

Student Name:

Birth Date:

Grade:

School:

Parent/Guardian:	
Parent/Guardian:	
Healthcare Provider	
Healthcare Provider	
Preferred Hospital:	
Emergency Contact:	
CURRENT HEALTH ISSUES	
PERTINENT HEALTH HISTORY	
ALLERGIES:	
RESTRICTIONS:	Must have constant 1:1 adult supervision with a school staff member who is trained and delegated by the school nurse in routine and emergency tracheostomy cares.
CURRENT MEDICATIONS:	AT HOME:
	AT SCHOOL:
HEALTH PROBLEM(S):	
<p>Problem: Potential for increased work of breathing as evidenced by increased respiratory rate, accessory muscle use, decreased oxygen and/or presence of increased secretions in trach.</p>	<p>Goal: Observe for and respond immediately to signs of increased work of breathing or O2 saturation less than 90%.</p> <p>Action: Delegated staff will perform routine tracheostomy suctioning procedure as ordered.</p> <p>Procedure: Perform routine tracheostomy suctioning procedure.</p> <p>Routine Suctioning Procedure</p> <ol style="list-style-type: none"> 1. Wash your hands. Use soap, running water, and friction for 15 seconds. Use a clean towel or a paper towel to dry hands. If hands are not visibly soiled, you can use a waterless alcohol-based hand product. Rub it thoroughly into all areas of your hands until dry. 2. Verify the suction catheter size of _____ - 3. Verify the measurement for suction depth of _____ cm 4. Turn on suction machine and connect the catheter if not already connected. Hold the suction catheter in your dominant hand (the one you write with). Use your other hand to hold the suction machine tubing. 5. Pull back on sleeve of catheter until only the tip is out and feed catheter through sleeve and into trach until you have reached _____ cm. Keep the catheter sterile and do not touch the catheter with anything besides the inside the trach. Do all of this without applying suction.

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	<ol style="list-style-type: none"> 6. Once the desired distance has been reached, apply suction by putting your thumb over the hole in the catheter while you gently pull the catheter out of the trach. Roll the catheter between your thumb and forefinger as you pull the catheter out. The suction gauge should remain between 100-120 mm Hg. 7. Apply suction for no longer than 5 seconds at a time. Withdraw the suction catheter back into the plastic enclosure. 8. If the secretions are thick, notify parents and school nurse. 9. You may use the same suction catheter multiple times in a row as long as it stays sterile and does not touch anything but the trach. 10. Suction as many times as you need to until you are no longer getting secretions when you suction. Make sure to give the student time to take a few breaths between each suction pass (30-60 seconds) in order to recover. 11. If suction is needed more than twice an hour, notify parents and the school nurse. 12. Document suctioning in log. <p>Immediately call 911 if:</p> <ul style="list-style-type: none"> ● Trained personnel is not available to replace the dislodged cannula ● If there is any difficulty replacing the dislodged cannula ● The student is having difficulty breathing. <p>If the student stops breathing, turns blue, or is unresponsive, CPR should be initiated while waiting for EMS to arrive. Ambu bag is to be used in the event of an emergency.</p>
<p>Problem: Trach occluded as evidenced by unable to suction secretions or increased work of breathing.</p> <p>If suctioning has not improved the student's work of breathing, you will need to change the trach.</p>	<p>Goal: Maintain patent airway and tracheostomy tube</p> <p>Action: Delegated staff will change tracheostomy tube according to procedure.</p> <p>Procedure:</p> <ul style="list-style-type: none"> ● Gather Supplies: <ul style="list-style-type: none"> ○ Same size tracheostomy tube with obturator (Type / Size): _____. ○ Back-up size tracheostomy tube with obturator (Type / Size) : _____. ○ Sterile Lubricant ○ Small Towel ○ New trach ties ● If feasible, place the student on his/her/their back on a flat surface. If possible, roll up a small towel or blanket and place it under the student's shoulders to extend his/her/their neck. This will enable you to visualize the student's trach and stoma. ● Open the new trach tube package. The trach tube will have an obturator inside to make it stiffer and to help guide it into the stoma.

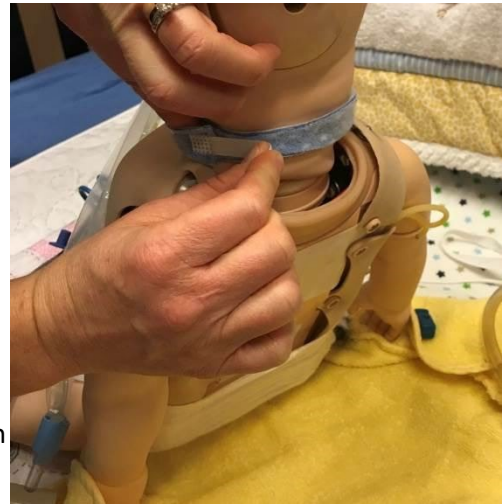
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- Place a small amount of lube on the end of the trach tube.
- Place the trach tube back in the package until you are ready to use it to ensure that it stays clean.
- Prepare to remove the student’s trach tube by having one person stabilize the trach tube in place while a second person helps to undo the trach ties.
- Remove the new trach tube from the package with your dominant hand **take care not to touch it to anything (remain as clean as possible)**.
- Have one person remove the student’s trach tube and the second person **Immediately** replace with the new trach.
- If you are unable to easily insert the new trach tube, remain calm. Pull the trach tube back out, slightly reposition the student and try again.
- If still unable to replace the trach then can use _____ (peds) **(smaller trach) instead.**
- Once the new trach tube is in place, immediately remove the obturator, and reattach the cap to the new trach.
- Have one person stabilize the newly inserted trach while the other person replaces the trach ties to secure the trach.
 - Thread the self-fastening tab through the flange of the tracheostomy tube, folding it back onto the cloth material and fastening it securely.
 - Repeat on the other side of the tracheostomy tube.
 - With the student sitting up (while a second person continues to hold the tracheostomy tube in place), bring the two ends of the velcro ties together at the back of the student’s neck. Fasten the third self-fastening tab to the material. Trim off any excess fabric.
 - Check that the Velcro ties are secure, allowing for one finger to fit between the tie and the student’s neck.



Document trach change in log.

Notify parents and the school nurse.

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<p>Problem: Risk for Decannulation/Trach falls out</p>	<p>Goal: Maintain patent airway and tracheostomy tube. Maintain tracheostomy stoma site.</p> <p>Action: Delegated staff will perform emergency change of tracheostomy tube according to procedure.</p> <p>Decannulation/Falls out: This could happen as a child becomes more active, while changing trach ties, or turning your child. Sometimes it happens because the trach ties are too loose.</p> <p>NOTE: trach may come out of the neck stoma and lie hidden beneath trach dressing. This may require lifting the bottom of the dressing to visually check whether the trach is inside stoma or not.</p> <p>Signs a tracheostomy tube is out or partially out includes the student:</p> <ul style="list-style-type: none"> ● verbalizes discomfort around the stoma site or verbalizes suspicion that Trach tube has come out ● is breathing fast or working harder to breathe ● struggles to vocalize, even with speaking valve in place ● chest muscles are pulling ● skin color changes ● Oxygen saturations decrease below 90%. <p>Procedure: Decannulated Tracheostomy: emergency procedure</p> <ul style="list-style-type: none"> ● Grab the nearest trach tube to insert into your child’s stoma. In some cases, this may be the trach that fell out ● Use an obturator to help place the trach back into the stoma ● If unable to get trach back in place, get the size smaller trach _____ with the obturator to guide into the stoma ● Secure the tracheostomy with ties ● Document procedure in log. ● Notify parents and the school nurse.
<p>Problem: Severe difficulty breathing that is not alleviated by suctioning or trach tube change.</p>	<p>Goal: Maintain respirations and prevent cardiac and/or respiratory failure.</p> <p>Action: Delegated staff will immediately respond to changes in student’s respiratory status per procedure and CPR training.</p> <p>Call 911</p> <p>Procedure: Prepare to give bag/trach ventilation:</p> <ul style="list-style-type: none"> ● Manually bag with room air. ● Attach bag directly to trach ● Squeeze the ambu bag with slow and steady pressure so you deliver

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	<p>the breath over one second.</p> <ul style="list-style-type: none"> ● Give the student one breath every five to six seconds (about 12-20 breaths per minute.) Count out loud if you need to in order to keep this pace. ● Continue to give slow and steady breaths while watching the chest rise. (This will indicate that the student is getting adequate breaths) ● Watch the manometer on the bag as you give breaths. The pressure on the manometer should read between 20 and 30 when you are giving a breath. <ul style="list-style-type: none"> ○ If the pressure is too high you may be squeezing too hard. ○ If the pressure is too low you may not be squeezing hard enough. ○ If you are giving slow steady breaths but the pressure is consistently going higher than 30 you should suspect a trach tube. You may notice that the bag is difficult to squeeze and that little to no chest rise is seen. ○ If the student is breathing, coordinate breaths with the student's, give a breath as the student begins to inhale. <p>Notify parents and the school nurse.</p> <p>Document in log.</p>
<p>EMERGENCY ACTION PLAN</p>	<p>Shelter in place: Ensure 1:1 with delegated UAP. Supplies for g-tube and tracheostomy cares must be with the student and delegated UAP at all times. Follow facility protocols.</p> <p>Evacuation Plan: Ensure 1:1 with delegated UAP. Supplies for g-tube and tracheostomy cares must be with the student and delegated UAP at all times. A stroller may be used, if available, to accommodate Amy and her equipment. Follow facility protocols.</p>

TO THE PARENT/GUARDIAN: If _____ (“Child”) experiences a change in her health condition (such as a change in medication or a hospitalization) please contact the School Nurse Consultant so that this Health Care Plan can be revised, if needed. Parent/guardian signature indicates permission to contact the child’s health care provider(s) listed above, as needed. I understand that the School Nurse Consultant may delegate this health care plan to unlicensed school personnel. I give permission for school personnel to carry out this care plan for the Child. I also understand that this information may be shared with necessary school personnel on a need-to-know basis to help ensure the Child’s safety and well-being while at school or during school related activities.

parent/guardian date

school nurse date

health care provider date

administrator date