Wellington ICU
Percutaneous Tracheostomy Insertion Checklist

1 BEFORE PROCEDURE

THINGS TO DO BEFORE	✓
Notify family/EPOA & primary team, inform bedside nurse & ACNM of timing	
Allocate roles & gather equipment (see over for list & location)	
Doctor to review coagulation (INR/APTT/Platelets/R_x dose enoxaparin), imaging (+/- neck ultrasound), anatomy, and positioning	
Ensure capnography is attached and displaying a waveform	
Stop feed & aspirate NG tube	
Pre-oxygenate (set ventilator FiO_2 to 100%) & ensure adequate minute volume; consider increasing AMV pressure limit	
Protect patient's eyes by applying Tegaderm to closed lids	

DRAW UP DRUGS (recommended agents as below unless contraindicated)	✓
Sedation: Propofol infusion	
Analgesia: Fentanyl 500 mcg (neat in 10 ml syringe)	
Relaxant: Rocuronium 100 mg (neat in 10 ml syringe)	
Metaraminol (premix 10 mg in 20 ml syringe) **left in package**	
1% Lignocaine with adrenaline **left in sterile package**	

2

TIME OUT: clarify roles, expectations & verbalise plan

PROCEED TO TRACHEOSTOMY INSERTION

3a AFTER PROCEDURE

THINGS TO DO AFTER **(MEDICAL STAFF)**	✓
Insert fine bore nasogastric tube (unless contraindicated) & secure with bridle	
Change ventilator mode to 'Trach Tube' setting & **turn off ATRC*** (press ETT picture at top left of Mindray screen ➟ Select 'Disable ATRC') Reduce FiO2 as appropriate	
Give the small clear plastic Above Cuff Vocalisation valve (from inside the tracheostomy pack) to the bedside nurse. **Do not throw this away**	
Chart all administered drugs on patient's National Medication Chart	
Document procedure in patient's clinical notes, including any complications	
Enter procedure into ICU Database (Reports/Forms ➟ Tracheostomy Reports ➟ Add new Trache)	
Order chest X-ray & review it to exclude collapse/pneumothorax/complication	
Clean & return all equipment to their original locations	

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3b

AFTER

THINGS TO DO AFTER **(NURSING STAFF)**	✓
Ensure spare tracheostomy inner tube is in bed space	
Change in-line suction to 12 Fr tracheostomy length	
Add catheter mount to Ambu-bag	
Place Tracheostomy Emergency Flowsheet & kit in bedspace	
Check for residual paralysis using Stimpod® Continue sedation until motor function fully returned	

EQUIPMENT LIST

LOCATION	ITEM	✓
All pods	Emergency airway trolley - video laryngoscope/i-gel/ETT/gel sachet	
Store room	Suction tubing (with orange tip cut off)	
	Percutaneous tracheostomy set (Cook Blue Rhino or other)	
Respiratory area	Lyofoam tracheostomy dressing & tracheostomy securing tapes	
	In-line suction (30.5 cm length for tracheostomy tubes)	
Doctor's area (North pod)	CLAB pack (from CVL insertion area) & sterile gloves	
	Disposable Ambu® aScope™ bronchoscope with monitor on stand	
	White elbow ETT connector with bronchoscopy port	
	Tracheostomy tube (usually 8.0 or 9.0 mm size) **left in sterile package** (Portex SuctionAid preferred)	
	22G (black) needle **left in sterile package**	
	Swabstick (2% chlorhexidine gluconate & 70% isopropyl alcohol)	
Bedspace	Protective face shield or goggles	
Stock trolley	Yankauer sucker	
Bedside trolley	10 ml syringe	
	Blunt 18 g draw-up needle	
	10 ml 0.9% sodium chloride **x2** (for Rhino lubrication)	

*Automatic Tube Resistance Compensation (ATRC) should be turned **off** for patients with tracheostomies. Inconsistency with tracheostomy inner internal diameters between different manufacturers may lead to incorrect settings, increasing work of breathing. ATRC should **always be used** with endotracheal tubes.