

**Specialty Tracheostomy Tube Change Checklist # DAHS- DAHS-NSCSPTTC21**

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<b>Name:</b>	<b>Employee ID#:</b>
<b>Unit:</b>	<b>Title:</b>

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

<b>Pre-Requisite Learning</b>	<b>Date Completed</b>
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**References:**

- [UC Davis Health Policy 17003, Airway Management for Adult Patients](#)
- Specialty Tracheostomy Tube Change e-module #DAHS-NGNSPECTTC20

Complete Standard Tracheostomy Tube Change Checklist verification: DAHS-NSCSTTC21	
Receive approval from manager to proceed with <b>SPECIALTY</b> tracheostomy tube change verification	

Perform/Complete	Date Completed	Verifier Initials
1. Perform two <b>SPECIALTY</b> tube changes under direct supervision of a qualified MD/DO/NP/PA, RN, or RCP		
▪ <b>Change 1</b>		
▪ <b>Change 2</b>		
2. Correctly document tracheostomy tube change in EMR		

**Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:**

<b>Initials:</b>	<b>Print Name:</b>	<b>Signature:</b>

**PRECEPTEE STATEMENT AND SIGNATURE:**

I have read and understand the appropriate UC Davis Health Policies/Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

Printed Name

Signature

Date