

This patient has a

# TRACHEOSTOMY

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

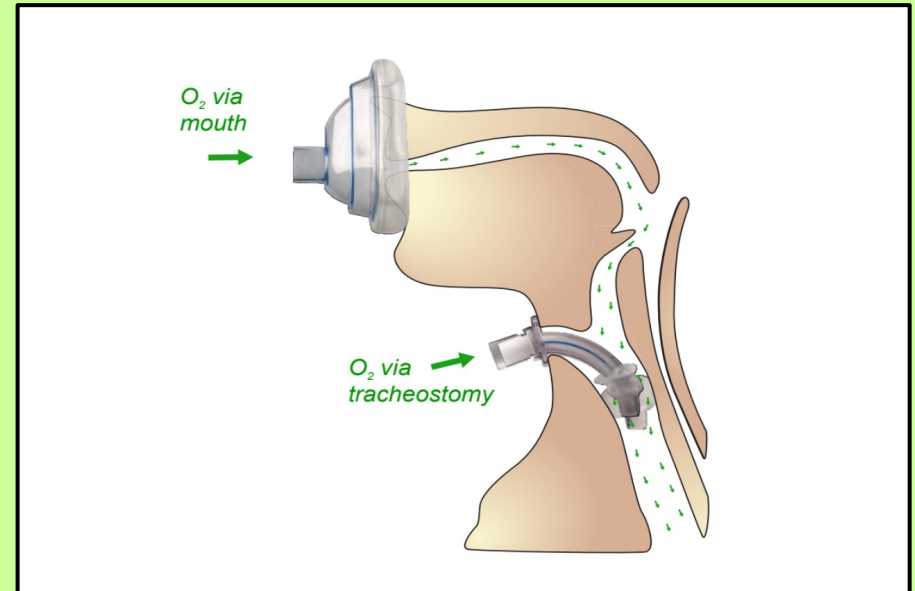
## Surgical / Percutaneous

Performed on (date) .....

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

Hospital / NHS number .....

Notes: Indicate tracheostomy type. 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

