Table 2. Tracheostomy Communication Process

Phase	Definition	Considerations
Preparation	Clinicians present treatment options (e.g., more time in the NICU, seeking second opinions, proceeding with tracheostomy, or transitioning to comfort care). Clinicians present tracheostomy as a possibility for patient discharge home and provide initial education to caregivers.	Clinicians can initiate discussions about tracheostomy early in the process; revisit the conversation overtime; include trusted clinicians when planning these conversations, potentially asking caregivers who they would like to be involved.
Deliberation	Caregivers consider provided information and weigh options; confer with friends, family, and other NICU families.	Caregivers can feel empowered to ask questions regarding hospital course after tracheostomy placement and life at home after discharge. Clinicians can provide pictures, videos, and stories of children living at home with a tracheostomy to facilitate understanding; connecting caregivers with families who have had infants at home with tracheostomies is invaluable.
Action	Action is taken; Discharge planning initiated as early as possible including education, skills practice, obtaining home-nursing/supplies.	Clinicians can ensure the necessary resources are available to patients and their families during this time. Clinicians may seek opportunities to address care-related frustrations to help ameliorate barriers to care during this transition.
Home Management & Reflection	Patients are discharged from the hospital; caregivers assume care of the patient and reflect on the process.	Clinicians can consider using a communication guide to standardize tracheostomy discussions but remember that the conversation itself is far more important than a guide.