

# Tracheostomy School Orders and Action Plan

Student Name:	Date of Birth:	School:
Parent/Guardian Name:	Parent/Guardian Phone:	Preferred Hospital:
Pulmonary Provider Name:	Provider Phone:	Provider Fax:

## Tracheostomy:

Trach size/type: \_\_\_\_\_

Back-up size: \_\_\_\_\_

Please have back up trach same size as well as one size down for emergencies.

## Suction:

Suction Catheter Size: \_\_\_\_\_ Fr

Max Suction Depth w/o Adaptor (cm): \_\_\_\_\_ cm

Saline for thick secretions: \_\_\_\_\_ drops

## Ventilator: (attach order set with settings)

## Baseline/Supplemental Oxygen: (attach order set if applicable)

## Respiratory medication: (attach orders if applicable)

## One Way Valve /Capping Length of Tolerance:

Wear plan:

All other hours use:

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## Supervision recommendations for school:

*This student requires a 1:1 trained caregiver at all times. A trained caregiver can include any individual specifically trained and delegated in emergency care of a student with a tracheostomy. The trained caregiver needs to be with the student at all times in order to respond to any emergent or routine situation that may arise involving the student's tracheostomy, to include but not limited to, trach suction, emergency trach change, CPR, and rescue breathing with self-inflating bag.*

## Supply recommendations for school:

Go Bag is required as it has lifesaving equipment. If a Go Bag is forgotten, and the family/caregiver is unable to bring the Go Bag to the school in a timely manner, then the child should be sent home.

## Trach School Action Plan

<b>Doing Well</b> <ul style="list-style-type: none"><li>• Clear/White thin secretions</li><li>• Oxygen levels at baseline</li><li>• Can participate in normal baseline activities</li></ul>	<ul style="list-style-type: none"><li>• Follow routine tracheostomy care plan</li><li>• Keep well hydrated to maintain thin secretions</li><li>• Continue with daily mucous clearance</li><li>• Maintain ventilator circuit (if needed)</li><li>• Contact DME company with any concerns about supplies or equipment</li><li>• Maintain recommended 1:1 supervision during school day</li></ul>
<b>Caution</b> <ul style="list-style-type: none"><li>• Increased secretions</li><li>• Change in secretion smell, color (turn yellow, green, brown), or thickness</li><li>• Need to suction more often than normal</li><li>• Needs more oxygen than baseline</li><li>• Difficulty breathing, shortness of breath</li><li>• Change in behavior</li><li>• Skin color changes (pale)</li></ul>	<ul style="list-style-type: none"><li>• Suction as needed to clear mucous</li><li>• Administer drops of saline to assist with suction (if ordered) for thick secretions</li><li>• Follow Oxygen Care Plan and Orders (if ordered)</li><li>• Administer respiratory medication (if ordered)</li><li>• Notify parent/guardian</li><li>• Notify school nurse</li></ul>
<b>Emergency</b> <ul style="list-style-type: none"><li>• If any of the "Caution" symptoms do not improve</li><li>• Cannot keep up with frequent need to suction</li><li>• Secretions are too thick to remove</li><li>• Tracheostomy tube comes out</li></ul>	<ul style="list-style-type: none"><li>• Change tracheostomy tube</li><li>• Initiate rescue breaths with self-inflating bag</li><li>• If at any point you are concerned with student's breathing and they are not getting better, CALL 911</li><li>• If at any point the student stops responding and becomes unconscious, begin CPR and CALL 911</li><li>• Notify parent/guardian</li><li>• Notify School Nurse</li></ul>

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## Immediately call 911 if:

- Trained personnel are not available to replace the dislodged tracheotomy tube.
- There is any difficulty replacing the dislodged tracheotomy tube.
- The student stops breathing, turns blue, or becomes unresponsive and CPR is initiated.
- The student has difficulty breathing that is not improved with changing the tracheostomy tube.

**The student's family should be notified as soon as possible without delaying care.**

If \_\_\_\_\_ has any pulmonary problems or you have any questions, please call their provider at \_\_\_\_\_.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Child Care Health Consultant or School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

***By signing this document, I give permission for my child's Health Care Provider to share information regarding my student's tracheostomy and respiratory plan of care with the School Nurse.***

Parent/Legal Guardian's Name \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Work Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

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