Referral Form for Tracheostomies during the Covid-19 Pandemic
Whipps Cross University Hospital and Newham University Hospital

Applies to **all tracheostomies** undertaken (whether known Covid-19 or not, due to high risk nature of procedure and increasing prevalence in community)

Date of referral:

Patient Details	
First Name:	Next of kin:
Surname:	
Date of Birth:	Contact number of NOK:
NHS Number:	
Age:	Ward:
Gender:	Bed number:

Covid-19 status (date:_____):

History	
Date of intubation:	CXR done: Yes/no
Date of trial of extubation:	Pyrexia (>37.5C) in the last 24 hours: Yes/no
Concerns re trial of extubation:	Current PEEP: ____cmH2O
	Current FiO2: ____
Current pressor requirement:	

Latest blood tests	
Hb:	CRP:
Platelet count:	WCC:
INR:	Overall, inflammatory markers falling? Yes/no

Preparation:
Has a consent form 4 been completed? Yes / No
Has the referral been discussed with the family? Yes / No

Please refer to preconditions, preparation, requirement of skilled team on page 2 and only consider referral for a tracheostomy during the Covid-19 crisis, if trial of extubation failed/is not possible and other preconditions met (a tracheostomy should preferably be done with negative Covid-19 testing to reduce viral load risks to staff treating the patient post-op which is likely not to be before 2 weeks after intubation)

Submit to: matt.lechner@nhs.net (Mr. Matt Lechner, ENT ST8, ENT/Head and Neck Liaison for Tracheostomy Referrals from ITU at Whipps Cross University Hospital and Newham University Hospital during the Covid-19 crisis)
Mr. Matt Lechner, Mr. Nitesh Patel, Dr. David Melia, Mr. Sri Rao, Mr. Khalid Ghufoor (Barts Health NHS Trust)

As per BLA Covid-19 Tracheostomy Guideline and SOP for Tracheostomies during Covid-19 Pandemic at the Royal London Hospital 9th Edition (Dr. Julia Hadley, Mr. Rishi Bhandari, Mr. Khalid Ghufoor, Dr. Helen Drewery, Dr. Alastair Mulcahy) – slightly amended to be applicable to requirements at Whipps Cross University Hospital and Newham University Hospital.
For all referrals from Newham University Hospital: Once criteria are met or MDT decided to go ahead, please transfer the patient to perform the tracheostomy at Whipps Cross University Hospital where theatre staff are trained for this procedure and aftercare with on-site ENT cover during the Covid-19 crisis can be provided.

Preconditions & Preparation
• 1 tracheostomy per day (to be kept under review)
• Two ITU consultant decision and discussion with surgical team and senior anaesthetist
• Unlikely to be indicated after less than 10-14 days of ventilation (may evolve)
• Consider trial of extubation– i.e. high threshold to perform tracheostomy
• Patient should be apyrexial with falling inflammatory markers (a surgical procedure undertaken during viraemia risks precipitating a clinical deterioration)
• Patient should be requiring PEEP ≤ 10 cmH2O and FiO2 ≤ 0.4 (to promote tolerance to periods of apnoea and potential de-recruitment)
• Haemodynamically stable with minimal pressor requirement
• Review CXR to ascertain starting distance of ETT tip above carina.
• Patient fasted for 6 hours
• Patient to have a full coagulation screen - abnormal results noted and plans for optimisation in place.

Skilled team
• Consultant surgeon (OMFS or ENT)
• Skilled assistant (senior OMFS / ENT registrar)
• Scrub nurse
• Consultant anaesthetist skilled in anaesthesia for surgical tracheostomy
• Second anaesthetist
• ODP
• Second theatre nurse as runner in theatre
• CLEAN runner in anaesthetic room with silver trolley to supply additional equipment required by anaesthetic and surgical teams

Full PPE for all theatre staff (including FFP3 mask and visor. Powered hoods (PAPR) are available, but with logistical issues).

Location & theatre preparation
• Once referral accepted and MDT decision made, book case with emergency theatres and liaise with theatres the **day prior to** and on the morning of planned procedure to plan logistics – ideally schedule for afternoons using second emergency theatre team.
• Negative pressure side room on ITU (staffed by the emergency theatre team) may be used for Covid- 19 patients, but requires careful planning.
• In theatres: Current BH guidance suggests leaving laminar flow turned on. Discuss merits of performing procedure in separate theatres for Covid-19 negative and positive patients.

ITU preparation
• Bring range of tracheostomy tubes if patient from ITU – Tracoetwist subglottic suction on tracheostomy tube as preference (do not use fenestrated tubes). Consider risk/benefits of using large tubes-aim for size 8 for males and size 7 for females.
• Bring tracheostomy specific in-line suction set (different to ETT set)
• Enquire if any additional procedure required whilst in theatre – e.g. NG tube insertion / change, line changes
• ICU to stabilise patient on transport ventilator 30 minutes before transfer.

Transfer
• Transfer to and from theatre in accordance with BH Covid-19 Transfer Policy
• Bring ETT clamp with you.
• Transfer with ETT in-line suction in circuit. Tape concertina connections, which easily loosen.
• Take directly into operating theatre

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If above criteria are not met, but the team feel that a tracheostomy is still in the patient's best interest, this should be discussed in the tracheostomy MDT during the Covid-19 crisis.

Further information:

Tracheostomy MDT proforma

Participants:

Discussion:

Outcome:

Planned date:

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