

Tracheostomy *Preparatory* Checklist

SURGICAL TRACHEOSTOMY CHECKLIST TO BE UNDERTAKEN DURING THE COVID-19 PANDEMIC

1 Check Team

- Consultant surgeon
- Skilled Assistant
- Scrub nurse
- Consultant anaesthetist
- Second anaesthetist
- ODP
- Second theatre nurse as runner
- CLEAN runner in anaesthetic room
- Full PPE for all theatre staff

2 Anaesthetists

- Suction equipment with Yankauer and tracheal suction catheters
- Tape across Yankauer hole
- Macintosh and McGrath Laryngoscopes
- 20 ml syringe
- Tape to re-secure ETT
- Drugs
- Clamp for ETT
- Long theatre ventilator tubing

3 Airway Equipment in Kidney Dish

- Tracheostomy tubes (cuffed, non fenestrated, double lumen tube with obturator in, size 6, 7 and 8)
- 20ml syringe with cuff checked
- Lubricating jelly on a swab
- Tracheal dilator
- Catheter mount
- Nylon tape
- Lyofoam

4 Patient Preparation

- Clamp ETT, turn off transport ventilator before transferring
- Head at anaesthetic machine end
- Leave ETT in-line suction in situ & consider taping connections.
- Head ring and shoulder roll
- WHO time out
- Scrub team to assemble tracheostomy in-line suction with clean HME filter
- Eye tapes and pads

Tracheostomy *Procedural* Checklist

SURGICAL TRACHEOSTOMY CHECKLIST TO BE UNDERTAKEN DURING THE COVID-19 PANDEMIC

1 Proceed to OP

- Drape
- Suction oropharynx with Yankauer, and trachea using in-line suction
- Advance ETT blindly with cuff inflated, observing for signs of intubation of the right main bronchus
- Increase cuff pressure and ensure patient is paralysed

2 Making Tracheal Window

- Pre-oxygenate the patient
- Give an additional dose of muscle relaxant
- **Stop ventilation**
- **Make the tracheal window**
- **Ventilation can be resumed** after tracheal window is formed and the cuff is intact

3 Tracheostomy Insertion

- Window preparation
- Suction oropharynx
- **Stop ventilation**
- Deflate cuff and withdraw ETT under direction of the surgeon.
- **Insert tracheostomy**
- Inflate tracheostomy cuff, connect in-line suction (not a standard catheter mount) HME and ventilator tubing
- **Ventilation can be resumed**

4 Post Procedure

- Transfer the patient back to the bed with a single circuit break to reconnect to the transport ventilator
- Consider taping in-line suction connections
- Documentation & tracheostomy passport
- Check the cuff pressure
- All staff to shower and change their scrubs