

Tracheostomy Tube Sterilisation record

	<u>Tube 1 size:</u>	<u>Type:</u>	<u>Tube 2 size:</u>	<u>Type:</u>
	<u>Lot No:</u>	<u>Date inserted:</u>	<u>Lot No:</u>	<u>Date inserted:</u>
1 st sterilisation	Sent to CSSD: Signature: _____	Date: _____	Sent to CSSD: Signature: _____	Date: _____
	Back from CSSD: Signature: _____	Date: _____	Back from CSSD: Signature: _____	Date: _____
2 nd sterilisation	Sent to CSSD: Signature: _____	Date: _____	Sent to CSSD: Signature: _____	Date: _____
	Back from CSSD: Signature: _____	Date: _____	Back from CSSD: Signature: _____	Date: _____
3 rd sterilisation	Sent to CSSD: Signature: _____	Date: _____	Sent to CSSD: Signature: _____	Date: _____
	Back from CSSD: Signature: _____	Date: _____	Back from CSSD: Signature: _____	Date: _____
4 th sterilisation	Sent to CSSD: Signature: _____	Date: _____	Sent to CSSD: Signature: _____	Date: _____
	Back from CSSD: Signature: _____	Date: _____	Back from CSSD: Signature: _____	Date: _____
5 th sterilisation	Sent to CSSD: Signature: _____	Date: _____	Sent to CSSD: Signature: _____	Date: _____
	Back from CSSD: Signature: _____	Date: _____	Back from CSSD: Signature: _____	Date: _____

Tracheostomy Tube Sterilisation record

	<u>Tube 3 size:</u>	<u>Type:</u>	<u>Tube 4 size:</u>	<u>Type:</u>
	<u>Lot No:</u>	<u>Date inserted:</u>	<u>Lot No:</u>	<u>Date inserted:</u>
1 st sterilisation	Sent to CSSD: Signature: _____	Date: _____	Sent to CSSD: Signature: _____	Date: _____
	Back from CSSD: Signature: _____	Date: _____	Back from CSSD: Signature: _____	Date: _____
2 nd sterilisation	Sent to CSSD: Signature: _____	Date: _____	Sent to CSSD: Signature: _____	Date: _____
	Back from CSSD: Signature: _____	Date: _____	Back from CSSD: Signature: _____	Date: _____
3 rd sterilisation	Sent to CSSD: Signature: _____	Date: _____	Sent to CSSD: Signature: _____	Date: _____
	Back from CSSD: Signature: _____	Date: _____	Back from CSSD: Signature: _____	Date: _____
4 th sterilisation	Sent to CSSD: Signature: _____	Date: _____	Sent to CSSD: Signature: _____	Date: _____
	Back from CSSD: Signature: _____	Date: _____	Back from CSSD: Signature: _____	Date: _____
5 th sterilisation	Sent to CSSD: Signature: _____	Date: _____	Sent to CSSD: Signature: _____	Date: _____
	Back from CSSD: Signature: _____	Date: _____	Back from CSSD: Signature: _____	Date: _____

Tracheostomy Tube Sterilisation traceability stickers

<p><u>Tube 1 size:</u></p> <p><u>Type:</u></p> <p><u>Lot No:</u></p> <p><u>Date inserted:</u></p>	
<p><u>Tube 2 size:</u></p> <p><u>Type:</u></p> <p><u>Lot No:</u></p> <p><u>Date inserted:</u></p>	
<p><u>Tube 3 size:</u></p> <p><u>Type:</u></p> <p><u>Lot No:</u></p> <p><u>Date inserted:</u></p>	
<p><u>Tube 4 size:</u></p> <p><u>Type:</u></p> <p><u>Lot No:</u></p> <p><u>Date inserted:</u></p>	