

Tracheostomy and Ventilator School Care Plan

Children's Hospital Colorado
www.childrenscolorado.org

Name: Student Name
Date: November 19, 2019
Primary Pulmonologist: Christopher Baker,
MD
PCP: David Fox, M.D.
BI Telephone: 720-777-6181

Date of Next Visit:
12/5/2019 11:00 Dr. Baker

Durable Medical Company: Tender Care DME Phone: 970-686-kids, fax: 970-512-7138

Type of Ventilator: Trilogy

Vent Settings:

AVAPS PC
VT 250
RR 12
Ipap max/min 28/16
Epap +8
ATS
RT 2
AR 4
I time 0.8

Supplemental Oxygen

0-5 lpm; 1 lpm 24/7; May increase oxygen for Respiratory distress; 5 lpm for bagging

Tracheostomy:

Brand: Shiley

Type: Pediatric
Size (mm): 4.0
Length Type: Standard
Trach Cuff?: No

Change trach for mucus plug, respiratory distress or decannulation.

Suction Catheter Size: 8 fr

Max Suction Depth w/o Adaptor (cm): 6.5 cm ; with adapter 10.5cm; Inline suction 9 cm
Suction every 4 hours as needed for visible secretions.

Max suction pressure 200 mmhg.

If Student Name has any pulmonary problems or you have any questions please call our nursing line at 720-777-4947 during the week between 8:30am-4:00 pm. You may also call the main number at 720-777-6181 for more immediate attention any day of the week. There is a physician on-call after hours and on weekends at this number if needed.

Tracheostomy and Ventilator Discharge Home Care Plan

The Children's Hospital
www.childrenscolorado.org

Name:

Date of Next Visit: *

Date: November 19, 2019

Primary Pulmonologist: Christopher Baker,
MD

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<p>Doing Well</p> <ul style="list-style-type: none"> • Clear/White thin secretions • Maintain O2 Saturation at baseline • Can do normal baseline activities 	<p>Take these daily respiratory medications: Medications to be given before or after school per recommendations.</p> <ul style="list-style-type: none"> • Avoid people with colds/viruses <p>Routine daily mucus clearance therapy: To be given before or after school when possible, per recommendations.</p>
<p>Caution</p> <ul style="list-style-type: none"> • Thick secretions, Change in color of secretions (yellow, green, brown) • Increased frequency suctioning • Increased oxygen requirement with inability to return to baseline • Increase work of breathing • Pulling of chest muscles (retractions) • Color changes (pale) 	<ul style="list-style-type: none"> • Call parent, primary care physician and/or pulmonologist • Increase suctioning • Take these rescue medications: 2 puffs Albuterol every 4-6 hours as needed for increased distress. • Discuss benefit of patient attending school while sick with parents/caregivers.
<p>Medical Emergency</p> <ul style="list-style-type: none"> • Tracheostomy plugged patient does not return to baseline. • Tracheostomy decanulated - tube cannot be replaced and/or patient does not return to baseline. • Unable to manage secretion suctioning due to frequency/consistency • Increasing oxygen demand • Increased work of breathing • Pulling of chest muscles (retractions) • Color changes (blue/grey) 	<p>Medical Emergency</p> <ul style="list-style-type: none"> • Change tracheostomy tube, or replace tube. Call parent/caregiver. • Increase oxygen to maximum flow • Start bagging with positive pressure and maximum amount of oxygen available. • Deep suction tracheostomy with saline • If at any point you are concerned about your child's airway or breathing and your child is not getting better, Call for help and Call 911. • If at any point your child stops responding and becomes unconscious, chest pushes or CPR should be started. Call for help and call 911

Healthcare Provider Authorization: _____ Date: 11/19/19