### 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**

Respiratory CNC Reviewed 2021