

Tracheostomy School Care Plan

Children's Hospital Colorado
www.childrenscolorado.org

Name: Student name

Date: November 11, 2019

Primary Pulmonologist: Emily DeBoer, MD

NPI:

PCP: David Fox, M.D.

BI Telephone: 720-777-6181

Date of Next Visit:

12/13/19 2:45 Deboer

Durable Medical Company: Preferred DME Phone: (303) 783-1700, Fax: (303) 788-0123

Supplemental Oxygen

Rate (L/min): 0-5; As needed for illness or respiratory distress; 5 lpm for bagging patient.

Tracheostomy:

Brand: Shiley

Type: Pediatric

Size (mm): 3.5

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; **Suction every 4 hours as needed for visible secretions.**

Suction pressure: 200 mmhg maximum.

One Way Valve wear plan: May use One Way Valve for school hours, as tolerated, awake and well. All other hours use HME.

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.

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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: All respiratory meds to be given before or after school.</p> <ul style="list-style-type: none"> • Avoid people with colds/viruses • Keep well hydrated to maintain thin secretions • Routine daily mucus clearance therapy: n/a
<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: Albuterol inhaler (ProAir, Ventolin or Proventil) with valve holding chamber 2-4 puffs or Albuterol 2.5mg by nebulizer machine every 4 hours as needed, if provided.
<p>Medical Emergency</p> <ul style="list-style-type: none"> • Tracheostomy plugged patient does not return to baseline. • Tracheostomy decanulated and 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 pulled tube. • 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

Chosen DME Company: Preferred Homecare, Phone: (303) 783-1700, Fax: (303) 788-0123

Printed Prescriber Name: Emily DeBoer, MD NPI:

Prescriber Signature:

Emily DeBoer, MD

Associate Professor of Pediatrics

Pulmonary Medicine

University of Colorado School of Medicine

Children's Hospital Colorado Breathing Institute

Office: 720-777-6181

Fax: 720-777-7284

Date signed: 11/11/2019

Completed by: Roberta Cox, RRT 720-777-5140 Roberta.Cox@childrenscolorado.org

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