

# Day of Surgery

*Please affix patient label*

Patient Name:

Date of birth:

NHS / K Number:

Consultant : .....

Ward: ..... | Date: ...../...../202....

DATE & TIME	Otorhinolaryngology / Head & Neck Surgery In-Patient clinical notes
	<b><u>(Day 0) Postoperative Care After Laryngotracheal Reconstruction</u></b>
	<b>N.B. Please review operation notes and be familiar with the plan and especially the emergency airway management plan.</b>
	<b>This patient's airway care / nursing is very similar to any patient with a new tracheostomy (like a patient with supraglottitis or a laryngeal tumour).</b>
Medical	Have all medications (Antibiotics, PPI, analgesia) been prescribed? <input type="checkbox"/> Yes
Teams	Has low mol.-weight heparin been prescribed to start on Day 1? <input type="checkbox"/> Yes
	Have background fluids / feeding regimen been prescribed? <input type="checkbox"/> Yes
	Has nebulised saline been prescribed? <input type="checkbox"/> Yes
	Has mobile chest x-ray (NG tube position) been requested? <input type="checkbox"/> Yes
	Notes / handover
Recovery	Is the patient being nursed in head-up (30-45 degrees) position? <input type="checkbox"/> Yes
Nursing	Is the patient regularly encouraged to take deep breaths? <input type="checkbox"/> Yes
	<input type="checkbox"/> Please obtain observations every 15 minutes (or more if needed)
VTE	<input type="checkbox"/> Please ensure patient has VTE stockings and pneumatic compression
Humidity	Is the patient receiving warm humidified air/O2 via facemask? <input type="checkbox"/> Yes
NG Feeding	Has mobile chest XR been performed? <input type="checkbox"/> Yes
	<b>N.B. Please ensure mobile chest x-ray has been performed before the patient is transferred to the ward.</b>
	Notes / handover to ward:

DATE & TIME	Otorhinolaryngology / Head & Neck Surgery Inpatient Clinical Notes
Ward	<input type="checkbox"/> Please obtain hourly observations (or more frequently, if needed)
Nursing	Is the patient being nursed in head-up (30-45 degrees) position? <input type="checkbox"/> Yes
Tracheostomy	<ul style="list-style-type: none"> <li>• Tracheostomy cuff to remain inflated until Day 1 review.</li> <li>• Standard ward-based tracheostomy care.</li> </ul>
	<b>NB.</b> Please immediately escalate any airway/tracheostomy problems. Be mindful of the possibility of pneumothorax / haemothorax causing problems.
Humidity	Is the patient receiving warm humidified air/O2 via facemask? <input type="checkbox"/> Yes
Breathing	Is the patient regularly encouraged to take deep breaths? <input type="checkbox"/> Yes
VTE	<input type="checkbox"/> Please ensure the patient has compression stockings ± pneumatic (Low-Mol-Weight Heparin is avoided till the afternoon of day 1 due to airway bleed risk)
NG Feeding	<b>Has NG tube position been confirmed?</b> <input type="checkbox"/> Yes When: ..... By: .....
	<b>Has the patient started NG feeding?</b> <input type="checkbox"/> Yes What time .....
	If any problems with starting NG feeding, please escalate to the medical team.
Medications	<b>Is the patient able to take all prescribed medications?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No - escalate
	The patient should be on antibiotics, proton pump inhibitors, analgesia, nebulised saline, and his or her regular medications. If any of the medications missing, please escalate.
Analgesia	<input type="checkbox"/> Please ensure pain is well controlled and patient-controlled analgesia is working.
Physiotherapy	<b>Has the patient been referred to physiotherapy for Day 1?</b> <input type="checkbox"/> Yes
	<b>NB.</b> Please specify that the patient needs daily physiotherapy, including at the weekend.

# Day 1 after LTR

*Please affix patient label*

Patient Name: \_\_\_\_\_

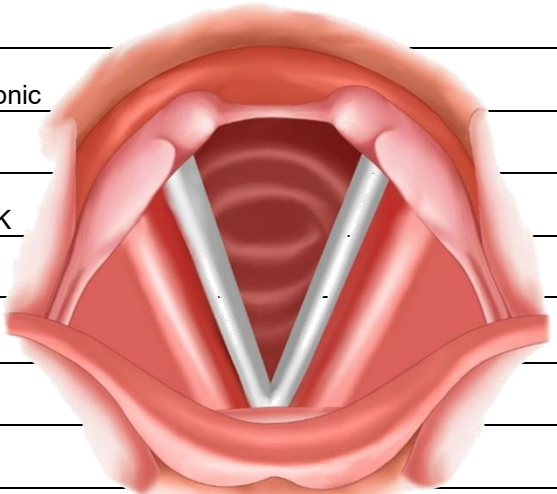
Date of birth: \_\_\_\_\_

NHS / K Number: \_\_\_\_\_

Consultant : .....

Ward: ..... | Date: ...../...../2024

DATE & TIME	Otorhinolaryngology / Head & Neck Surgery In-Patient clinical notes
	<b><u>(Day 1) Postoperative Care After Laryngotracheal Reconstruction</u></b>
	<ul style="list-style-type: none"> <li>This patient's airway care / nursing is very similar to any patient with a new tracheostomy (like a patient with supraglottitis or a laryngeal tumour).</li> </ul>
	<ul style="list-style-type: none"> <li>Please review operation notes and be familiarise with the plan and especially the emergency airway management plan.</li> </ul>
	<ul style="list-style-type: none"> <li>Please be mindful of haemothorax and pneumothorax as possible causes of sudden respiratory deterioration.</li> </ul>
	<ul style="list-style-type: none"> <li>Please be mindful of signs of local infection (increasing pain, redness, pain on swallowing, voice deterioration) and chest infection, as well as VTE.</li> </ul>
<b>D1 Ward</b>	<b>Attended by:</b> .....
<b>Round</b>	<b>Time:</b> .....
Overnight issues	
Vital Signs	<b>Have vital signs been stable?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	Typical [HR: ..... BP: ...../..... Sats: .....%]   NEWS: .....   O <sub>2</sub> : .....L
Wound(s)	<b>Is the appearance of the neck wound satisfactory?</b> <input type="checkbox"/> Yes
	<b>Is the appearance of the chest wound (if present) satisfactory?</b> <input type="checkbox"/> Yes
Drain(s)	<b>Is the appearance of the drain(s) (if present) satisfactory?</b> <input type="checkbox"/> Yes
VTE	<b>Does the patient have mechanical VTE prophylaxis?</b> <input type="checkbox"/> Yes
	<b>Has low mol.-weight heparin been prescribed to start today PM?</b> <input type="checkbox"/> Yes
Medication(s)	<b>Is the patient on prophylactic antibiotics?</b> <input type="checkbox"/> Yes
	<input type="checkbox"/> <b>Switch PPI from IV to NG (or lansoprazole fastab)?</b>
Analgesia	<b>How often did patient use PCA?</b> <input type="checkbox"/> Nil <input type="checkbox"/> Rarely <input type="checkbox"/> Often?
	<b>Overall, do you believe patient is having adequate analgesia?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Tracheostomy	<ul style="list-style-type: none"> <li>Tracheostomy tube cuff to be deflated.</li> <li>If you believe, this is unfeasible today, please escalate to consultant.</li> </ul>

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Mobility	<ul style="list-style-type: none"> <li>Encourage the patient to sit out and to mobilise. Walk as able.</li> <li>More detailed instructions on mobility based on physiotherapy advice.</li> </ul>	
Physiotherapy	<b>Has the patient been referred to receive daily physiotherapy?</b> <input type="checkbox"/> Yes	
Breathing	<ul style="list-style-type: none"> <li>Encourage the patient to take regular slow deep breaths in and out.</li> <li>More detailed breathing exercises based on physiotherapy and speech therapy advice.</li> </ul>	
Day 1 Endoscopy	<b>Pharyngolaryngoscopy (E259+E369)</b>	
	This should ideally be combined with FEES (if SALT present) but if speech therapy is not present, it should proceed. Image(s) should be placed on NerveCentre.	
		
		<b>Dysphonia Severity</b> (with tracheostomy cuff down): <input type="checkbox"/> Normal voice <input type="checkbox"/> Mild <input type="checkbox"/> Mod. <input type="checkbox"/> Severe <input type="checkbox"/> Aphonic
		<b>Airflow on tracheostomy occlusion</b> <input type="checkbox"/> No <input type="checkbox"/> Tight/difficult breathing <input type="checkbox"/> Breathing OK
		<b>Response to a sip of sterile water:</b> <input type="checkbox"/> No coughing <input type="checkbox"/> Coughing <input type="checkbox"/> 'Wet voice'
		<b>Pooling of secretions in the hypopharynx:</b> <input type="checkbox"/> Nil <input type="checkbox"/> Pooling present <input type="checkbox"/> Overflowing
		<b>Endolaryngeal appearances:</b> <input type="checkbox"/> Recognisable <input type="checkbox"/> Swollen/unrecognisable
		<b>Vocal fold mobility (eeee-sniff):</b>
Steroids	<b>Should the patient should have a 3-days of BD dexamethasone?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If no contraindications (e.g. significant diabetes) and severe laryngeal swelling..	
Transfer	<b>Is the patient fit for transfer to a C25 Airway Bed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please escalate to consultant.	
Concerns	<b>Is there anything anyone is unsure or concerned about?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please escalate to consultant.	
	Notes	
	.....sign.....	



SBH007088

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SALT Plan	<ul style="list-style-type: none"> <li>• NG tube to stay in (circle as appropriate)</li> <li>• Nil by mouth   Sips of sterile water   Thickened fluids   Soft diet   Normal diet</li> </ul>
	<ul style="list-style-type: none"> <li>• SALT to liaise with dietetics if patient to remain mainly NG fed for few days</li> <li>• Is day 7 video fluoroscopy indicated? <input type="checkbox"/> No <input type="checkbox"/> Yes (pls liaise with ward team)</li> </ul>
	Notes/Further plan
	.....sign.....
<i>Physiotherapy</i>	
<i>Plan</i>	
	.....sign.....
<b>Ward</b>	
<b>Nursing</b>	