

INVASIVE PROCEDURE SAFETY CHECKLIST: Tracheostomy

BEFORE THE PROCEDURE

Have all members of the team introduced themselves and roles assigned?	Yes	
Patient identity checked?	Yes	
Appropriate consent completed?	Yes	
Is all the equipment available and checked for the tracheostomy, bronchoscopy and reintubation?	Yes	
Is appropriate monitoring attached? (including EtCO2)	Yes	
Previous grade of intubation checked?	Yes	
Is the patient optimised for the procedure (consider stability, ventilator and FiO2 settings, anatomical issues)?	Yes	
Is there a coagulopathy (drugs / lab results)?	Yes	No
Known drug allergies?	Yes	No
Is enteral feed stopped and NG tube aspirated?	Yes	
Are spinal precautions required?	Yes	No
Any difficulties anticipated?	Yes	No
If yes, plans discussed?	Yes	

TIME OUT

Verbal confirmation between team members before start of procedure

Is patient on appropriate ventilator settings and 100% FiO2?	Yes	
Is patient adequately sedated and paralysed?	Yes	
Position optimal?	Yes	

Patient Identity Sticker:

Procedure Date:

Time:

Operator:

Assistant:

Supervisor:

SIGN OUT

Tracheostomy position confirmed with bronchoscope?	Yes	
Appropriate distance from carina in flexed and extended neck position?	Yes	
Guidewire removed?	Yes	
Capnography in situ?	Yes	
Ventilator settings reviewed post procedure?	Yes	
Tracheostomy secured?	Yes	
Cuff pressure checked?	Yes	
Sedation reviewed?	Yes	
Sharps safely disposed of?	Yes	
Tracheostomy bedhead sign placed?	Yes	

Signature of responsible clinician completing the form