



# PHYSICIAN'S ORDER FOR TRACHEOSTOMY CARE

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School Name: \_\_\_\_\_

- The student's licensed health care prescriber must complete and sign section 1 of this form at the beginning of each school year and parent/guardian must sign the bottom of the form in section II
- This completed form must be on file in the student's health record before a trained staff member can perform any care with the tracheostomy

## I. Prescriber's section

Prescriber's name/title (printed): \_\_\_\_\_ Phone: \_\_\_\_\_

Type/size of trach tube: \_\_\_\_\_

Split gauze/dressing for trach site? \_\_\_\_\_ Trach capped? \_\_\_\_\_

### SUCTIONING ORDERS:

Indications for suctioning: \_\_\_\_\_

Suction catheter size: \_\_\_\_\_ Length of catheter insertion: \_\_\_\_\_

Use of NS? \_\_\_\_\_ New suction catheter for each use? \_\_\_\_\_

IN EVENT OF DECANNULATION: \_\_\_\_\_

### PLEASE INDICATE WHICH ITEMS ARE TO BE KEPT AT SCHOOL:

- |   |  |
|---|--|
| <input type="checkbox"/> Portable oxygen  | <input type="checkbox"/> Water based lubricant                         |
| <input type="checkbox"/> Appropriate sized ambu-bag   | <input type="checkbox"/> 2 spare trach tubes (current and one smaller) |
| <input type="checkbox"/> Appropriate sized ambu-bag face mask<br>(for emergencies when unable to reinsert new trach tube) | <input type="checkbox"/> Spare trach ties                              |
| <input type="checkbox"/> Portable suction machine ( <i>that can operate with battery or electricity</i> )                 | <input type="checkbox"/> Blunt scissors                                |
| <input type="checkbox"/> Sterile suction catheters ( <i>indicate how many</i> )   | <input type="checkbox"/> Pulse oximeter                                |
| <input type="checkbox"/> Sterile saline vials   | <input type="checkbox"/> Other: _____                                  |

Comments/special instructions: \_\_\_\_\_

Prescriber's signature/title: \_\_\_\_\_ Date: \_\_\_\_\_

II. I hereby request a trained staff member to administer the above procedure according to the physician's instructions as listed above. I agree to furnish all equipment, supplies, medication or other necessary items and replenish as needed

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_