



## TRACHEOSTOMY ORDERS

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Diagnosis \_\_\_\_\_

ICD-10 Code \_\_\_\_\_

Type of Trach Tube \_\_\_\_\_

Trach Size \_\_\_\_\_

Suction Catheter ☐ Size \_\_\_\_\_ ☐ Depth \_\_\_\_\_

Suction Times ☐ Routine every \_\_\_\_\_

☐ As Needed every \_\_\_\_\_

Saline Use ☐ As Needed every \_\_\_\_\_

Emergency Trach Replacement ☐ Yes ☐ No

Special Instructions/Other info \_\_\_\_\_

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

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Physician's NPI Number

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Phone/Fax Number

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date