

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – Accidental Removal of the Tracheostomy Tube

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:

PROCEDURE: RESPIRATORY EMERGENCIES – ACCIDENTAL REMOVAL OF THE TRACHEOSTOMY TUBE	Training Date/ RN Initials	Return Demo Date/ RN Initials			
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.					
C. IDENTIFIES GO-BAG SUPPLIES (refer to GO BAG document)					
D. PROCEDURE					
1. Recognition of problems.					
a. Respiratory distress, including breathing faster, the skin pulling in between their ribs, low oxygen saturations, turning blue.					
b. Finding tracheostomy tube out of trachea.					
c. Low-pressure alarm on ventilator.					
2. Preparation and Prevention.					
a. Has spare tracheostomy tube with student at all times.					
b. Posts emergency numbers.					
c. Answers alarms promptly.					
d. Keeps tracheostomy tube midline and straight.					
e. Knows cardiopulmonary resuscitation (CPR).					
3. Action.					
a. Student requires immediate care.					
b. Cut the trach ties, or unsnap/cut the chain and remove the old tracheostomy tube.					
c. If the student is in distress, and it is quicker to reinsert the same tracheostomy, this is acceptable. Once the student has stabilized, a routine trach change can be performed. This will be done by the parent, EMT, or provider. If the student has a cuffed trach, make sure it is deflated before inserting the trach into the stoma.					
d. If the student is not in distress, retrieve the spare trach from the Go Bag and open the package for the same size tracheostomy tube that the student is currently using. Use the obturator to insert the tracheostomy tube, then remove the obturator. Secure the trach with trach ties or a chain. If the trach tube is cuffed, inflate the cuff.					
e. If the student’s current size tracheostomy tube cannot be reinserted, replace with the size smaller tracheostomy tube.					
f. Give breaths with resuscitator bag if needed.					
f. Observe student.					
g. Calls for emergency help if the student is showing any signs of respiratory distress such a breathing faster, the skin pulling in between their ribs, low oxygen saturations, or turning blue.					
h. Notifies parents and nurse consultant.					

Delegating RN Signature _____ Initials _____

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Competency Statement: Describes understanding of the need for replacing the tracheostomy tube after accidental removal as well as the ability to identify and solve potential problems.

Delegatee Signature _____ Date _____

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: _____

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Date/ RN Initial	<p align="center">Procedure: √ = acceptable performance</p>	<p align="center">Follow Up/ Supervision Plan / Comments</p>
	<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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