



COVIDTrach



REDCap ID (Priority data are underlined)

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 Intensive Care Other

Patient demographics and medical history

Age (years) Gender Female Male

Weight (kg) Height/Length (cm)

Comorbidity (tick all that apply)

None Asthma Cancer Chronic kidney disease COPD Coronary artery disease Other (give details):

Diabetes Heart failure Hypertension Immunosuppression Stroke

Smoking status Current smoker Non-smoker Ex smoker Unknown

Was an ICU/Health scoring system used? *Indicate scores for all that apply*

SOFA score APACHE score Frailty score CURB765 score ICNARC score

Was the patient prescribed anticoagulants or antiplatelets (not including prophylactic LMWH)? Y N

Was the patient on inotropic support at the time of tracheostomy? Y N

What was the last recorded CRP before tracheostomy?

If 'YES', is the CRP trending downwards? Y N



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How many days before the tracheostomy did the patient have a pyrexia (>37.5C)?

Day of tracheostomy 1-2 days before
 3-4 days before 5 days before or greater

Neck factors affecting tracheostomy

Central neck scar None
 Obese neck Restricted neck extension
 Anterior blood vessel on ultrasound

Was the patient proven to be COVID-19 test positive during the admission to hospital? Y N

Did the patient have a negative COVID-19 swab? Y N

How many days were there from the last COVID-19 swab and the tracheostomy?

Outcome of LAST COVID-19 swab before the tracheostomy? (+)ve (-)ve

Did admission occur after 31st August 2020? Y N

How many days between admission to hospital and intubation?

Was there a period of non-invasive ventilation before intubation and mechanical ventilation? Y N

Ventilatory requirements at the time of tracheostomy

How many days from the start of the patient's symptoms to the tracheostomy?

1-5 days 11-14 days > 21 days
 6-10 days 14-21 days Unknown

How many days of invasive mechanical ventilation before the day of tracheostomy?

What was the FiO2 (%) requirement the day of the tracheostomy?

What was the pO2 (kPa) at the time of tracheostomy?

What was the PEEP setting (cmH2O) at the time of the tracheostomy?

Tracheostomy

What was the indication for the tracheostomy?

Failed extubation To free up ICU beds Palliation
 Anticipated prolonged wean Absence of a cuff leak Other

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"/>	<input type="checkbox"/>	-
The other operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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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

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

If 'YES', complication(s)

Bleeding <input type="checkbox"/>	Tube in false passage <input type="checkbox"/>
Cuff leak <input type="checkbox"/>	Blocked tube <input type="checkbox"/>
Cuff tear <input type="checkbox"/>	Tracheal granulation <input type="checkbox"/>
Displaced tube <input type="checkbox"/>	Other (give details): <input type="checkbox"/>

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

How many days from successful wean to the day of completing this survey?

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

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 <input type="checkbox"/>	Tube in false passage <input type="checkbox"/>
Cuff tear <input type="checkbox"/>	Blocked tube <input type="checkbox"/>
Displaced tube <input type="checkbox"/>	Tracheal granulation <input type="checkbox"/>
Other (give details): <input type="checkbox"/>	

Was tracheostomy decannulation successful? Y N

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



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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

Has the patient been discharged from hospital? 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