



COVIDTrach



REDCap ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<u>(Priority data are underlined)</u>
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Admin

Hospital name:

NHS email of nominated site lead:

Name of individual(s) completing this survey:

Specialty of individual(s) completing this survey?

Surgical Specialty <input type="checkbox"/>	Intensive Care <input type="checkbox"/>	Other <input type="checkbox"/>
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Patient demographics and medical history

Age <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Gender Female <input type="checkbox"/> Male <input type="checkbox"/>			
Weight (kg) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Height/Length (cm) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>			
Comorbidity (tick all that apply)				
Asthma <input type="checkbox"/>	None <input type="checkbox"/>			
Cancer <input type="checkbox"/>	Diabetes <input type="checkbox"/>			
Chronic kidney disease <input type="checkbox"/>	Heart failure <input type="checkbox"/>			
COPD <input type="checkbox"/>	Hypertension <input type="checkbox"/>			
Coronary artery disease <input type="checkbox"/>	Immunosuppression <input type="checkbox"/>			
	Stroke <input type="checkbox"/>			
Smoking status				
Current smoker <input type="checkbox"/>	Ex smoker <input type="checkbox"/>			
Non-smoker <input type="checkbox"/>	Unknown <input type="checkbox"/>			
Was an ICU/Health scoring system used?				
<i>Indicate scores for all that apply</i>				
SOFA score	APACHE score	Frailty score	CURB765 score	ICNARC score
<input style="width: 60px; height: 30px;" type="text"/>	<input style="width: 60px; height: 30px;" type="text"/>	<input style="width: 60px; height: 30px;" type="text"/>	<input style="width: 60px; height: 30px;" type="text"/>	<input style="width: 60px; height: 30px;" type="text"/>
Was the patient prescribed anticoagulants or antiplatelets (not including prophylactic LMWH)?				
<input style="width: 30px; height: 30px;" type="text" value="Y"/> <input style="width: 30px; height: 30px;" type="text" value="N"/>				



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How many failed extubations?

Indicate the speciality of

ENT	OMFS	Thoracic	General Surgery	ICU	Other	N/A
The lead operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
The other operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Grade of lead operator

Consultant Middle Grade

Grade of assistant

Consultant Middle Grade No surgical assistant

Where did the tracheostomy take place?

Operating room Intensive care

Was the tracheostomy performed in a negative pressure environment? Y N

Method of tracheostomy

Open Percutaneous Hybrid

If percutaneous, which method was used for guidance?

None Bronchoscope Ultrasound

Laryngoscopy / direct vision Other

Type of tracheostomy tube

Cuffed Uncuffed Fenestrated Unfenestrated

Brand of tracheostomy tube

Portex Shiley Trachotwist Other

Size of tracheostomy tube

6 7 7.5 8 9

Adjustable flange tube Y N

Were there any complication(s) during tracheostomy? Y N

If 'YES' Type of complication(s)

Bleeding Cuff tear Displaced tube

Tube in false passage Desaturation below 80% Haemodynamic instability

Cardiac arrhythmia Tracheal ring fracture

Other complication(s) - give details

Did the patient survive the tracheostomy procedure? Y N

If 'NO', what was the cause of death?

What PPE was used by the surgical team during the tracheostomy?

Double gloves	<input type="checkbox"/>	Full length disposable apron	<input type="checkbox"/>	FFP3 mask	<input type="checkbox"/>	FFP2 mask	<input type="checkbox"/>
Face visor	<input type="checkbox"/>	Disposable shoe/boot cover	<input type="checkbox"/>	PAPR Hood	<input type="checkbox"/>		
Surgical gown	<input type="checkbox"/>	Surgical mask	<input type="checkbox"/>	Disposable fluid-resistant hood	<input type="checkbox"/>		

If the patient has NOT survived the questionnaire stops here, remember to also complete the "Healthcare Professional Wellness" section



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Period between tracheostomy and successful wean from mechanical ventilation

Has the patient died between tracheostomy and successful wean from mechanical ventilation?

Y N

If 'YES', how many days from tracheostomy to death?

If 'YES', cause of death was Covid related Tracheostomy related Other

At the time of completing this part of the survey, has the patient been successfully weaned from mechanical ventilation?

Y N

How many days from the tracheostomy to the day of completing this part of the survey?

How many days from tracheostomy to successful weaning from mechanical ventilation? Day 0 = date of tracheostomy

Was non-invasive mechanical ventilation used after successful weaning from invasive ventilation? Y N

Were there any failed wean attempts from mechanical ventilation after tracheostomy? Y N

If 'NO', how many failed wean attempts from invasive mechanical ventilation after tracheostomy?

How many days from tracheostomy to the day that sedation has been stopped for greater than 24 hours? Day 0 = date of tracheostomy

Were there any tracheostomy related complication(s) during this period? Y N

If 'YES', complication(s)

- Bleeding Tube in false passage
- Cuff leak Blocked tube
- Cuff tear Tracheal granulation
- Displaced tube Other (give details):

If 'CUFF LEAK', was the tracheostomy tube changed due to cuff leak? Y N

If 'YES' how many times was the tube changed due to a cuff leak at the time of completing this part of the survey?

Has the patient been discharged from Intensive Care? Y N

How many days from tracheostomy to discharge from Intensive Care?
Day 0 = date of tracheostomy

If the patient has NOT survived the questionnaire stops here, remember to also complete the "Healthcare Professional Wellness" section



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(Priority data are underlined)

Period between cessation of mechanical ventilation and discharge from hospital

Were there any tracheotomy related complication(s) during this period? Y N

If 'YES', complication(s)

Bleeding Tube in false passage

Cuff tear Blocked tube

Displaced tube Tracheal granulation

Other (give details):

Was a closed circuit maintained after successful weaning from mechanical ventilation? Y N

How many days from tracheostomy to first tube change?
Day 0 = date of tracheostomy

Was tracheostomy decannulation successful? Y N

How many days from cessation of mechanical ventilation to decannulation?
Day 0 = day of successful wean

Did the patient survive the period between cessation of mechanical ventilation and discharge from hospital? Y N

If 'NO', How many days from tracheostomy to death?
Day 0 = date of tracheostomy

If NO', cause of death was Covid related Tracheostomy related Other

Was the patient discharged from hospital within 28 days of the tracheostomy? Y N

How many days from tracheostomy to discharge from hospital?
Day 0 = date of tracheostomy

Healthcare Professional Wellness

This section must be completed for each patient

Did any of the operators performing the tracheostomy test positive for COVID-19 within two weeks of the procedure? Y N

Which operator? Main Assistant

Both Unsure