

TRACHEOSTOMY CARE PROFORMA

DATE INSERTED / CHANGED ____/____/____

MAKE; Portex Tracoe Other _____ SIZE ; _____

Fenestrated Non fenestrated Cuffed Uncuffed

Pre oxygenation advised Y N (NB CHECK O2 returned to prescribed % / flow)

Patient Label

Name. _____

Hosp. No. _____

DOB. _____

NHS NO. _____

DATE	Time	0600	0800	1000	1200	1400	1600	1800	2000	2200	2400	0200	0400
CARE	Inner tube changed (2-4 hrly)												
	Suction (no. of times & description – see key *)												
	Respiratory rate												
	SpO2												
	O2 % / litres or room air (RA) CHECK!												
	Trache dressing changed (must be done daily)												
	Humidification (see key #)												
	Cuff Pressure (cm H2O; if inflated should be 15-25)												
WEANING	Capped off Y/N												
SAFETY	Hyperventilation bag												
	Catheter mount												
	Suction catheters Size;												
	Spare trache tubes (same size, one size smaller)												
	Spare inner tube												
	Tracheal dilators												
	H2O & jug (for suction tubing)												
	10ml Syringe (clean and dry)												
NURSE INITIALS													

Key * A = white / clear # Trache mask = TM
 B = creamy Swedish nose = SN
 C = blood stained Buchanan bib = B
 D = green / brown

IF RR RISES AND / OR SpO2 FALLS;
 1. Suction and check inner cannula.
 2. Is the patient receiving the correct oxygen?
 3. If RR and SpO2 remain abnormal CALL FOR HELP

SUCTION CATHETER
 (Trache tube size - 2) x 2