

# Tracheostomy Observation Chart

Date/Time \_\_\_\_\_

WRITE OR ATTACH ADDRESSOGRAPH

Surname.....

Forenames.....

DOB dd / mm / yyyy      Age.....

Hospital number.....

NHS number.....

Frequency of observations \_\_\_\_\_ Initials \_\_\_\_\_ NMC/GMC no \_\_\_\_\_

Tracheostomy type \_\_\_\_\_  Cuffed  Fenestrated

Tracheostomy size \_\_\_\_\_  Non -Cuffed  Non-fenestrated

	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	
Inner tube patency																									
Inner tube cleaned																									
Cuff pressure (write <b>D</b> if deflated)																									
Suction assessment																									
Suction performed																									
O <sub>2</sub> percentage																									
SpO <sub>2</sub>																									
Humidification																									
Stoma assessment																									
Stoma care																									
Dressing change																									
Safety equipment																									
Nurse's initials																									

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