

WRITE OR ATTACH ADDRESSOGRAPH

Surname.....

Forenames.....

DOB dd / mm / yyyy Age.....

Hospital number.....

NHS number.....

Percutaneous Tracheostomy Checklist

Critical Care Time-outs

Date _____ Time _____

Time-out 1: Pre procedure (before operator scrubs)

- Is there assent? _____ Assent obtained and form 4 completed
- Any contraindications considered? _____ C-spine, anatomy, coagulopathy and drug allergies
- Feed? Insulin stopped? _____ Plans regarding enteral feeding and risk of hypoglycaemia understood
- Roles agreed _____ Operator, anaesthetist, nurse and runner roles delegated
- Tracheostomy tube for case ready _____ Tracheostomy tube type and size considered and available
- Equipment ready _____ Tracheostomy trolley complete and airway equipment to hand

The team agree tracheostomy is in the best interest of the patient and it is safe to proceed

Time-out 2: Prior to incision (operator scrubbed)

The team agree:

- The patient is anaesthetised, paralysed and adequately ventilated.
- The patient is optimally positioned, the neck is clean and local anaesthetic has been infiltrated.
- No one has any unvoiced concerns.

Time-out 3: Post procedure (operator confirms airway is secured)

The team agree:

- Need for chest X-ray discussed
- Throat pack(s) if present removed _____ (please specify number of throat packs removed).
- Documentation completed: operation chart, tracheostomy sign, audit form (if relevant).
- Scope cleaned and sent for decontamination. Scope documentation (sticker x2) completed.
- Non-disposable instruments on tracheostomy tray checked and sent to CSSD. All sharps disposed safely in sharp bin.
- Feed to be recommenced ± insulin infusion.
- No one has any unvoiced concerns.

Name and signatures of all present during tracheostomy procedure

Notes
