Children with Complex Airway Needs (Tracheostomy and Ventilator) Transition to Home Checklist

Children with tracheostomies and ventilators are supported to live happy and health lives at their homes and in the community every day. The goal of the team at the Alberta Children's Hospital is to work with families and caregivers to get children with tracheostomies and ventilators home safely as soon as possible. While it may seem too soon to think about your child going home, planning gives you and the team more time to prepare. There are several milestones along the road that needs to be checked before your child's transition home:

Education and Training:

You need to be able to provide all of the care your child requires at home. We have developed a tracheostomy and ventilator family education program to support you to develop the knowledge and skills to safely care for you child. Upon completion of skills - you will start taking an increased role in providing care to your child while they are in the hospital.

[] Complete Classroom Education Modules
Ready to start performing trach care and suctioning, passes with staff
[] Complete trach change, passes onsite without staff
[] Family signed-off as independent on all skills and able to go off unit unaccompanied

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Home Caregivers:

Caregivers that will support you to care for your child must be hired and trained.

Equipment:

All of the equipment that your child will need when they go home must be trialed, ordered and set up in your home prior to leaving the hospital. You and your caregivers will also need to complete training on your child's equipment.

[] Portable and stationary suction, oxygen if required
[] Ventilator/humidity equipment/supplies for home

Medical care:

Your child's medical care needs to be able to be safely managed through their journey home and transition into the community. When they no longer need the support of the PICU they will transition to Unit 2 at ACH where staff and physician teams have specialized training in the care of children with tracheostomies and ventilators. When their care can be safely managed in the community ongoing medical follow-up will be transitioned to your community paediatrician and ACH sub-specialty clinics. For families who do not live in Calgary prior to going home, your child may be transferred to a hospital closer to you home while final arrangements for their ongoing care in your community are made.

[] Transfer from PICU to Unit 2
[] Transfer from Unit 2 to home/other facility

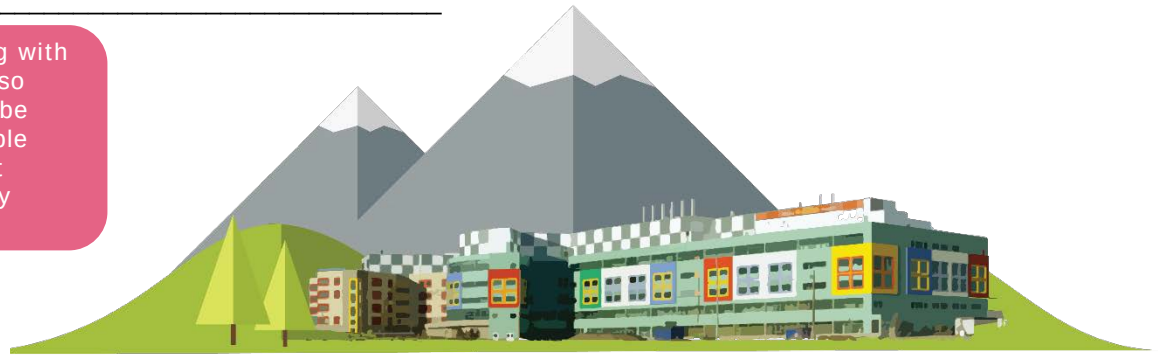
Home Readiness:

Your home needs to be ready for your child to return there.
Any modifications required for your child will need to be complete.

Community Supports:

Community supports for your child and family will be coordinated prior to you going home.

The team will start working with you and your family early so that these milestones can be achieved as soon as possible and that your child doesn't encounter any unnecessary delays on the road home.



If you have any questions about what needs to be accomplished in order for your child to be transitioned from the hospital to your home or community, please do not hesitate to talk to any member of their health care team. Please remember that we are all here to help you on this journey.