

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – EMERGENT TRACHEOSTOMY TUBE CHANGE

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:

PROCEDURE: RESPIRATORY EMERGENCIES – EMERGENT TRACHEOSTOMY TUBE CHANGE	Training Record RN Initial & Date
A. STATES NAME AND PURPOSE OF PROCEDURE	
B. PREPARATION	
1. Identifies student's developmental ability to participate in procedure.	
2. Reviews standard precautions.	
3. Reviews student's Individualized Healthcare Plan for instruction/authorizations.	
4. Identifies where procedure is done.	
5. Identifies possible tracheostomy problems and appropriate actions.	
6. Identifies go-bag supplies.	
D. PREVENTION	
1. Routine suction at least every 12 hours (often at home).	
2. Maintains humidification of trach tube and airway at all times, as ordered.	
3. Ensures adequate hydration of student. Encourage fluids as appropriate and if able to consume fluids by mouth.	
4. Ensures ties are secure and trach tube is in stoma.	
D. PROCEDURE	
1. Recognition of problems: <ul style="list-style-type: none"> a. Respiratory status not improved with trach suctioning b. Evidence of secretions but no secretions observed during suction procedure c. Suction machine is not operational d. Trach tube falls out or becomes dislodged: For trach tube no longer present in stoma, locates closest trach tube (sometimes it is the trach that has fallen out of the stoma) and reinserts trach tube in stoma. 	
2. Gathers supplies: <ul style="list-style-type: none"> a. Same size trach tube with obturator, if available. b. Sterile lubricant c. New trach ties or chain d. 5mL Luer-Lok syringe if student has cuffed trach e. Smaller size trach (backup size) 	
3. Washes hands and puts on gloves.	
4. Places student in position of comfort, ideally on their back on a flat surface with towel rolled under the neck. Sitting position with head and neck hyperextended is also acceptable. Visualizes the trach stoma.	
5. Removes current trach tube, cutting ties or chain, if needed. Ensure that cuff is deflated prior to removal if student has a cuffed tube.	
6. Obtains clean trach tube from packaging and prepares trach ties on the wings, if time allows.	
7. Places trach tube in the stoma. Obturator must be removed immediately after placement. Sterile lubricant may be used, if needed and available. <ul style="list-style-type: none"> a. If the student has a cuffed trach, inflates and deflates the balloon prior to insertion in the stoma to ensure balloon is intact. Then inserts the trach and inflate the cuff as ordered. 	
8. If unable to easily insert clean trach, pulls the trach tube back out, slightly repositions the student's head and tries again.	
9. If still unable to insert clean trach, activates emergency response and has helper call 911.	
10. Attempts trach tube insertion with back-up size trach tube.	
11. Has a helper stabilize the trach tube while securing the trach ties, if unable to prepare prior to insertion.	
12. Uses one finger to ensure proper fit of trach ties.	
13. Monitors student for return to baseline.	
14. Documents procedure, observations, and student tolerance in log.	
15. Notifies parent/guardian and nurse consultant of concerns or complications.	
COMPETENCY STATEMENT -	Training RN Signature and Initial
PROCEDURE: Describes understanding of the need for tracheostomy tube change and the ability to emergently change a tracheostomy tube.	

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DELEGATION AUTHORIZATION

I have read the care plan, been trained and am competent in the described procedures for _____. I understand the need to maintain skills and will be observed on an ongoing basis by a Registered Nurse. I have had the opportunity to ask questions and received satisfactory answers.

Delegatee Signature: _____

Date _____

Delegating RN Signature: _____

Initials _____

Date _____

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Date/ RN Initial	Procedure: √ = acceptable performance	Follow Up/ Supervision Plan / Comments
	<input type="checkbox"/> Review procedure <input type="checkbox"/> HCP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well	<input type="checkbox"/> Additional on-site training provided. <input type="checkbox"/> Supervision plan (minimum annually) date: _____ <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation
	<input type="checkbox"/> Review procedure <input type="checkbox"/> HCP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well	<input type="checkbox"/> Additional on-site training provided. <input type="checkbox"/> Supervision plan (minimum annually) date: _____ <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation
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