



Tracheostomy Care in School Setting

Dear Parent/Guardian:

We look forward to caring for your child during the current school year. In order for us to provide the best possible care for your child we will require the attached forms to be completed and signed by you and your child's healthcare provider and for the following supplies to be kept in an Emergency Bag for your child while at school.

The following supplies must be available for your child in the school setting:

- Charged suction machine
- Ambu bag with tracheostomy adapter and face mask
- Sterile suction catheters
- Sterile gloves
- Sterile tracheostomy tube
- Tracheostomy ties
- Sterile replacement tracheostomy tube
- Heat Moisture Exchanger (if applicable)
- Other:

Please contact your school nurse to set up a time to meet and discuss your child's plan of care and to drop off all forms and supplies.

Thank you in advance for your cooperation and helping us better care for your child during the school day.

Thank you,
Clinic Nurse



BEDFORD CITY SCHOOL DISTRICT

PRESCRIBER/PARENT AUTHORIZATION FOR TRACHEOSTOMY CARE

School Year: _____ - _____

STUDENT INFORMATION

Student's Name _____ School: _____

Date of Birth: ____/____/____ Age: _____ Grade: _____ Teacher: _____

Known drug allergies/reactions If drug allergies, list: _____ Weight: _____ pounds

PRESCRIBER AUTHORIZATION

(To be completed by licensed healthcare provider)

START DATE: _____

STOP DATE: _____

Tracheostomy Tube Info.

Brand: _____ * Size: _____ Length: _____

Check all that apply: Cuff Non-cuff Trach Tapes to hold in place

If yes, location of replacement tube: _____

Student will have Emergency Kit/"Go Bag" at school daily.

Humidifier Type:

Required care: _____

Tracheostomy Suctioning Orders:

Suction machine: Set to _____ mm Hg Will remain at school Will travel with student back & forth from school

Recommended depth for suctioning: _____ mm

Irrigate with normal saline prior to suctioning? No Yes PRN only Describe circumstance for prn saline w/suctioning: _____

Written instructions for cleaning machine are to be provided by parent and/or healthcare provider and are to be included in student's Individualized Healthcare Plan.

Suction Technique: Clean Sterile Catheter Size: _____ Replace catheter: Each time suctioned End of one day

***Is student authorized to complete self-suctioning care?** Yes No

If "yes", I hereby affirm that this student has been instructed in proper self-care for suctioning technique.

Tracheostomy Tube Replacement Order in Event of Accidental Decannulation:

I hereby authorize the Nurse to replace this student's tracheostomy tube with * same size or one size smaller

Only a nurse that has been trained will replace the student's tracheostomy tube with *same size or one size smaller tube. Instructions if trained nurse is unavailable: _____

Is student's breathing assisted via ventilator? Yes No

If "yes", please provide the following:

Ventilator Brand: _____

Ventilator Settings: _____

Printed Name of Licensed Healthcare Provider

Signature of Licensed Healthcare Provider

Date

Phone

Fax

PARENT AUTHORIZATION

I understand that additional parent/prescriber authorization forms will be necessary if the procedure is changed. I also authorize the Clinic Nurse to talk with the licensed healthcare provider should a question come up about the procedures. Procedure equipment and/or supplies must be registered with the clinic nurse.

Signature of Parent

Date

Phone

Cell

PARENTAL SELF-CARE AUTHORIZATION

(To be completed **only** if student is authorized to complete **self-care** by licensed healthcare provider.)

I authorize and recommend self-care by my child for the *above procedure. I also affirm that he/she has been instructed in the proper self-care of the prescribed procedure by his/her attending physician. I shall indemnify and hold harmless the school, the agents of the school, and the local board of education against any claims that may arise relating to my child's self-care of prescribed procedure(s).

Signature of Parent

Date

Phone

Cell