



*Medical Orders for Tracheostomy Care*

<b>Student's Name:</b>	<b>Date of Birth:</b>	<b>School/Grade/Teacher:</b>

- Tracheostomy Tube Type and Size: \_\_\_\_\_
- How frequently is the tube changed: \_\_\_\_\_
- Required Care of Tube: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tracheostomy Tube Suctioning:

- Name of suction machine (s): \_\_\_\_\_
- Name and size of suction catheter used: \_\_\_\_\_
- Suction (frequency): \_\_\_\_\_
- Use of 3 mL saline bullets to liquefy secretions: YES NO
- Additional comments or instructions: \_\_\_\_\_  
 \_\_\_\_\_

Should the tracheostomy tube become dislodged, the following should be done:

- Be prepared to call 911
- The tracheostomy tube will be reinserted by RN if it is not contaminated. If contaminated, a new tracheostomy tube of the following type may be inserted (name and size): \_\_\_\_\_
- Parent will be notified.
- Additional instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

School RN Signature	Date

Medical Provider Signature	Date

Parent/Guardian Signature	Date

