

**PARKLAND HEALTH & HOSPITAL SYSTEM
LEADERSHIP & ORGANIZATIONAL DEVELOPMENT**

**COMPETENCY VALIDATION
TRACHEOSTOMY CAPPING**

Name: _____ ID#: _____

Unit: _____ Date: _____

Tracheostomy Capping	1 st Attempt (P or F)	2 nd Attempt (P or F)	Comments
1. States that Speech Therapy will evaluate and clear patient for capping trial.			
2. States that after ST clears patient for capping, the nurse will notify Respiratory Therapy to initiate capping trial.			
3. States that capping trial will only be initiated on patients with a fenestrated tracheostomy tube and inner cannula.			
4. States that patient will need to be on continuous pulse oximeter during capping trials.			
5. States that inner cannula must be in place on all patients with a trach.			
6. States that only white cap may be used to cap the patient.			
7. Demonstrates how to place and remove the white cap.			
8. States that all documentation for trach patients will occur on the Trach Communication Summary			
9. States that nurse will obtain and document baseline vital signs and beginning BP and then vital signs every 15 minutes X2, every 30 minutes X2 then routine vital signs.			
10. States that trial will need to be stopped immediately and physician notified if the patient has any respiratory distress, the HR changes 20% from baseline, RR>35 for 5 minutes, SPO2<90 for 30 seconds, or there is a 20% change in BP from baseline.			

The completion of this form validates the above nurse's competency for this skill.

#1 Pass / Fail Competency Validator Signature: _____

#2 Pass / Fail Competency Validator Signature: _____