

# Core Clinical Skills for a Complex-Care Community Nurse

## 1. Respiratory & Ventilation Skills

- Understand indications, contraindications and monitoring of both invasive mechanical ventilation and non-invasive ventilation (NIV) (modes, settings, triggers, alarms). [CC3N+2British Thoracic Society+2](#)
- Setting up, adjusting, and reviewing ventilator circuits and interfaces (mask/NIV, tracheostomy, tubing, humidification) in the home environment.
- Monitoring key ventilation parameters (e.g., tidal volume, minute volume, respiratory rate, I:E ratio, PEEP, trigger sensitivity) and recognising when change is needed. [CC3N](#)
- Managing ventilator alarms: recognising cause (e.g., disconnection, leak, obstruction, power failure), immediate corrective action and escalation.
- Airway clearance and secretion management: suctioning (endotracheal, tracheostomy, or via mask/NIV), use of cough assist devices, physiotherapy liaison. [PMC+1](#)
- Humidification, filter changes, equipment hygiene including infection prevention for ventilated patients at home.
- Weaning support knowledge: recognising readiness, monitoring progress and collaborating with MDT for reduction of ventilatory support. [NHS England+1](#)
- Oxygen therapy and monitoring: safe delivery, recognising oxygen toxicity, saturation monitoring, familiarity with variety of oxygen delivery systems. [CC3N+1](#)

- Emergency backup and contingency: managing power failures, battery backup, manual ventilation (bag-valve mask) if device failure occurs. [British Thoracic Society+1](#)

## **2. Tracheostomy & Airway Skills**

- Routine tracheostomy care: checking cuff pressures and tube security, changing inner tubes, cleaning stoma sites, wound care. [CC3N+1](#)
- Recognising complications: tube dislodgement/decannulation, obstruction, bleeding, cuff leak and ability to respond appropriately (including replacement if competent and delegated). [CC3N+1](#)
- Emergency management of tracheostomy problems: occlusion, accidental decannulation, inability to ventilate; knowledge of algorithm for escalation. [British Thoracic Society](#)
- Liaising with ENT/SLT for speaking valve use, communication facilitation and decannulation planning (where applicable).

## **3. Enteral/Parenteral Nutrition & Gastro-/Feeding Tube Skills**

- Insertion/change (or monitoring) of NG, PEG/PEJ tubes: correct positioning, pH testing, external measurement, insertion checks. [CC3N](#)
- Administration of enteral feeds, bolus/pump, medication via feeding tubes, checking for aspiration risk, securing tubes and preventing complications (blockage, displacement).
- Monitoring nutrition status, liaising with dietitians, recognising malnutrition risk and feeding intolerance.
- (If relevant) Basic understanding of parenteral nutrition management and where this interfaces with community care.

## **4. Complex Medication & Infusion Skills**

- Administration of complex medication regimens: via enteral tube, intravenous direct (if commissioned) or subcutaneous, including pumps where required.

- Monitoring of infusion devices, recognizing complications (infection, infiltration, line occlusion), safe handling of central lines/catheters if applicable.
- Awareness of pharmacological implications for patients on ventilators/tracheostomies (e.g., sedation, muscle relaxants, ventilatory drive).

## **5. Monitoring, Assessment & Deterioration Management**

- Comprehensive physiological assessment: respiratory rate/depth/pattern, accessory muscle use, pulse oximetry, end-tidal CO<sub>2</sub> (if applicable), heart rate, blood pressure, skin colour, perfusion, level of consciousness. [CC3N+1](#)
- Interpret arterial blood gases (ABGs) or refer findings to the MDT; recognise respiratory/metabolic acidosis/alkalosis. [CC3N](#)
- Risk recognition: early signs of clinical deterioration (e.g., rising CO<sub>2</sub>, increasing work of breathing, airway obstruction, device failure) and appropriate escalation.
- Pressure injury and skin integrity monitoring (especially in immobile or high dependency patients).
- Nutritional, hydration, bowel/bladder assessments as part of holistic care.
- Mental health, coping, psychosocial assessment: patients with long-term ventilation often need psychological support. [PMC](#)

## **6. Equipment Management & Safety Skills**

- Competence in safe use, cleaning, maintenance of ventilators, suction units, humidification systems, consumables, backup power and alarm systems. [British Thoracic Society](#)
- Home environment safety: power supply, infection control, equipment placement, emergency backup, manual ventilation readiness.
- Risk assessment for equipment failure, contingency planning, documentation of equipment logs/checks, liaising with biomedical/clinical engineering services.

- Data recording, device data downloads (if applicable), compliance monitoring.

## **7. Care Planning, Coordination & Carer Training**

- Development of individualised care plans, including ventilator/trach/feeding/medication/emergency algorithms, agreed with MDT and patient/carers. [British Thoracic Society](#)
- Carer training: upskilling family/carers in routine care tasks (ventilator checks, suctioning, trach changes, feeds), and assessing their competence/supervision.
- Coordination with multidisciplinary team (MDT): respiratory, neurology, ENT, dietetics, physiotherapy, SLT, palliative care, ambulance services, GP, community teams.
- Transition planning: hospital to home, step-down/step-up, child-to-adult transitions, weaning/trach decannulation pathways. [NHS England](#)
- Documentation: accurate, timely, thorough record-keeping (including device checks, alarms, interventions, escalation).

## **8. Emergency & Escalation Skills**

- Implementation of emergency algorithms in the home setting: ventilator alarm response, decannulation/obstruction, power failure, seizures (if neuromuscular conditions), choking.
- Basic life support (BLS)/intermediate life support (ILS) competence; airway management, bag-valve mask ventilation, oxygen therapy, recognition of anaphylaxis, cardiac arrest in context of ventilated care.
- Escalation to acute services or ambulance: knowing when and how (999, rapid review, transfer to hospital).
- Simulation training of emergency scenarios (home decannulation, ventilator failure, suction obstruction, power loss).

## **9. Infection Prevention & Control**

- Safe techniques for suctioning, trach/stoma care, ventilator circuit changes, humidification, and home environment infection control.
- Monitoring of respiratory/ventilator-associated infections, catheter/trach associated infections, skin breakdown/injury and reporting incidents.
- Use of personal protective equipment (PPE), cross-infection minimisation, cleaning/maintenance of home equipment to clinical standards.

## **10. Safeguarding, Ethical & End-of-Life Skills**

- Recognising safeguarding issues (adult/child) especially in highly dependent patients in home settings; responding appropriately.
- Supporting decision-making and capacity issues, respect for advanced care plans (especially for progressive neuromuscular disease/palliative phases).
- Knowledge of palliative/end-of-life care in ventilated and tracheostomy patients: comfort measures, communication with family/carers, psychological support.
- Ethical issues around weaning, decannulation, equipment withdrawal, autonomy vs safety.

## **11. Leadership, Teamwork & Quality Improvement**

- Clinical leadership: supervising and mentoring junior staff or support workers in the home complex-care setting.
- Quality improvement and audit: participating in service audits (admissions, device failures, adverse events), implementing change. [British Thoracic Society](#)
- Risk management: incident reporting, root cause analysis of device failures or adverse events, contributing to governance.
- Communication skills: with patients, families, carers, and all members of the MDT; documentation and handover skills.

## **12. Specialist Skills (where applicable)**

- Neuromuscular/rare disease support: understanding of specific conditions (e.g., Motor Neurone Disease, Duchenne Muscular Dystrophy) including suction regimes, ventilatory progression, mobility and spinal involvement.  
[British Thoracic Society](#)
- Paediatric home ventilation: age-appropriate interface sizes, growth/developmental issues, family-centred care, liaising with paediatric networks.