






DAY	-1	0	1	2	3	4	5	6	7 - 11	
DATE	___/___/___	OPERATION	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	DISCHARGE (Day 11)
	Be active Exercise to raise heart rate	Deep breathing post-operatively	Deep breathing Sit: 2x1hour 2x3 hours Sit out of bed most of day Walk: if able 2x60 metres 2x200 metres 2x400 metres				Freely mobilise Out of bed all day Dress in own clothes			
	Carbohydrate (CHO) pre-load drink x 2 Clear fluid only after midnight	06:00: 1 x pre-load drink Post-op: nil by mouth	SLT review Start NG feeding when awake	Continue NG feeding	If no pre-op radiotherapy -> start sips of water	Sips of water for all from today	Sips -> free fluid if tolerated	Free fluid -> oral intake if tolerating	Increase intake as guided by team	
	Continue regular meds	Regular meds as instructed LA infiltration by surgeons, PCA	Pain team review PCA when awake, Paracetamol Consider NSAID		Pain team review if required Stop PCA Start codeine and laxative Optimise analgesia as needed		Oral or NG analgesia Team to prepare TTOs			
	Shower well before coming to hospital	NGT inserted during case if concerns about feeding	Am : if trache present remove after surgical r/v Pm : remove catheter when mobile	Consider neck drain removal when output <30mls/24 hrs (if present)	Consider removing CVC and flap drain (if present)	Consider removing flap drain (if present)		Check patient confident in laryngectomy self-care	Remove iv cannula before discharge	
	Call to check arrival time	Start discharge planning – refer to SAFER CCD	Ensure writing tablet available	Laryngectomy self-care training	Continue discharge planning (refer to SAFER CCD) Discharge checklist and equipment order for discharge				Commence voicing & emergency care of TEP training (if appropriate)	
Raise any questions or concerns to your team at any time										



NHS



Get-up
Eat
Analgesia
Remove
Speak up

Early mobilisation
Early enteral feeding
Multimodal, opioid-sparing analgesia; medications
Timely line/drain removal
Encourage questions/timely discharge planning

SAFER Clinical Criteria for Discharge (CCD)

- Mobilising freely
- Adequate nutritional intake either orally or via enteral route
- Pain well controlled with oral or enteral analgesia
- All lines / drains removed; or plan for removal as outpatient
- Independent with care for wounds and dressings, or District Nurse arranged
- TEP training / emergency care completed
- Laryngectomy checklist and equipment order complete
- All concerns addressed, contact details given, follow up arranged

LA – Local Anaesthetic; PCA – patient-controlled analgesia; NGT – nasogastric tube; CVC – central venous catheter; IV – intravenous; SLT – Speech & Language Therapy; TTOs – “To take out” medications;

Tinz inj – Tinzaparin injection; TEP – Transesophageal Puncture