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| **Tracheostomy emergency box list**    **Unit/ area staff are responsible for checking daily, that the emergency tracheostomy box is:**   * **Available** * **in date** * **Sealed**   **Any issues please contact Outreach Nurse immediately; 48817/48881** | | | | |
| **Date checked** | **Box number** | **Sealed** | **Expiry date checked** | **Signature** |
| *Eg:* | *1a* | *yes* | *In date* | *sign* |
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