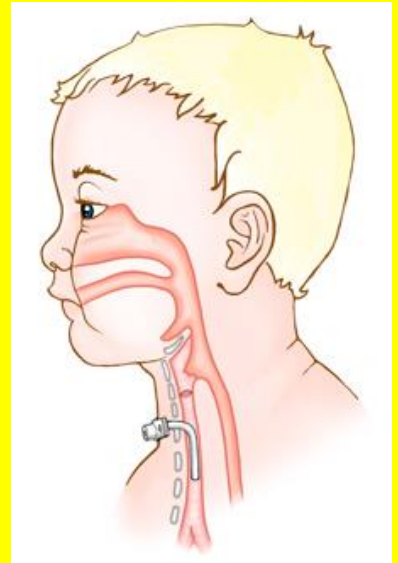


This child has a **TRACHEOSTOMY**



First Name _____ Surname: _____ MRN: _____

SHILEY™		BIVONA®	
NEF	<input type="checkbox"/>	NEO	<input type="checkbox"/>
PEF	<input type="checkbox"/>	PED	<input type="checkbox"/>
Double Lumen	<input type="checkbox"/>	Flextend	<input type="checkbox"/>
Cuffed	<input type="checkbox"/>	Cuffed	<input type="checkbox"/>
Fenestrated	<input type="checkbox"/>	Amount _____ mls water	
Amount _____ mls air			

Tube Size: _____ mm ID

Suction catheter size: _____ FG Depth: _____ cms

REASON FOR TRACHEOSTOMY:	CAN THE CHILD BE INTUBATED: YES <input type="checkbox"/> NO <input type="checkbox"/>
	CAN THE CHILD BE VENTILATED BY BVM* YES <input type="checkbox"/> NO <input type="checkbox"/>
	Specific airway details
Completed by: _____ Date: _____	*Bag Valve Mask