form “OR-AO”

Lansford Tracheostomy, patient already intubated

☞ Preferences, Pick Sheet, and “Anything Special?”

QR for online color version. Select Form “OR-AO”

Color code:

Surgeon
Anesthesia
Circulating Nurse
Scrub Tech
Surgical Assistant

Pre-op

Surgeon signs chart, and reviews his own consent form with patient/POA and a witness
ASK surgeon if an assistant is needed

Room preparation

Shoulder roll (gel preferred)

Prep Tray

1% or 2% lidocaine with epinephrine 1:100,000 or 1:200,000. 10 mL in syringe.
Regular (not fine) skin marking pen
Betadine prep—quick, “rough” coat of paint only
Medium point violet marking pen

Instruments & Supplies

Tracheostomy tube: ASK SURGEON. Usually 8 cuffed Shiley for male, 6 cuffed Shiley for female
Small Metal Andrews Yankauer
1 medium Weitlaner
2 Stilles toothed forceps
Army-Navy
Guarded blade Bovie tip 0012M
15 scalpel blade
Possible use of cricoid hook
Possible use of Trousseau dilator
2-0 Chromic
2-0 Silk

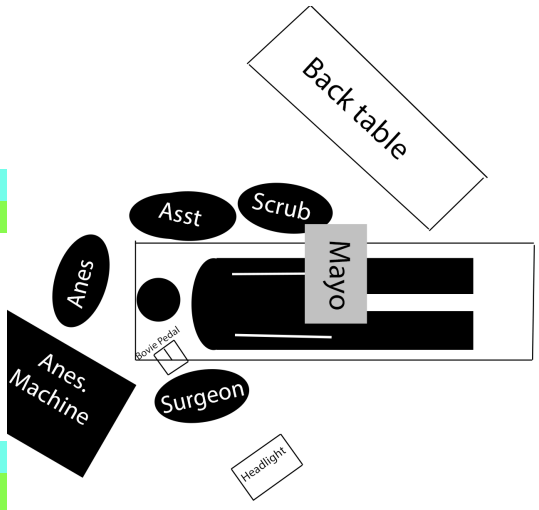
Ray-Tecs
1/2” steri-strips on field
Size 8 Latex free Sensicare gloves for surgeon
XL gown for surgeon

Equipment

Headlight

Patient in Room to Induction

Gel shoulder roll (for most pts)
SCDs functioning before induction



From Induction to Incision

Table up to surgeon’s elbows
Tuck or papoose arms- no arm board
Electrocautery- 20 cut, 20 coag,pedals by Dr’s feet.
Suction—small metal Andrews Yankauer
Marking pen-medium tip
Surgeon will inject epinephrine 1:100,000 prior to prep
Surgeon will prep and drape
Towels x 4
Split sheet

Mid Operation

Have 2-0 Chromic loaded
Test the balloon on the tracheostomy tube. Leave syringe full of air attached
Usually, any FiO2 is ok as surgeon will not Bovie into the airway, but communicate.
Loosen tape/attachement of endotracheal tube in preparation for extubation
Surgeon will announce when entering the airway.
Once the airway is entered, minimize/stop ventilations temporarily.
Surgeon will ask for ETT to be withdrawn and will indicate how far.
Once tracheostomy is placed, ok to reach into field and attach airway circuit to trach
Please confirm CO2 tracing
Music and background discussion quiet, please.

Closing

2-0 Silk sutures for trach; cut sutures
Soft velcro trach tie; will use hemostat to pass behind neck, scissors to shorten
Steri-strips to secure chromic to chest

Emergence to Patient Exit

Surgeon may perform flexible fiberoptic laryngoscopy (with a flexible laryngoscope) after extubation when patient is following commands. (Ask)