



# FAQs for Potential Collaborators

**Q: Does it matter whether we do a surgical or percutaneous tracheostomy on an individual patient?**

**A: No, use whatever is clinically indicated. We collect this information on the procedure-related data collection form.**

**Q: Does it matter which percutaneous technique we use on an individual patient?**

**A: No, use whatever is clinically indicated. We collect this information on the procedure-related data collection form.**

**Q: Do we have to use a bronchoscope as part of our procedure?**

A: Use or otherwise of a bronchoscope is a local decision, not part of the trial protocol. We collect this information on the procedure-related data collection form.

**Q: Why do you start the clock on a Level 2 patient when they arrive in ICU, not when their care escalates to Level 3?**

**A: The time of the change-over from Level 2 to Level 3 is often poorly defined and the patients can escalate from Level 2 to Level 3 for non respiratory reasons.**

**Q: In the trial Inclusion Criteria, what do you mean there is a “high chance” that the patient will require a further 7 days or more of ventilatory support during their ICU stay?**

**A: We would ask you to use your clinical judgement as you would in your day-to-day practice when predicting duration of ventilation.**

**Q: If on day ten (late group allocation), it is clear my patient does not need a tracheostomy, do I have to perform one?**

**A: No, a tracheostomy is only required if it is clinically indicated. However your patient can receive a tracheostomy any time after day ten, so if the patient deteriorated a tracheostomy could be considered later (during the same ICU admission only).**

If you would like to know more about  
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