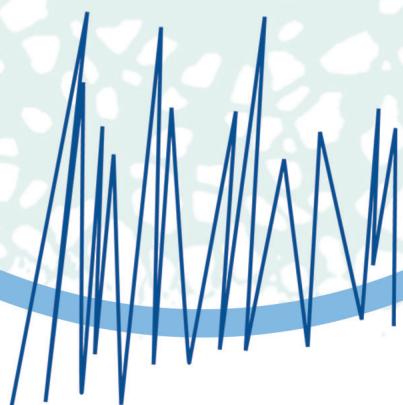


Patient tracheostomy logbook

A patient's guide



This logbook contains important information about your tracheostomy management, please take this with you to any hospital visits and appointments.

My information

Name: _____

Date of birth: ____ / ____ / ____

Hospital number: _____

Telephone number: _____

Tracheostomy tube details

Type and make of tube (If cuffed or uncuffed): _____

Size: _____

Hospital contacts

RSSC ward: 01223 0638365

Ward coordinator: 07767 812745

Notes:

Tracheostomy review

Date	
Current tube	
New tube type, make, size and lot number:	Apply sticker if available
Assessment notes:	
Practitioner name	
Signature	
Next panel review	

Tracheostomy review

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Cambridge Biomedical Campus
CB2 0AY



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