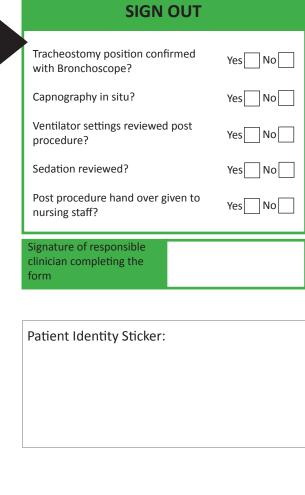
## **Invasive Procedure Safety Checklist: TRACHEOSTOMY**

BEFORE THE PROCEDURE			TIME OUT		SIG		
embers of the team introduced	Yes No		Verbal confirmation between team memb start of procedure	ers before	7	Tracheostomy position of with Bronchoscope?	
y checked as correct?	Yes No		Is patient on adequate ventilator settings and 100% FiO2?	Yes No		Capnography in situ?	
nsent completed?	Yes No		Is patient adequately sedated and				
neostomy and equipment cult airway trolley/bronchoscope)	Yes No		paralysed?	Yes No		Ventilator settings review procedure?	
ate monitoring available?	Yes No		Is position optimal?	Yes No		Sedation reviewed?	
	163110		Cuff tested as intact?	Yes No		Post procedure hand over	
ontraindictions to performing (High FiO2, PEEP, anatomical, opathy)	Yes No		All team members identified and roles assigned?	Yes No		nursing staff?	
coagulation checked?	Yes No		Any concerns about procedure?	Yes No		Signature of responsible clinician completing the	
; allergies?	Yes No				form		
nd NG aspirated?	Yes No		If you had any concerns about the proceduthese mitigated?				
autions required?	Yes No		<b>0</b>			Daria 1 da Criala	
rns about this procedure	Yes No					Patient Identity Stick	
Ity anticipated prior to the start of	the procedure						
ted Possibly difficult Cor	nsiderably difficult	F	Procedure date: Time:				
		(	Operator:				
ifficult 1. Consider ENT involven 2. 2 Consultant anaesthe involved			Observer: Assistant:				
	a mathle for	L	Level of supervision: SpR Consult	tant			
egistering body numbers of clinicians resp Dmy	onsible for		Equipment & trolley prepared:				
				π1	oo Foods		
oscopist					ne Facult	у от	





The Procedure												
Personnel												
Bronchoscopy:			Tracheostomy:									
Grade:				Grade:								
Supervising consultant:												
Sterile Scrub/Gown and Gloves?								Yes				
2X Chloraprep sticks to skin?								Yes				
Large fenestrated drape Used?								Yes				
Sedation:				naesthetic:								
Level of Entry	1-2 Ring		AP Ent	ry Point:								
	2-3 Ring											
	Other(Speci	fy)										
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   N						No		]				
Signature:												
Complications  Correct ventilator settings set post procedure  Yes												
None		Vascular puncture	П	Malposition		1 63	,					
2 <sup>nd</sup> person require	ed 🗆	Unable to place		Other								

