

This patient has a
TRACHEOSTOMY

There is a potentially patent upper airway (Intubation may be difficult)

This document should be kept by the patient bedside at all times and filed on HCR on discharge from hospital

WRITE OR ATTACH ADDRESSOGRAPH

Surname.....
Forenames..... DOB
dd / mm / yyyy Age.....
Hospital number.....
NHS number.....

- New tracheostomy (this admission)
- Long term tracheostomy

Surgical / Percutaneous

Performed on (date) _____

Tracheostomy Tube size _____

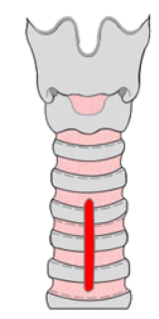
Tracheostomy Tube changed , please see back of form

- Indicate location and function of any sutures inserted _____
- Laryngoscopy grade and notes on managing upper airway _____
- Any problems with this tracheostomy (continue on back of form) _____

Indicate tracheostomy type by circling the relevant figure



Percutaneous



Slit type

Emergency Call James Cook University Hospital: ICU Emergency bleep 1005 Anaesthetist SpR on call bleep 4598, CCOT bleep 7000

Emergency Call Friarage Hospital: ICU phone 64011, Anaesthetist on call bleep 161, CCOT bleep 784

CARDIAC ARREST CALL 2222

