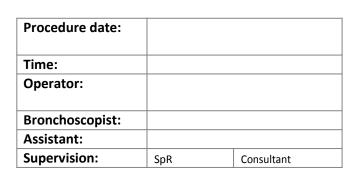
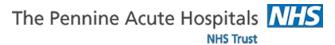
INVASIVE PROCEDURE SAFETY CHECKLIST: Tracheostomy

BEFORE THE PROCEDURE						
Before withdrawal of ETT						
Have all members introduced thems allocated?		Yes	No			
Patient identity cl	Yes	No				
Appropriate cons	ent completed?	Yes	No			
Risk assessment of appendix 2 of trade	Yes	No				
Is suitable trached equipment avail trolley/bronchosd	es No air	way				
Is appropriate mo	Yes	No				
Sandbag/pillow u	Yes	No				
Ultrasound of neo	Yes	No				
Are there any Cor performing the pr FiO2, PEEP, anato coagulopathy/ant	Yes	No				
Any Known drug	Yes	No				
Is feed stopped a	Yes	No				
Is adjustable flang	Yes	No				
Are there any cor procedure for the	Yes	No				
Level of difficulty anticipated prior to the start of the procedure:						
None anticipated	Possibly difficult	difficulty	Considerable difficulty anticipated			
If considerabl	e difficulty requ	ired, con	sider_			

involvement of ENT surgeon.

TIME OUT Verbal confirmation between team members before incision Is patient on adequate ventilator Yes No settings and 100% O2? Is patient adequately sedated and No Yes paralysed? Is position optimal? Yes No Cuff tested as intact? Yes No Capnography waveform displayed? No Yes Local anaesthetic with adrenaline Yes No instilled? If you had any concerns about the procedure, how were these mitigated?





SIGN OUT After completion of procedure				
Tracheostomy position confirmed with capnography?	Yes	No		
Tracheostomy position confirmed with bronchoscope?	Yes	No		
Ventilator settings reviewed post procedure + weaning plan?	Yes	No		
Sedation reviewed + weaning plan?	Yes	No		
Inner tube in place?	Yes	No		
NG feed restarted?	Yes	No		
Sharps accounted for?	Yes	No		
Post procedure hand over given to nursing staff?	Yes	No		
Bed head sign completed + displayed?	Yes	No		
CXR considered	Yes	No		

Signature of		
responsible clinician		
completing the form		

Patient Name:	
Hospital Number:	
Date of Birth:	



Patient Name: Hospital Number:						
Date of Birth:						
		The Pro	ocedure			
Bronchoscopist	:	"	Insertion of	trac	neostomy by:	
			l			
Name: GMC:			Name: GMC:			
GMC: Grade:			Grade:			
Graue.			Graue.			
Sterile Scrub + 0	Gown/Gloves/Hat/	/Mask?				Yes 🖂
Chlorhexidine g	luconate 2% / 70%	6 isopropyl alcoho	ol formulation	to s	kin?	Yes 🖂
Large fenestrat	ed drane used?					Yes 🖂
Large reflestrati	eu urape useu:					163 []
Sedation + Mus	cle Relaxant:		Local Anaest	theti	c:	
					•	
Level of Entry	1st-2nd Ring		Size/type Tra	ache	ostomy:	
	2nd-3rd Ring		1			
			Additional P	roce	dure notes:	
	Other(Specify)					
Tracheostomy t	in position:	cm from carin	a ac confirmo	d by	andoscono	
Tracheostonly (ip position.	CIII II OIII Cariii	ia as commine	u by	endoscope	
Tracheostomy I	Kit/ Batch No:					
		Compli	ications			
None		Vascular punctu			Malposition	
None		Vasculai pulicio			Widiposition	
2 ^{na} person required Unable to place		Other _				
Additional Com	ments:	<u> </u>				
Chost V Pay Or	dered Post Proced	luro		Ye	s No	
Chest X-Ray Co		iure:		16	5 🗀 🛮 🖂	
Chest X Ray Co	illinenes.					
Signature:						
Name:						