



fraserhealth

Tracheostomy Change Referral (Low- Risk Tracheostomy Tubes) Outpatient



Form ID: RTXX107330A

Rev: June 01, 2023

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Name of Patient:	PHN:	DOB:
Home Phone:	Cell Phone:	Alternative Phone:
ARO Status: MRSA/ VRE/ Precautions	Allergies:	Is this a Low-Risk Tracheostomy Change: YES / NO

Patient Orders and Patient History:	Indication for Tracheostomy:
Insertion Date:	Tracheostomy Tube Type:
Trach tube size:	Date of last change:

Please check off one box for best site for client and fax:

<input type="checkbox"/> Surrey Memorial Hospital- Community Outpatient Services at ADC (fax: 604-585-5616)	<input type="checkbox"/> Abbotsford Regional Hospital- Respiratory Booking Department (fax: 604-851-4852)	<input type="checkbox"/> Burnaby Hospital (fax: 604-412-6305)	<input type="checkbox"/> Chilliwack General Hospital - Respiratory Therapy Booking (fax: 604-795-4161)
<input type="checkbox"/> Langley Memorial Hospital ADC (fax: 605-533-6454)	<input type="checkbox"/> Ridge Meadows Hospital- Respiratory Therapy Department (fax: 604-463-1887)	<input type="checkbox"/> Royal Columbian Hospital (fax: 604-520-4910)	<input type="checkbox"/> At Home through CRS (fax: 604-514-6079) *A CRS RT must do one change in the hospital with the patient first*

Please notify client that he/ she are to go for routine tracheostomy changes every 4-6 weeks. **Ensure an appointment is booked and that the patient leaves with the date and time of that appointment before discharge.** After that it is their responsibility to ensure they have an appointment made after each change. Also notify them that they must bring their own Tracheostomy tube to each appointment.

Health care Professional Name & Delegation: _____

Contact Number: _____ Date: _____