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.

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Tracheostomy and Ventilator Discharge Home Care Plan

Tracheostomy and ventilator Discharge Home Care Plan	
The Children's Hospital	Name: <u>Date of Next Visit:</u> *
www.childrenscolorado.org	Date: November 19, 2019
Primary Pulmonologist: Christopher Baker, MD	
PCP: David Fox, M.D.	
Telephone: 720-777-6181	
Doing Well	Take these daily respiratory medications: Medications to be given
	before or after school per recommendations.
Clear/White thin secretions	Avoid people with colds/viruses Deuting daily musus alcorages thereasy. To be given before or
 Maintain O2 Saturation at baseline 	Routine daily mucus clearance therapy: To be given before or after school when possible, per recommendations.
 Can do normal baseline 	arter school when possible, per recommendations.
activities	
Caution	Call parent, primary care physician and/or pulmonologist
	 Increase suctioning
Thick secretions, Change in	Take these rescue medications: 2 puffs Albuterol every 4-6
color of secretions (yellow,	hours as needed for increased distress.
green, brown)	Discuss benefit of patient attending school while sick with
Increased frequency	parents/caregivers.
suctioning	
 Increased oxygen requirement with inability to 	
return to baseline	
 Increase work of breathing 	
Pulling of chest muscles	
(retractions)	
Color changes (pale)	
	Madiaal Francisco au
Medical Emergency	Medical Emergency
Treates at a new plane of	 Change tracheostomy tube, or replace tube. Call parent/caregiver.
Tracheostomy plugged patient does not return to	 Increase oxygen to maximum flow
baseline.	 Start bagging with positive pressure and maximum amount
• Tracheostomy decanulated -	of oxygen available.
tube cannot be replaced	Deep suction tracheostomy with saline
and/or patient does not return	If at any point you are concerned about your child's
to baseline.Unable to manage secretion	airway or breathing and your child is not getting better,
suctioning due to	Call for help and Call 911.
frequency/consistency	If at any point your child stops responding and becomes
Increasing oxygen demand	unconscious, chest pushes or CPR should be started. Call
Increased work of breathing	for help and call 911
Pulling of chest muscles (retractions)	
 Color changes (blue/grey) 	
	1

Healthcare Provider Authorization: _

_ Date: 11/19/19

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