

A closed loop clinical audit looking at whether vital information for neck stoma patients is displayed by the bedside.

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Aim:

To assess whether vital information that could assist in emergency management of neck stoma patients are displayed by the bedside.

Methods:

All tracheostomy and laryngectomy patients admitted under ENT were reviewed retrospectively over a 2 month period. Data were compared against national standards from the national safety Tracheostomy project. A proforma indicating how bedside documentation should be filled was introduced in the weekly safety briefing for the nurses. Data was then prospectively collected to assess for improvement.

Results:

A total of 11 (9 tracheostomies and 2 laryngectomies) and 10 patients (6 tracheostomies and 4 laryngectomies) were identified in the first and second cycle respectively. Of the 11 patients in the first cycle, 87.5% had a neck stoma bed head sign displayed, with this number increasing to 92% after our intervention. A significant improvement was noticed in the documentation of the size of the tube and the date they were inserted, with the former increasing from 63.6% to 87.5% and the latter from 36.3% to 75%. Finally, the emergency contact number was documented in 63.6% and 87.5% pre and post intervention respectively.

Conclusion:

Bed signs serve to provide succinct information to health professionals in the event of an airway emergency