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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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