

Adult laryngectomy stoma care guideline

If you experience any problems please contact Critical care /Outreach FRH ICCU 31014 / Cardio 37026 / RVI ext 24616 / 29995 NGH ext 23956 / 23556

Laryngectomy prompt sheet

Advice

- Patient and significant others are usually experts. Take advice.
- Contact ENT Ward 10 FRH for advice 37010.

Check list

Bed space	Nurse call bell
	Tracheostomy oxygen mask
	Humidification
	Oxygen
	Suction equipment including suction catheters
	Outreach laryngectomy box
	Bottle sterile water
	Disposable gloves
	Laryngectomy prompt card
	Plastic apron & eye protection
On unit / ward	Ambu bag.
	Resus equipment
	Pulse oximetry

Communication

- Assess patients communication method on admission.
- If patient has speaking valve insitu inform SALT team on 37646 ASAP

Care of stoma

- Clean twice or more daily depending on crusting with normal saline and gauze. This is a clean procedure
- If Patient has a speaking valve insitu inform SALT team on 37646 ASAP for advice.
- First 48hrs use aseptic technique

Humidification

- Assess and use patients usual form of humidification:- bib, nebulisers, none.
- Patient may require saline nebulisers if crusts forming in stoma
- Mucous plugs are a likely cause of obstruction without adequate humidification.

Suctioning

- As required following St George's guidelines

Eating and drinking

- Unless documented or patient has NG tube or PEG insitu, patient should be able to eat and drink normally.
- Consider gaining advice from SALT team with swallowing problems.

Outreach Laryngectomy Box

- Ambu infant or Laerdal mask size 0/1
- Tracheostomy dilators
- Size 6 + 8 tracheostomy tubes
- 10mls syringe
- Saline ampoules
- Gauze
- Suction catheter size 12 + 14
- Catheter mount
- Tracheostomy tube holder/collar

In the event of CARDIAC ARREST

- Call arrest team **2222**
- Extend** the neck
- Check stoma site** for obvious blockages and remove
- Ventilate** via laryngectomy stoma using **mouth/mask to stoma** or insert tracheostomy tube and use hand ventilation via tube.
- Check chest is rising
- Do not ventilate via mouth/nose.**
- Follow BLS/ALS guidelines**

In the event of respiratory distress

- Check stoma site** for obvious blockages and remove.
- Call for immediate medical help/outreach
- Suction**
- Catheter can be passed:**
- Apply **oxygen via stoma** sit patient up
- Do not apply oxygen facially**
- Proceed to respiratory/cardiac arrest action if needed
- Catheter cannot be passed:**
- Fast call Anaesthetist via Critical Care or switchboard
- Give oxygen via stoma using tracheostomy mask
- Assess patients breathing
- If no spontaneous breathing place arrest call and commence bag-mask ventilation using ambu-infant/laerdal size 0/1 **face mask over stoma.**

Effective from: February 2007 Review date: February 2009