



Tracheostomy Daily Care Checklist Long-Term Care



Directions: Initial to indicate assessment/procedure performed. Write "N/A" when assessment/procedure was NOT performed or does not apply.

| | | Date | | | | | | |
|--|------|------------------------------------|--|--|--|--|--|--|
| Respiratory Assessment | | AM | | | | | | |
| | | PM | | | | | | |
| Bedside emergency equipment Kit * Check once/shift List of contents on pg. 2 | | 0700 to 1500 | | | | | | |
| | | 1500 to 2300 | | | | | | |
| | | 2300 to 0700 | | | | | | |
| Inner cannula change (BID and PRN) | | AM | | | | | | |
| | | PM | | | | | | |
| | | PRN (indicate time and initial) | | | | | | |
| Suctioning (PRN) | Time | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Stoma care and dressing change (BID and PRN) | | AM | | | | | | |
| | | PM | | | | | | |
| | | PRN (indicate time and initial) | | | | | | |
| Tracheostomy ties securely fastened Yes/No | | 0700 to 1500 | | | | | | |
| | | 1500 to 2300 | | | | | | |
| | | 2300 to 0700 | | | | | | |
| Date of next outer tracheal tube change by Respiratory Therapist (every month and PRN) | | | | | | | | |
| Heat Moisture Exchanger (HME) (Change every 24 hrs) | Time | | | | | | | |
| | PRN | | | | | | | |
| Other daily care needs: | | | | | | | | |

*See back page for list of bedside emergency equipment list

Tracheostomy Bedside Emergency Airway Kit Equipment List

In **Community/Long-term Care areas**, spare Trach Tubes (same type and size) with gloves, water soluble lubricant and trach ties are commonly seen.

It is recommended to have:

- a spare tracheostomy tube - same size and one size smaller
- 10cc syringe
- 1 pack water soluble lubricant and obturator (to fit tube in situ if displaced)
- Manual Ventilation Unit with oxygen tubing
- Heat and Moisture Exchanger (HME)
- Flex tube and swivel adaptor connected and ready to be used
- Face mask
- 2 oral airways

Sample Form - Educational Purposes Only