# Tracheostomy Suctioning Documentation Record (page 1 of 2)

| Student Name | | DOB | | School/ District | | Grade | |
|---|---|---|---|---|---|---|---|
| Parent/ Guardian | | Phone | | Physician/ NP/PA | | Phone | |
| Order Start Date | | Order Exp Date | | IHCP on File | | ICD-9 Code | __ __ __ __ __ |

| Date | Time | Secretions[1] | Secretions Amount[2] | Secretions Color[3] | Pulse Ox % | Comments | Signature/Title | *Code |
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**Please use the following codes: 1- t= thin, TH= thick; 2- small ≤ 5cc, m=moderate ≤ 10 cc, l=large >15cc; 3- p=pink, y= yellow, w=white, g=green, b=brown, c=clear, bl=bloody**

***Medicaid Procedure Code: Code T1002 – RN Services up to 15 minutes – Code T1003 – LPN Services up to 15 minutes**

Name: _____ Title: _____ NPI number: _____
Name: _____ Title: _____ NPI number: _____
Name: _____ Title: _____ NPI number: _____
Name: _____ Title: _____ NPI number: _____

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**Student Name:_____DOB:_____** 

## Student Health Flow Sheet for Additional Comments on Student Response to Suctioning Procedure

| Date | Time | Complications/Assessment | Signature/Title |
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