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**TRACHEOSTOMY ACTION PLAN**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Parent/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ Provider's Phone: \_\_\_\_\_

Provider's Fax Number: \_\_\_\_\_

According to our records, you have informed the school that your child has a tracheostomy in place. Please complete the information below. This will help school staff to know more about how your child reacts to his/her medical condition and the best way to protect the health and safety of your child while at school. All supplies needed for routine care must be provided by the parent/guardian.

Type and Size of Trachea tube: \_\_\_\_\_

Latex allergy: \_\_\_\_ yes \_\_\_\_ no

Suctioning Frequency: \_\_\_\_\_ minutes/hours

As needed, based upon the following symptoms:

\_\_\_\_ choking

\_\_\_\_ upon student request

\_\_\_\_ continuous coughing

\_\_\_\_ other (specify) \_\_\_\_\_

\_\_\_\_ gurgling

Suctioning Instructions:

\_\_\_\_ saline installation needed

\_\_\_\_ other (explain) \_\_\_\_\_

\_\_\_\_ depth to insert a catheter

\_\_\_\_ suction catheter size

How often does your child's tracheostomy become dislodged?  
\_\_\_\_\_

In the event the tracheostomy tube becomes dislodged during the school day, may trained school personnel replace it? \_\_\_\_ yes \_\_\_\_ no

Please note that if the tracheostomy tube is replaced, a parent/guardian will be notified. If after 2 attempts to replace with no success, EMS will be called, and the parent/guardian will be notified. The student will be transported to an emergency facility or released to a parent/guardian after signing the EMS release form.

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**TRACH EMERGENCY PLAN OF ACTION**

1. If a student's color becomes pale, cyanotic (bluish), or ashen, OR the student has other signs of respiratory distress (difficulty breathing, gasping, etc.), call EMS.
2. If the tracheostomy tube becomes dislodged and replacement is unsuccessful by trained personnel, EMS will be called, and the parent/guardian will be notified.
3. CPR will be initiated if needed before EMS arrival.
4. If a student is transported via EMS, a staff member must ride with the student unless a parent/guardian or emergency contact accompanies them.
5. If a student requires medical treatment while on the bus, the driver will contact EMS.
6. Other \_\_\_\_\_

Please list in order the names and phone numbers of the people to contact in the event a parent/guardian is unable to be reached in the event of an emergency.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_

Please contact the public health/school nurse if you have any questions or if your child's medical condition changes during the school year. Thank you for your cooperation and help in providing the best care for your child.

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Parent/Guardian's Signature

Date