

School site:

School Year:

Confidential Individualized Healthcare Plan

Nurse Name:

Phone:

Email:

Name:

Birth Date:

School:

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| Parent/Guardian/Phone: | |
| Parent/Guardian/Phone: | |
| Healthcare Provider/Phone | |
| Healthcare Provider/Phone | Specialist: |
| Preferred Hospital: | |
| Emergency Contact/Phone: | |
| CURRENT HEALTH ISSUES | Trach dependent: |
| PERTINENT HEALTH HISTORY | |
| ALLERGIES: | |
| RESTRICTIONS: | Vigilant supervision required to prevent any foreign objects from entering the airway. |
| CURRENT MEDICATIONS: | AT HOME: |
| | AT SCHOOL: |
| HEALTH PROBLEM(S): | |
| Problem: Monitor 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>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 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. 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 |

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| | <p>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.</p> <p>10. Apply suction for no longer than 5 seconds at a time. Withdraw the suction catheter back into the plastic enclosure.</p> <p>11. If the secretions are thick, notify parents and school nurse.</p> <p>14. 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.</p> <p>15. Suction as many times as you need to until you are no longer getting secretions when you suction. Make sure to give _____ time to take a few breaths between each suction pass (30-60 seconds) in order to recover.</p> <p>16. If needing to suction more than twice an hour notify parents and school nurse.</p> <p>17. Document suctioning in log.</p> |
| <p>Problem: Risk for decreased oxygen and respiratory distress as evidenced by increased work of breathing, increased respiratory rate,</p> | <p>Oxygen Requirement: _____</p> <ol style="list-style-type: none"> 1. Check pulse ox every hour. O2 saturations should remain above 93% -If oxygen not above 93% then can titrate oxygen up to ___L via his trach. If he is needing ___L or above, contact parents and school nurse immediately. 2. Check that O2 is flowing, that the connection tubing is attached to cylinder, and connected to child every 30 minutes. 3. Document in log |
| <p>Problem: Trach occluded as evidenced by unable to suction secretions or increased work of breathing. If suctioning has not improved work of breathing</p> | <p>Gather Supplies:</p> <ol style="list-style-type: none"> 1. Same size tracheostomy tube with obturator (Type / Size) : _____ 2. Sterile Lubricant 3. Small Towel 4. New trach ties <ol style="list-style-type: none"> 1. 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 |

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you will need to change the trach.

shoulders to extend his/her/their neck. This will enable you to visualize the student's trach and stoma.

2. 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.
 3. Place a small amount of lube on the end of the trach tube.
 4. Place the trach tube back in the package until you are ready to use it to ensure that it stays clean.
 5. 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.
 6. Remove the new trach tube from the package with your dominant hand **take care not to touch it to anything (remain sterile).**
 7. Have one person remove the student's trach tube and the second person **immediately** replace with the new trach.
 8. 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.
 9. If still unable to replace trach then can use **Type / Size (smaller trach) instead.**
 10. Once the new trach tube is in place, immediately remove the obturator, and reattach oxygen / speaking valve / HME to the new trach.
 11. Have one person stabilize the newly inserted trach while the other person replaces the trach ties to secure the trach.
- 1.Thread the self-fastening tab through the flange of the tracheostomy tube, folding it back onto the cloth material and fastening it securely.
4. Repeat on the other side of the tracheostomy tube.

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5. 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.
6. Check that the Velcro ties are secure, allowing for one finger to fit between the tie and the student's neck
7. Notify parents and school nurse.



Problem: Risk for Decannulation/Trach falls out

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 or chain are too loose.

NOTE: trach may come out of neck stoma, and lie hidden beneath trach dressing. This may require lifting bottom of dressing to visually check whether trach is inside stoma or not.

Signs a tracheostomy tube is out or partially out include:

- o is breathing fast or working harder to breathe
- o struggles to vocalize, even with speaking valve in place
- o chest muscles are pulling
- o color changes
- o Oxygen saturations decrease

Decannulated Tracheostomy: emergency procedure

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| | <ol style="list-style-type: none"> 1. Grab the nearest trach tube to insert into your child’s stoma. In some cases this may be the trach that fell out 2. Use an obturator to help place the trach back into the stoma 3. If unable to get trach back in place, get the size smaller trach with the obturator to guide into the stoma 4. Secure the tracheostomy with ties 5. Notify parents and school nurse. |
| <p>Problem: If ___ is having severe difficulty breathing that is not alleviated by suctioning, trach change or increasing oxygen flow to the trach.</p> | <p>Call 911 and contact parents and school nurse.</p> <p>Prepare to give bag/trach ventilation:</p> <ol style="list-style-type: none"> 1. Connect ambu bag to oxygen tank. Oxygen should be at 5 L. 2. If unable to connect to oxygen, then can manually bag with room air. 3. Attach bag directly to trach 4. Squeeze the ambu bag with slow and steady pressure so you deliver the breath over one second. 5. 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. 6. Continue to give slow and steady breaths while watching the chest rise. This will indicate that the student is getting adequate breaths. 7. 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. 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. 8. If the student is breathing, coordinate breaths with the student’s, so you can give a breath as the student begins to inhale. |
| <p>Problem: Abdominal discomfort as evidenced by gagging/retching and/or bloating.</p> | <p>Goal: Relieve discomfort and bloating.</p> <p>Action: Delegated staff will vent g-tube according to procedure.</p> <p>Procedure:</p> <ol style="list-style-type: none"> 1. Gathers equipment. Places on clean surface. 2. Explains procedure to student. 3. Maintain developmentally appropriate position 4. Washes hands. Puts on gloves. |

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