DAILY RECORD OF TRACHEOSTOMY CARE

DATE / /



ATTACH PATIENT LABEL HERE	INNER TUBI	E CHECK EVERY (Hours) with CCOT – Bleep 1374)	3 NTSP TRACHESOTOMY SAFETY INTERVENTIONS CHECKED	INITIA Early	Night
			1) TRACHEOSTOMY DAILY CARE BUNDLE		
NURSE RESPONSIBLE FOR TRACHEOSTOMY CARE (Name/Sign)		2) BEDHEAD SIGN		
Early			3) BEDSIDE EMERGENCY EQUIPMENT		
Late			Equipment for Routine Care		
Night			STERILE WATER AND JUG (CHANGE AT 6AM)		
		INNER TUBE CLE	EANING BRUSHES AVAILABLE AT THE BEDSIDE		
		BOWL A	AND WATER FOR CLEANING SUCTION TURING		

TIME		SUCTION cheostomy size	e – 2) x 2	INNER TUBE		DRESSING		CUFF PRESSURE	AIR=A 02%	HUMIDIFICATION TYPE	CHECK LEVEL OF H2O in Reservoir	TEMP	NAME/ SIGNATURE/BAND
	SUCTION CATHETER SIZE	NUMBER OF CATHETERS USED	SPUTUM SCORE	CHECKED	CLEANED	CHANGED (DAILY/PRN)	TIE CHANGED DAILY Secure = S	8 Hourly		Cold = C Warm = W Swedish Nose = SN TrachPhone = T		Hot water humidification only	

TIME	SUCTION Size = (tracheostomy size – 2) x 2		INNER TUBE		DRESSING		CUFF PRESSURE	AIR=A 02%	HUMIDIFICATION TYPE	CHECK LEVEL OF H2O in	TEMP	NAME/ SIGNATURE/BAND	
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		USED		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc		TrachPhone = T		,	

SPUTUM SCORE

Score 1: mucoid, clear, white, thin Score 2: yellow, green Score 3: green, brown, thick, tenacious, purulent

Action:

- · Suction minimum 4 hourly
- Check/Clean inner tube 6 hourly
- Cold water humidification
- TrachPhone or Swedish Nose

Action:

- Suction minimum 2 hourly
- Check/Clean inner 4 hourly
- Check humidification circuit and water level
- Nebulised isotonic saline 4 hourly
- Consider warm water humidification
- Physiotherapy review
- Review and record fluid balance
- Inform CCOT

Action:

- Suction minimum hourly
- Check Clean inner 2 hourly
- Check humidification circuit and water level
- Nebulised isotonic saline 2 hourly
- · Warmed humidification
- Physiotherapy review
- Review and record fluid balance
- Inform CCOT