

# 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 <sup>nd</sup> person required <input type="checkbox"/>	Unable to place <input type="checkbox"/>	Other <input type="checkbox"/>	