

TRACHEOSTOMY CHECKLIST

MRN:	Patient Name:	DOB:
-------------	----------------------	-------------

Tracheostomy Size & Type:

		Mon Day	Mon Night	Tues Day	Tues Night	Wed Day	Wed Night	Thurs Day	Thurs Night	Frid Day	Frid Night	Sat Day	Sat Night	Sun Day	Sun Night
Date															
Room Check	Oxygen available & Trach O2 Set														
	Tracheostomy Secure														
	Suction / spare suction catheters / pressure														
	Tracheostomy sign over bed														
	Thermovents / Dressings / Trachy-Wipes														
	Ambu bag outside door														
	Sterile Water bottle changed daily														
Patient Emergency Bag/Case	Spare Tube with Velcro ties														
	Smaller Tube with Velcro ties														
	Safety Scissors														
	Spare Ties														
	Gel / Gauze / Dressing														
	Disconnect wedge (Bivona Tubes)														
	One way Resus Valve														
	Suction Catheter for Zeldinger Technique														
	Initials of Nurse														