Interdisciplinary Collaboration - Nursing Care of the Laryngectomy Patient

The Problem
Laryngectomy patients are not frequently seen on our med/surg units. Patients are identified as “Neck Breathers” and staff is not sure of the best way to care for them in an emergency. We have a detailed policy for care of a patient with a tracheostomy but do not have information on this subset of patients. Majority of cases are laryngectomies.

We had an admission who was a confused patient. He had a long standing laryngectomy and he pulled the device/tube from his stoma and staff was concerned that without it his stoma would close. The staff called a Code Blue and both the respiratory therapist and staff was confused about how best to manage this patient’s airway. The staff did not understand the purpose of the tube in his stoma. We consulted Speech Therapy and they were able to give us written educational material to develop an individualized care plan for this patient.

The Team
- Cynthia Wise Wagner
- Kim Sulmonte
- Barbara Donovan
- Dawn Salter
- Jane Foley
- Alice Bradbury
- Kim Campbell Oliveri
- Donna Clarke
- Speech Department staff
- Nicole Marotta
- Maria Fallon
- Sandra Sanchez
- Denise Corbett - Carbonneau

The Interventions
- The Speech therapists came to the floor to provide an in service on this patient.
- Provided a written individualized care plan for this patient based on work from the speech department. Risk for “neck breather” cannot be resuscitated other than through stoma.
- Staff could understand the anatomy-Consult speech to identify type of stoma and care.

- All laryngectomies need moisture and are treated like any tracheostomy
- Only patients with “tracheal esophageal puncture” need the device replaced to prevent the hole from closing. The hole is like a pierced ear and will close preventing the device from being replaced.
- The stoma is usually healed (clarify with speech/respiratory) and if device holding stoma open comes out-the stoma will remain open. The device is to prevent the stoma from shrinking.
- Only patients with voice prosthesis need to have replaced urgently.
- This collaborative support allowed us to safely care for this patient.

The Results/Progress to Date
This partnership with the speech department allowed nursing and respiratory staff to understand the anatomy and care for this patient. The staff was able to better understand the purpose of the tube in a patient’s stoma and learned that it was not needed to keep the stoma open.

Lessons Learned
- Nursing Care should be. Emergency warning in safety profile which includes that this patient is a Neck Breather and how to resuscitate.
  - How the person speaks
    - Artificial Larynx
    - Esophageal Speech
    - Speech with a Tracheo-esophageal Puncture. If prosthesis in place do not remove:
  - Care in house:
    - Provide moisture via trach mask
    - Humidified O2
    - Encourage cough and deep breathing
    - Monitor SPO2 with continuous SPO2

Next Steps/What Should Happen Next
- Bring this information to Nursing Practice Council to be added to current policy.
- We will “spread” the improvement to other units and areas via policy update.

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