

Invasive Procedure Safety Checklist: TRACHEOSTOMY

BEFORE THE PROCEDURE

- Have all members of the team introduced themselves? Yes No
- Patient identity checked as correct? Yes No
- Appropriate consent completed? Yes No
- Is suitable tracheostomy and equipment available? (difficult airway trolley/bronchoscope) Yes No
- Is appropriate monitoring available? (including EtCO2) Yes No
- Are there any Contraindications to performing the procedure? (High FiO2, PEEP, anatomical, vascular, coagulopathy) Yes No
- Medicines and coagulation checked? Yes No
- Any Known drug allergies? Yes No
- Is feed stopped and NG aspirated? Yes No
- Are spinal precautions required? Yes No
- Are there any concerns about this procedure for the patient? Yes No

Level of difficulty anticipated prior to the start of the procedure

None anticipated Possibly difficult Considerably difficult

If considerably difficult 1. Consider ENT involvement
2. 2 Consultant anaesthetists must be involved

Names/Registering body numbers of clinicians responsible for tracheostomy

- 1)
 - 2)
- Bronchoscopist

TIME OUT

Verbal confirmation between team members before start of procedure

- Is patient on adequate ventilator settings and 100% FiO2? Yes No
- Is patient adequately sedated and paralysed? Yes No
- Is position optimal? Yes No
- Cuff tested as intact? Yes No
- All team members identified and roles assigned? Yes No
- Any concerns about procedure? Yes No
- If you had any concerns about the procedure, how were these mitigated?

Procedure date: Time:

Operator:

Observer:

Assistant:

Level of supervision: SpR Consultant

Equipment & trolley prepared:

SIGN OUT

- Tracheostomy position confirmed with Bronchoscope? Yes No
- Capnography in situ? Yes No
- Ventilator settings reviewed post procedure? Yes No
- Sedation reviewed? Yes No
- Post procedure hand over given to nursing staff? Yes No

Signature of responsible clinician completing the form

Patient Identity Sticker:

The Procedure			
Personnel			
Bronchoscopy:		Tracheostomy:	
Grade:		Grade:	
Supervising consultant:			
Sterile Scrub/Gown and Gloves?			Yes <input type="checkbox"/>
2X Chloraprep sticks to skin?			Yes <input type="checkbox"/>
Large fenestrated drape Used?			Yes <input type="checkbox"/>
Sedation:		Local Anaesthetic:	
Level of Entry	1-2 Ring		AP Entry Point:
	2-3 Ring		
	Other(Specify)		
Tracheostomy tip is: Cms from carina as confirmed by endoscope			
Tracheostomy Kit/ Batch No:			
Size/Type Tracheostomy:			
Additional Comments:			
Chest X-Ray Ordered Post Procedure?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature:			

Complications			
Correct ventilator settings set post procedure			Yes <input type="checkbox"/>
None <input type="checkbox"/>	Vascular puncture <input type="checkbox"/>	Malposition <input type="checkbox"/>	
2 nd person required <input type="checkbox"/>	Unable to place <input type="checkbox"/>	Other <input type="checkbox"/>	