology</td>
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<tr>
<td>520</td>
<td>Clinical Oncology</td>
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<td>810</td>
<td>Radiology</td>
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<td>820</td>
<td>General Pathology</td>
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<td>823</td>
<td>Haematology</td>
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### CODES FOR GRADE

<table>
<thead>
<tr>
<th>Code</th>
<th>Grade</th>
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</thead>
<tbody>
<tr>
<td>01</td>
<td>Consultant</td>
</tr>
<tr>
<td>02</td>
<td>Staff grade/Associate specialist</td>
</tr>
<tr>
<td>03</td>
<td>Trainee with CCT</td>
</tr>
<tr>
<td>04</td>
<td>Senior specialist trainee (ST3+ or equivalent)</td>
</tr>
<tr>
<td>05</td>
<td>Junior specialist trainee (ST1&amp;ST2 or CT equivalent)</td>
</tr>
<tr>
<td>06</td>
<td>Basic grade (HO/FY1 or SHO/FY2 or equivalent)</td>
</tr>
<tr>
<td>07</td>
<td>Nursing</td>
</tr>
<tr>
<td>08</td>
<td>Physiotherapy</td>
</tr>
<tr>
<td>09</td>
<td>Other</td>
</tr>
</tbody>
</table>
Please provide a brief summary of this case, adding any comments or information you feel relevant, (please write clearly for the benefit of the specialist advisory group who will be reviewing the questionnaires). You may also type on a separate sheet. You may like to fill in the summary once you have completed the rest of the questionnaire.

NCEPOD attaches great importance to this summary. Please give as much information as possible about the care of this patient.
A. PATIENT DETAILS

1. Age at the time of insertion: ________

2. Sex: □ Male □ Female

3a. Date of hospital tracheostomy insertion: ________ ________ ________ ________ ________
    d  d  m  m  y  y  y  y  Unknown

3b. Time of tracheostomy insertion: ________ ________ (24 hour clock)    Unknown
    h  h  m  m

4. Reason for questionnaire completion:
   □ Decannulation
   □ Discharge out of the critical care with the tracheostomy in situ (please see definitions P2)
   □ Death

B. TRACHEOSTOMY TUBE CHANGES

5. Was a Trust or ward guideline for changing the tracheostomy tube followed for this patient?    □ Yes □ No □ Unknown

FIRST CHANGE

6a. Please specify the date of the first change: ________ ________ ________ ________ ________ ________ ________
    d  d  m  m  y  y  y  y  Unknown
    □ NA - Not changed

If NA, please go to question 15

6b. Time of first change: ________ ________ (24 hour clock)    Unknown
    h  h  m  m

7a. Was this:
    □ Planned    □ Unplanned    □ Unknown

7b. If UNPLANNED, what were the reasons for this?
   □ Tube blocked  □ Tube displaced
   □ Unknown  □ Other (Please specify)________

8. If PLANNED, how many trained/skilled members of staff were present for the tube change? ________ ________ Unknown
9a. What type of tracheostomy tube was used to replace? (Please answer all)

- [ ] Cuffed  
- [ ] Uncuffed  
- [ ] Unknown

- [ ] Non-fenestrated  
- [ ] Fenestrated  
- [ ] Unknown

- [ ] Inner tube  
- [ ] No inner tube  
- [ ] Unknown

- [ ] Subglottic aspiration port  
- [ ] No subglottic aspiration port  
- [ ] Unknown

- [ ] Standard length  
- [ ] Adjustable flange tube  
- [ ] Unknown

- [ ] Minitracheostomy  
- [ ] Other (please specify)

9b. Please give details as to why this tube was used:

[Blank]

9c. What size tracheostomy was used?

- [ ] 6  
- [ ] 7  
- [ ] 8  
- [ ] 9  
- [ ] Unknown

- [ ] Other

SECOND CHANGE

10a. Please specify the date of the second change:

- [ ] dd  
- [ ] mm  
- [ ] yy  
- [ ] yy  
- [ ] Unknown

- [ ] NA - Not changed

If NA, please go to question 15

10b. Time of second change:

- [ ] hh  
- [ ] mm  
- [ ] (24 hour clock)  
- [ ] Unknown

11a. Was this:

- [ ] Planned  
- [ ] Unplanned  
- [ ] Unknown

11b. If UNPLANNED, what were the reasons for this?

- [ ] Tube blocked  
- [ ] Tube displaced  
- [ ] Unknown  
- [ ] Other (Please specify)

12. If PLANNED, how many trained/skilled members of staff were present for the tube change?

- [ ] Unknown

13a. What type of tracheostomy tube was used to replace? (Please answer all)

- [ ] Cuffed  
- [ ] Uncuffed  
- [ ] Unknown

- [ ] Non-fenestrated  
- [ ] Fenestrated  
- [ ] Unknown

- [ ] Inner tube  
- [ ] No inner tube  
- [ ] Unknown

- [ ] Subglottic aspiration port  
- [ ] No subglottic aspiration port  
- [ ] Unknown

- [ ] Standard length  
- [ ] Adjustable flange tube  
- [ ] Unknown

- [ ] Minitracheostomy  
- [ ] Other (please specify)
13b. Please give details as to why this tube was used:

13c. What size tracheostomy was used?  
   - [ ] 6  
   - [ ] 7  
   - [ ] 8  
   - [ ] 9  
   - [ ] Unknown  
   - [ ] Other

14a. Were there more than two tracheostomy tube changes since insertion?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown

14b. If YES, how often thereafter was this patient's tracheostomy tube changed as a planned procedure?  
   - [ ] Weekly  
   - [ ] More than once weekly  
   - [ ] No fixed policy  
   - [ ] Other (Please specify)

C. HUMIDIFICATION

15. What was the predominant method used for this patient in critical care?  
   - [ ] Hot water humidification  
   - [ ] Cold water humidification  
   - [ ] Heat & moisture exchanger  
   - [ ] Stoma filter or bib  
   - [ ] None  
   - [ ] Other (Please specify)  
   - [ ] Unknown

D. CUFF PRESSURE MONITORING

16. Do you have the equipment to measure cuff pressure?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown

17a. Was cuff pressure monitored?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown  
   - [ ] Not applicable - equipment not available  
     Please go to question 17b

17b. Was the cuff continuously inflated?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown  
   - [ ] Not applicable - cuffed tube not used  
     Please go to question 21

17c. If NO, how often was the cuff deflated? (Please specify)

---

---
18a. Was a daily assessment made of the need for cuff deflation?  
☐ Yes  ☐ No  ☐ Unknown

18b. Was a daily assessment made on the outcome of deflation whilst a cuffed tube was in use?  
☐ Yes  ☐ No  ☐ Unknown

19. How often does the protocol/guideline (if present) suggest that cuff monitoring should be undertaken?  
☐ No protocol/guideline  ☐ Continuous monitoring  
☐ Once every shift  ☐ More than once a shift but not continuously  
☐ Unknown  ☐ Other (Please specify)

20. How often was cuff pressure monitored and recorded?  
☐ Continuous monitoring  ☐ Once every shift  
☐ More than once a shift but not continuously  ☐ Cuff pressure not monitored  
☐ Unknown  ☐ Other (Please specify)

E. INNER CANNULA CLEANING

21. Was an inner cannula used for this patient at any stage whilst on this ward?  
☐ Yes  ☐ No  ☐ Unknown

If NO, go to question 24

If YES:

22. How often does the protocol/guideline (if present) suggest that the inner cannula inspection and cleaning (if required) should be undertaken?  
☐ No protocol/guideline  ☐ Hourly  
☐ Two hourly  ☐ Four hourly  
☐ Eight hourly  ☐ Once every shift  
☐ Patient specific  ☐ Other (Please specify)  
☐ Unknown

23. How often is it documented that the inner cannula was inspected and cleaned (if required) for this patient?  
☐ Hourly  ☐ Two hourly  
☐ Four hourly  ☐ Eight hourly  
☐ Once every shift  ☐ Other (Please specify)  
☐ Unknown

F. COMMUNICATION

24a. Were attempts made to facilitate patient communication?  
☐ Yes  ☐ No  ☐ Unknown
24b. If YES, what methods were used to facilitate communication?

- [ ] Fenestrated tube
- [ ] Picture/alphabet chart
- [ ] Speaking valve
- [ ] Other (please specify)
- [ ] Other insufflation devices
- [ ] Pen/paper
- [ ] Other electronic device

24c. Was the use of a speaking valve considered?  
[ ] Yes  [ ] No  [ ] Unknown

24d. Please give further details:

25. Was advice sought from Speech & Language Therapy (SALT) regarding communication for this patient?  
[ ] Yes  [ ] No  [ ] Unknown

26a. Was the patient allowed to drink?  
[ ] Yes  [ ] No  [ ] Unknown  [ ] Not applicable

26b. IF YES to 26a, was this with cuff deflation?  
[ ] Yes  [ ] No  [ ] Unknown  [ ] Not applicable

26c. If YES to 26b, was this:

- [ ] Before Speech & Language Therapy assessment
- [ ] Other assessment (please specify)
- [ ] After Speech & Language Therapy assessment
- [ ] Unknown

26d. IF YES to 26a, was this with cuff inflation?  
[ ] Yes  [ ] No  [ ] Unknown  [ ] Not applicable

26e. If YES to 26d, was this:

- [ ] Before Speech & Language Therapy assessment
- [ ] Other (please specify)
- [ ] After Speech & Language Therapy assessment
- [ ] Unknown
G. COMPLICATIONS ON CRITICAL CARE

Did the patient have any of the following complications on critical care, and if so, please note the number of days post insertion that these occurred for the first time, whether they happened more than once, and how these complications were managed (answers may be multiple)

Please go to question 29

<table>
<thead>
<tr>
<th>Complication (significant enough amount to cause clinical concern or need an intervention)</th>
<th>If YES, number of days post insertion of the first occurrence:</th>
<th>Did this reoccur</th>
<th>How were these complications managed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Surgical emphysema</td>
<td>□ Yes □ No</td>
<td>□□ Days</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>b) Pneumomediastinum</td>
<td>□ Yes □ No</td>
<td>□□ Days</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>c) Pneumothorax</td>
<td>□ Yes □ No</td>
<td>□□ Days</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>d) Accidental decannulation/displacement</td>
<td>□ Yes □ No</td>
<td>□□ Days</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>e) Obstruction</td>
<td>□ Yes □ No</td>
<td>□□ Days</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>f) Bleeding - minor</td>
<td>□ Yes □ No</td>
<td>□□ Days</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>g) Bleeding - major</td>
<td>□ Yes □ No</td>
<td>□□ Days</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>h) Infection - local</td>
<td>□ Yes □ No</td>
<td>□□ Days</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>i) Infection - mediastinitis</td>
<td>□ Yes □ No</td>
<td>□□ Days</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>j) Infection - respiratory</td>
<td>□ Yes □ No</td>
<td>□□ Days</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>k) Aspiration</td>
<td>□ Yes □ No</td>
<td>□□ Days</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>l) Fistula formation - tracheoesophageal</td>
<td>□ Yes □ No</td>
<td>□□ Days</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>m) Fistula formation - trache-arterial</td>
<td>□ Yes □ No</td>
<td>□□ Days</td>
<td>□ Yes □ No</td>
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</table>
### 27. Continued...

<table>
<thead>
<tr>
<th>Complication (significant amount to cause clinical concern or need an intervention)</th>
<th>If YES, number of days post insertion of the first occurrence:</th>
<th>Did this reoccur</th>
<th>How were these complications managed? Please use the following codes and give further details where appropriate:</th>
</tr>
</thead>
</table>
| n) Tracheal damage - to tracheal ring/necrosis | □ Yes □ No □ Days | □ Yes □ No | A = Readmission to critical care  
B = Reventilation  
C = Antibiotics  
D = Emergency theatre attendance  
E = Other (please specify) |
| o) Dysphagia | □ Yes □ No □ Days | □ Yes □ No | |
| **Other (please specify) If multiple please list the most important** | | | |
| p) | □ Yes □ No □ Days | □ Yes □ No | |
| q) | □ Yes □ No □ Days | □ Yes □ No | |
| r) | □ Yes □ No □ Days | □ Yes □ No | |

### 28. If the patient experienced one of the following MAJOR complications, please give details of the most senior members of medical staff present during the first hour of their management.

<table>
<thead>
<tr>
<th>Complication</th>
<th>Grade (Please use codes P2)</th>
<th>Specialty (Please use codes P2)</th>
</tr>
</thead>
</table>
| a) Bleeding - major  
□ NA - did not experience complication | □ Grade □ Unknown □ Specialty □ Unknown | |
| | □ Grade □ Unknown □ Specialty □ Unknown | |
| | □ Grade □ Unknown □ Specialty □ Unknown | |
| | □ Grade □ Unknown □ Specialty □ Unknown | |
| | □ Grade □ Unknown □ Specialty □ Unknown | |
| b) Pneumothorax  
□ NA - did not experience complication | □ Grade □ Unknown □ Specialty □ Unknown | |
| | □ Grade □ Unknown □ Specialty □ Unknown | |
| | □ Grade □ Unknown □ Specialty □ Unknown | |
| | □ Grade □ Unknown □ Specialty □ Unknown | |
| | □ Grade □ Unknown □ Specialty □ Unknown | |
### Complications and Grades

<table>
<thead>
<tr>
<th>Complication</th>
<th>Grade</th>
<th>Specialty</th>
<th>Specialty</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>c) Accidental decannulation/displacement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NA - did not experience complication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Obstruction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NA - did not experience complication</td>
<td></td>
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</tr>
<tr>
<td>e)</td>
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<td>f)</td>
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<tr>
<td>g)</td>
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</tr>
</tbody>
</table>

**H. ADVERSE EVENTS RELATING TO THE TRACHEOSTOMY**

29a. Were there any periods of significant or prolonged clinical hypoxia (SaO2 <90% for >5 minutes) related to tracheostomy complications during the critical care period?  

29b. If YES, was this as a result of a tracheostomy related complication?
29c. If YES, please give details for each episode:


29d. If YES, what was the cause of the problem? (Please tick all that apply)

- [ ] Tube blockage
- [ ] Tube displacement
- [ ] Unknown
- [ ] Other (Please specify)

29e. What was the lowest recorded:

- [ ] SaO$_2$ %
- [ ] PaO$_2$ KPa OR mmHg
- [ ] PaCO$_2$ KPa OR mmHg

29f. Do you think this episode of clinical hypoxia caused the patient harm?

- [ ] Yes
- [ ] No

30a. Did the patient have a cardiac arrest at any point during the critical care period?

- [ ] Yes
- [ ] No
- [ ] Unknown

30b. If YES, was this as a result of a tracheostomy complication?

- [ ] Yes
- [ ] No
- [ ] Unknown

30c. If YES, what was the cause of this complication? (Please tick all that apply)

- [ ] Tube blockage
- [ ] Tube displacement
- [ ] Haemorrhage
- [ ] Other (Please specify)
- [ ] Unknown

31. Did the patient suffer any of the following tracheostomy/airway related adverse outcomes during the critical care period?

a) Respiratory arrest

- [ ] Yes
- [ ] No
- [ ] Unknown

b) Persistant deterioration of cerebral status after airway complication

- [ ] Yes
- [ ] No
- [ ] Unknown
c) Death

- [ ] Yes
- [ ] No
- [ ] Unknown
SECTION 2: END POINT

PLEASE COMPLETE ONE SECTION ONLY

I. DECANNULATION

ONLY COMPLETE THIS SECTION IF THE PATIENT HAD THEIR TRACHEOSTOMY TUBE REMOVED WHILST STILL IN CRITICAL CARE

32a. Was a successful decannulation attempt made?  
☐ Yes  ☐ No  ☐ Unknown

32b. What was the date of tracheostomy decannulation/removal?  
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  ☐ Unknown

d  d  m  m  y  y  y  y

32c. What was the time of tracheostomy decannulation/removal?  
☐ ☐ ☐ ☐ (24 hour clock)  ☐ Unknown

h  h  m  m

33. Was an airway endoscopy performed prior to tracheostomy decannulation/removal?  
☐ Yes  ☐ No  ☐ Unknown

34. What other preparation for decannulation/removal was made? E.g. cuff deflation, speaking valve use etc.

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

35. What safety measures were in place at decannulation/removal? (Please tick all that apply)

Airway devices
☐ A range of tracheal and tracheostomy tubes
☐ Laryngoscopes, bougies, airway exchange catheters and aids to intubation
☐ Laryngeal masks
☐ Ready to access fibre-optic bronchoscope

Equipment
☐ A means of oxygen insufflation (e.g. suction catheter or airway exchange catheter
☐ A means of ventilatory support (e.g. self inflating bag)
☐ A means of reopening the stoma (e.g. tracheal dilator forceps)
☐ Access to a tracheostomy kit
☐ Effective suction equipment

Monitoring
☐ ECG  ☐ Pulse oximeter
☐ Automated BP recordings  ☐ Capnograph
35. Continued...

Medications

☐ Anaesthetic drugs  ☐ Atropine
☐ Vasopressor agents  ☐ Access to resuscitation equipment (e.g. defibrillator)

36a. What type of tracheostomy tube was removed (Please answer all)

i)  ☐ Cuffed  ☐ Uncuffed  ☐ Unknown
ii) ☐ Non-fenestrated  ☐ Fenstrated  ☐ Unknown
iii) ☐ Inner tube  ☐ No inner tube  ☐ Unknown
iv) ☐ Sub glottic aspiration port  ☐ No sub glottic aspiration port  ☐ Unknown
v) ☐ Standard length  ☐ Adjustable flange tube  ☐ Unknown
vi) ☐ Minitracheostomy
vii) ☐ Other (please specify)

36b. What size tracheostomy was removed?  ☐ 6  ☐ 7  ☐ 8  ☐ 9  ☐ Unknown
☐ Other

37a. What was the grade of clinician undertaking the removal? (Please use grade codes on page 2)

37b. What was the specialty of clinician undertaking the removal? (Please use grade codes on page 2)

38. Was more than one attempt made at decannulation?  ☐ Yes  ☐ No  ☐ Unknown

39a. Are you aware of any complications arising from a decannulation attempt?

☐ Yes  ☐ No  ☐ Unknown

39b. If YES, please give details:

J. DISCHARGE

ONLY COMPLETE THIS SECTION IF THE PATIENT WAS DISCHARGED ALIVE FROM THIS EPISODE OF CRITICAL CARE WITH THE TRACHEOSTOMY IN SITU

40a. What was the date of discharge?  ☐  ☐  ☐  ☐  ☐ Unknown
d d m m y y y y

40b. What was the time of discharge?  ☐  ☐  ☐ (24 hour clock)  ☐ Unknown
h h m m
41a. What type of tracheostomy tube was in situ at the time of discharge (Please answer all)
   i) □ Cuffed □ Uncuffed □ Unknown
   ii) □ Non-fenestrated □ Fenstrated □ Unknown
   iii) □ Inner tube □ No inner tube □ Unknown
   iv) □ Sub glottic aspiration port □ No sub glottic aspiration port □ Unknown
   v) □ Standard length □ Adjustable flange tube □ Unknown
   vi) □ Minitracheostomy
   vii) □ Other (please specify)

41b. What size tracheostomy was in situ? □ 6 □ 7 □ 8 □ 9 □ Unknown
     □ Other

41c. If a cuffed tracheostomy was in situ, was the cuff inflated on discharge? □ Yes □ No □ Unknown

42a. Where was the patient discharged to?
     □ Critical care unit (different hospital)
     □ Specialist ward (same hospital) - Head & Neck
     □ General ward (same hospital)
     □ Specialist ward (same hospital) - Other (please use specialty codes on P2)
     □ Other secondary care facility
     □ Community care (including nursing home, rehabilitation unit or other specialist unit outside of this or another hospital)
     □ Home
     □ Unknown
     □ Other (please specify)

42b. Was this discharge location an area designated for patients with tracheostomies? □ Yes □ No □ Unknown

42c. Do you feel this was an appropriate location for the patient with respect to the care of the tracheostomy? □ Yes □ No □ Unknown

42d. Were there any concerns about the location the patient was discharged to with respect to the care of the tracheostomy? □ Yes □ No □ Unknown

42e. If YES, what were the concerns? (Please tick all that apply)
     □ Ability to provide routine tracheostomy care
     □ Ability to recognise tracheostomy complications
     □ Ability to manage tracheostomy complications
     □ Follow up arrangements for tracheostomy
     □ Weaning and decannulation plan and practice
     □ Other (please specify)

43a. Is there a critical care discharge summary in the patient record? □ Yes □ No □ Unknown
43b. If YES, does it detail: (Please answer all that apply)
- Care requirements for the tracheostomy  
  - Yes  
  - No  
  - Unknown
- Follow up plan for the tracheostomy  
  - Yes  
  - No  
  - Unknown
- Weaning plan for the tracheostomy  
  - Yes  
  - No  
  - Unknown
- Who to contact if problems with the tracheostomy  
  - Yes  
  - No  
  - Unknown
- Who has responsibility for decisions about the tracheostomy  
  - Yes  
  - No  
  - Unknown

K. DEATH
ONLY TO BE COMPLETED ON PATIENTS WHO DIED ON CRITICAL CARE PRIOR TO TRACHEOSTOMY REMOVAL

44a. What was the date of death?  
  - d  
  - m  
  - y  
  - y  
  - y
  - Unknown

44b. What was the time of death?  
  - h  
  - h  
  - m  
  - m
  (24 hour clock)
  - Unknown

44c. What was the cause of death as stated on the death certificate?  
  - Unknown

45a. In the event that this patient died, was this:  
  - Expected  
  - Unexpected

45b. Do you believe that this was as a result of a tracheostomy related complication?  
  - Yes  
  - No  
  - Unknown

45c. If YES, please give further details:

Thank you for taking the time to complete this questionnaire
Funding for this study was provided by The Healthcare Quality Improvement Partnership (HQIP) as part of The Clinical Outcome Review Program into medical and surgical care.

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