

Patient has a Tracheostomy Insitu

Upper airway abnormality: Yes/No

Tracheostomy tube details/type:

Size: ID (mm)

Size: OD (mm)

Distal Tube Length (mm):

Inner tube: No/Yes or N/A

Re-usable Tube: No /Yes

Suction: *Suction Pressure 80 – 120mmHg (10 – 16 kPa)*

Catheter _____ FG to Depth _____ (cm)

Emergency spare smaller tube details/ type

Size: ID (mm)

Size: OD (mm)

Distal Tube Length (mm):

Tracheostomy tube change date last done and date due:

In an emergency: call MET – 2222

Follow emergency tracheostomy management procedure