

SKILLS CHECKLIST FOR TRACHEOSTOMY CARE

Staff Name: _____ Date: _____

| Competency Evaluation | Pass/Fail or N/A | Assessed By: (RN,ARPN name) |
|---|------------------|-----------------------------|
| 1. Gather necessary solutions (hydrogen peroxide, normal saline or tap water [use distilled water if client has a septic tank or well water]) and supplies. | | |
| 2. Identify the client using two (2) client identifiers. | | |
| 3. Explain procedure to client/family. | | |
| 4. Suction trach according to policy to facilitate oxygenation prior to cleaning. | | |
| 5. Perform hand hygiene; don nonsterile gloves. | | |
| 6. Place client in semi-fowlers position. | | |
| 7. Remove old dressing and discard appropriately. Wash hands. | | |
| 8. Assess skin around tracheostomy. | | |
| 9. Place tracheostomy brush/cleaner in peroxide bath. | | |
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Signature of RN/ARNP _____ Date _____

Unlicensed Care Provider Signature _____ Date _____