This patient has a

TRACHEOSTOMY

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

Surgical / Percutaneous

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

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

Hospital / NHS number ...................................

Notes: Indicate tracheostomy type by circling the relevant figure.
Indicate location and function of any sutures.
Laryngoscopy grade and notes on upper airway management.
Any problems with this tracheostomy.

Emergency Call:  Anaesthesia  ICU  ENT  MaxFax  Emergency Team

www.tracheostomy.org.uk