

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) .....

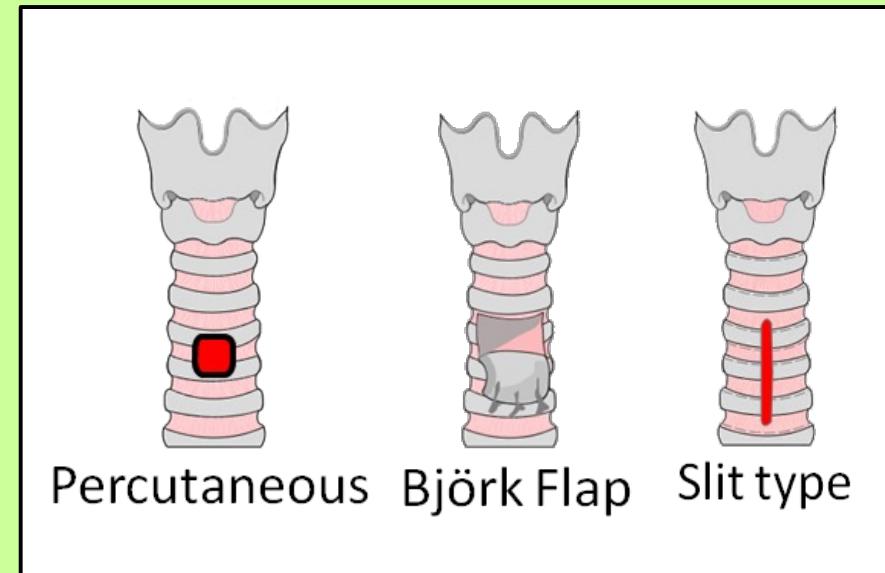
Hospital / NHS number .....

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

# Emergency tracheostomy management - Patent upper airway

