

Percutaneous Tracheostomy Record

Patient Details:

ADDRESSOGRAPH

Date:

Time:

SIGN IN

Confirm: Patient identity
Indication
Consent completed
Anticipated problems considered
Allergy status
Airway trolley present
Coagulation checked

TIME OUT

Confirm:
Monitoring (including capnography)
100% Oxygen
Airway rescue equipment
Other equipment required
Anaesthesia and muscle relaxation
satisfactory level

PROCEDURE DETAILS

Operator(s):
Airway:

OPERATION NOTES

Aseptic technique (gown, hat, mask, sterile gloves, 2% chlorhexidine) Yes No
1% Lignocaine with 1:200,000 Adrenaline skin infiltration Yes Volume used:

Kit: *Sticker*

Ultrasound exam of neck: Yes No

Relevant findings:

Description of Procedure:

Tied or Sutured

Bronchoscope used? Yes No

Complications: Yes No Describe:

SIGN OUT

Confirm position:

Capnograph Bronchoscopy

CXR : Satisfactory position Yes No

Pneumothorax: Yes No

Problems:

Equipment issues:

Date & time checked: m m: h h d d / m m / y y

Signature: