This patient has a **TRACHEOSTOMY**

There is a potentially patent upper airway (intubation may be difficult)

Use **emergency tracheostomy management**

- **patent upper airway** algorithm if breathing difficulties

Name ........................................................................................................................................

Performed on (date) ................................................................................................................

Tracheostomy tube size (if present) ..................................................................................

---

**Emergency?**

Call code blue (emergency button / 2222)

**Concerned?**

Rapid response team (via paging system)

**Need more help?**

ICU specialist / anaesthesia / ENT (via switch)

---

Percutaneous

Circle tracheostomy type

Indicate location and function of sutures

Surgical

Laryngoscopy grade/ease of mask ventilation/other e.g. wires/bands (location)

---

Intensive Care NSW

Based on UK National Tracheostomy Safety Project.

More information at www.tracheostomy.org.uk

Published: Oct 2021 Review date: 2026 © State of New South Wales (Agency for Clinical Innovation)