

Tracheostomy Change Skill Verification # DAHS-NSCTCV16

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

Preceptor Verification of Skill: Method of Evaluation
O=Observation (in clinical setting)
RD=Return Demonstration in Simulated Experience

Pre-Requisite Learning	Date Completed
Completion of Tracheostomy Change Verification Module - Adult # DAHS-NADTCVMA16	
Completion of course: Tracheostomy and ENT: ENT Patient Care	
Skill Completion	Date Completed
Completion of Tracheostomy Change Skill Verification # DAHS-NSCTCV16	

Skillset – Tracheostomy Change - Adult	Date	Initials of verified personnel	Method of Evaluation:
Comply with Universal Protocol, perform hand hygiene and PPE as appropriate			
Perform/Complete			
Verbalize under what conditions a RN/RT is able to perform a tracheostomy tube change			
Verbalize MD/NP/PA order details that are required for the tube change			
Verbalize the sequential intervention strategies used in the event any caregiver is unable to recannulate the tracheostomy			
Verbalize emergency complications and interventions			
1. Two tube changes observed with the intent of learning the proper method of tube changes			
▪ Observation 1			
▪ Observation 2			
2. Complete two (2) changes performed per policy under direct supervision by a qualified MD/NP/PA, or verified RN / RT			
▪ Change 1			
▪ Change 2			
3. Correctly document tracheostomy tube change in EMR			

Signature and Printed Name of Preceptor or other verified personnel who have initialed on this form:		
Initial:	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