

Introduction:

Intubated Neurosurgical patients commonly require a tracheostomy when they failed extubation in ICU. Tracheostomy tube change (TTC) is performed in the day by Medical Officer in charge according to the TTC workflow to ensure patient safety. (Figure 1)

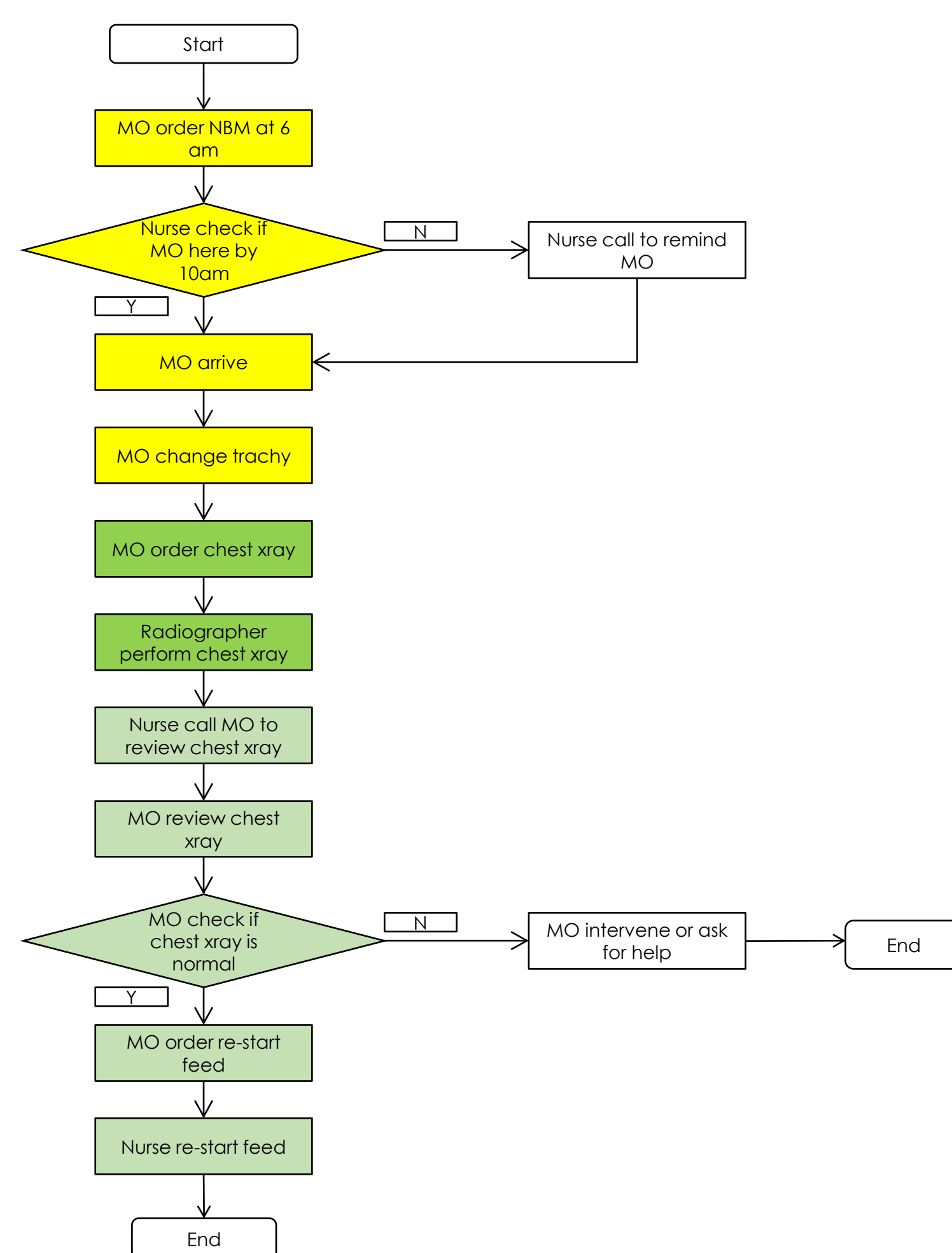


Figure 1.
Existing work flow for TTC

Problem:

Long duration of fasting invariably increases the risk of possible complications like aspiration of gastric contents, dehydration and malnutrition. We aim to reduce the total fasting time in neurosurgical patients undergoing TTC by 20% within a year.

Methodology:

We retrospectively analysed 23 data points from Neurosurgical patients who underwent TTC according to existing protocol from: Jan – Mar 2013 and a more recent cohort Jan – Jul 2014. The time taken from fasting onset to TTC (375mins) accounts for 62.3% of total fasting time (602mins). (Figure 2)

