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) 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?

/signature of responsible clinician completing the form

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 □]

Patient Identity Sticker:

- Procedure date: ___________
- Time: ___________
- Equipment & trolley prepared: ___________
- Level of supervision: SpR □ Consultant □
# The Procedure

## Personnel

<table>
<thead>
<tr>
<th>Bronchoscopy:</th>
<th>Tracheostomy:</th>
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<tbody>
<tr>
<td>Grade:</td>
<td>Grade:</td>
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</table>

**Supervising consultant:**

- Sterile Scrub/Gown and Gloves? **Yes**
- 2X Chloraprep sticks to skin? **Yes**
- Large fenestrated drape Used? **Yes**

**Sedation:**

- Local Anaesthetic: **Yes**

**Level of Entry**

- 1-2 Ring
- 2-3 Ring
- Other(Specify)

**AP Entry Point:**

**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
- No

**Signature:**

## Complications

<table>
<thead>
<tr>
<th>Correct ventilator settings set post procedure</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
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<tr>
<td>Vascular puncture</td>
<td></td>
<td></td>
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<tr>
<td>Malposition</td>
<td></td>
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<tr>
<td>2nd person required</td>
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<tr>
<td>Unable to place</td>
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<tr>
<td>Other</td>
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</tbody>
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*The Faculty of Intensive Care Medicine*