Trach Care

Student Name:	DOB:
Parent Name:	Number:
Practitioner Name:	Practitioner Number:
Allergies:	Medication:

SEE NURSE OFFICE FOR Dr's Orders

Specifics of Management:

Diagnosis:
____
____

Type and size of trachea tube:
____

____Capped at all times
____Capped periodically, explain:_____________________________________
____

____Oxygen required at all times
____Oxygen as needed, explain:_______________________________________
____

____Other:____
____

Current Medications:
____
____
____

Please note any ACTIVITY Limitations/Restrictions:_______________________
____
____
____

____May participate in physical education class if oxygen saturation over_________.
____May participate in outdoor recess if oxygen saturation over _____________ and outdoor temperature above ______ and below ______ degrees.

Nutrition:
_____Oral intake allowed
Type and amount of oral snacks/meals_____________________________________

____ Gtube feedings at school
Supplement ordered _______________________time to be given at school______

Fever: ______Notify parent/guardian if temperature over ____________

Pulse Oximeter/Nebulizer Treatments:
Student's Normal Baseline oxygen saturation is_______________%

Please indicate when student should have oxygen saturation checked with a pulse oximeter. Check all that apply. If PRN please provide SPECIFIC guidelines:
____Before breathing treatment ____After breathing treatment ____Before activity
____Upon arrival/return to school ____After activity
____When signs of respiratory distress-specific individual symptoms:
____
____
____
____

____PRN—please provide SPECIFIC guidelines:
____

Nebulizer Treatments:
____Nebulizer treatment ordered:
____

Suctioning Instructions: Please check all that apply for school day
____Suction trach every ____minutes
____Suction trach every ____hours

Suction trach on as-needed basis based upon the following signs/symptoms:
____choking
____continuous coughing
____gurgling
____upon student request
____other (specify)____________________
____Saline installation needed. Amount _________Frequency________
____Depth to insert catheter____________________________
____Other instructions
____
____
____

EMERGENCY PLAN:

In the event the trach tube becomes dislodged during the school day:

____Notify parent/guardian

____Call 911

____School nurse may reinsert per protocol if stoma is well established

____If oxygen saturation remains between ____% and ____% after suctioning and nebulizer treatment, call parent/guardian.

____If oxygen saturation remains below____% after suctioning and nebulizer treatment, CALL 911.

Additional Physician or Parent Comments:____________________________________

____

____

Supplies Required to be brought to school:

Extra trach and tied

Extra cap, if trach is capped

Suction machine

Sterile suction catheter kits

Sterile water

Saline ampoules

Resuscitation bag

Extra cap, if trach is capped

If on oxygen:

Extra oxygen tubing

Extra oxygen tank

Trach mask, if used

Other supplies specific to student:_______________________________________

____

____

Created By:

Name:	Title:	Date:

I have read and acknowledge:

Name:	Title:	Date:
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