

Standard Tracheostomy Tube Change Checklist # DAHS-NSCSTTC21

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Name:	Employee ID#:
Unit:	Title:
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.	

Pre-Requisite Learning	Date Completed
References: 1. UC Davis Health Policy 17003, Airway Management for Adult Patients 2. Elsevier Clinical Skills: Tracheostomy Tube Change - CE	
Completion of e-module "Standard Tracheostomy Tube Change DAHS-NGNSTTC20"	
Completion of course: Tracheostomy Class DAHS-NGNTC20-ANCC	
Review tracheostomy section of UC Davis Health Policy 17003, Airway Management for Adult Patients	
Review Elsevier Clinical Skills: Tracheostomy Tube Change - CE	

Perform/Complete	Date Completed	Verifier Initials
1. Observe two standard tube changes with the intent of learning the proper method of tube changes		
▪ Observation 1		
▪ Observation 2		
2. Perform two standard tube changes under direct supervision of a qualified MD/DO/NP/PA, RN, or RCP		
▪ Change 1		
▪ Change 2		

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

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

Scan Page and email to: hs-cppn@ucdavis.edu

REVISED APRIL 2021
REVIEWED JUNE 2021