

**Standard Tracheostomy Tube Change Checklist #DAHS-NSCSTTC21**

<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.	
These skills will be considered complete when all below performance criteria are completed and page 1 has been scanned and emailed to: <a href="mailto:cppn@health.ucdavis.edu">cppn@health.ucdavis.edu</a>	

Pre-Requisite Learning	Date Completed
<b>References:</b> 1. <a href="#">UC Davis Health Policy 17003, Airway Management for Adult Patients</a> 2. <a href="#">Elsevier Clinical Skills: Tracheostomy Tube Change - CE</a>	
Completion of e-module "Standard Tracheostomy Tube Change DAHS-NGNSTTC20"	
Completion of course: Tracheostomy Class DAHS-NGNCC20-ANCC	
Review tracheostomy section of <a href="#">UC Davis Health Policy 17003, Airway Management for Adult Patients</a>	
Review <a href="#">Elsevier Clinical Skills: Tracheostomy Tube Change - CE</a>	

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

**PRECEPTOR SIGNATURE:**

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.

<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>