

Percutaneous Tracheostomy Insertion (OPCS code: E42.3)

Date _____ Time _____

Pre-requisites Neck anatomy, CVS stability, Oxygenation & Ventilation acceptable? Yes No

Coagulation status acceptable/anticoagulants suspended? Yes No

Date of failed trial of extubation : _ / _ / _ _ If not done record reason overleaf

WHO Checklist

Consent (Form 1) / Assent (Form 4) signed (delete as appropriate) Yes No

Crossmatch/blood products required and completed/given? Yes N/A

Sedation/analgesia/muscle relaxant available? Yes

Rescue drugs (e.g. vasoconstrictors) available? Yes

Appropriate airway equipment available and checked? Yes

Any Known Allergies? Yes / No

Operator: _____ Bronchoscopy: _____
 Grade: _____ Grade: _____
 Supervisor: _____

Procedure

Elective re-intubation pre-insertion? Yes No Uneventful? Yes No (detail overleaf)

Throat pack inserted? Yes No Removed at end of procedure? Yes / NA

Local Anaesthetic to skin? Yes No
 *(lignocaine 1% or Bupivacaine with/without adrenaline) * delete as appropriate

Blunt dissection to tracheal rings Yes No

Trachea cannulated under direct vision Yes No

SpO2 > 92% throughout Yes No – detail overleaf

Position confirmed with EtCO2 Yes No

Insertion Easy Average Difficult (If difficult detail overleaf)

Immediate complications No Yes - detail overleaf

Trache tip distance above carina _____ cm

CXR required Yes No

CXR requested Yes No N/A

CXR reviewed Yes No N/A

Affix Tracheostomy product label here _____
 Affix Patient Sticker here _____

Signed: _____ Print name: _____

OPCS code E42.3= temporary tracheostomy. E42.1 = permanent tracheostomy



