

This patient has a
TRACHEOSTOMY

Patient Name:



Remove stay sutures [date]:

Tracheostomy details

Tracheostomy tube ID: Type:

Uncuffed / Cuffed Type: Air / TTS Volume:

Tracheostomy downsize tube ID: Type:

Suction catheter size: FG

Length for suctioning: cm

PATENT UPPER AIRWAY: Yes/No **Details:**

Laryngoscopy Grade:

Able to be intubated orally Yes/No **Able to be ventilated orally** Yes/No

Due 1st tube change ___/___/___ (by ENT only) Frequency of tube changes: ___ days

Renew tubes on: ___/___/___

In an Emergency: Call 2222 and request the Resuscitation Team and ENT surgeon

Follow the NTSP Emergency Paediatric Tracheostomy Management Algorithm