

IHP/EAP for Student with Tracheostomy

Name _____ Date of Birth: _____

Parent/Guardian _____

Phone (w) _____ (h) _____ (cell) _____

Physician _____ Phone _____

Medical History/Diagnoses:

Medications:

Tracheostomy:

Trach type: _____ Trach size: _____

- ☐ Capped at all times
- ☐ Capped periodically, explain: _____
- ☐ Oxygen required at all times
- ☐ Oxygen as needed, explain: _____
- ☐ Other: _____

Activity Limitations or Restrictions:

- ☐ May participate in physical education class if oxygen saturation over _____
- ☐ May participate in outdoor recess if oxygen saturation over _____ and outdoor temperature over _____ and under _____.

Nutrition:

- ☐ Oral intake allowed
Type and amount of oral snacks/meals _____
- ☐ G tube feedings at school
Supplement ordered _____ time to be given at school _____

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Respiratory:

Student's Normal Baseline oxygen saturation is _____%

Oxygen saturation should be checked: Check all that apply.

- ☐ Before breathing treatment
- ☐ After breathing treatment
- ☐ Before activity
- ☐ After activity
- ☐ Upon arrival/return to school
- ☐ When signs of respiratory distress--specific individual symptoms: _____
- ☐ PRN- please provide SPECIFIC guidelines: _____

Interventions for symptoms of respiratory distress such as appearing pale, shortness of breath, persistent cough, pulse oximeter below baseline, lethargic. Check all that apply.

- ☐ Notify parent/guardian.
- ☐ Encourage student to assume a position of comfort.
- ☐ Encourage slow, deep, even breaths.
- ☐ Administer Nebulizer: _____
- ☐ Rest in Nurse's office for _____

Nebulizer treatment ordered: _____

Suctioning Instructions:

Please check all that apply for school day

- ☐ Suction trach every _____ minutes
- ☐ Suction trach every _____ hours
- ☐ Suction trach on an as-needed basis based upon the following signs/symptoms:
 - ☐ choking
 - ☐ upon student request
 - ☐ continuous coughing
 - ☐ gurgling
 - ☐ other (specify) _____

Saline installation needed. Amount _____ Frequency _____

Depth to insert catheter _____

Other instructions _____

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Emergency Plan:

In the event the trach becomes dislodged during the school day:

- ☐ Notify parent/guardian
- ☐ Call 911
- ☐ School nurse may reinsert per protocol if stoma is well established

If oxygen saturation remains between % and % after suctioning and nebulizer treatment, call parent/guardian.

If oxygen saturation remains below % after suctioning and nebulizer treatment, CALL 911.

Supplies Required to be brought to school:

- ☐ Extra trach and ties
- ☐ Extra cap, if trach is capped
- ☐ Suction machine
- ☐ Sterile suction catheter kits
- ☐ Sterile water
- ☐ Saline ampoules
- ☐ Resuscitation bag

☐ If on oxygen:

- ☐ Extra oxygen tank
- ☐ Extra oxygen tubing
- ☐ Trach mask, if used
- ☐ Other supplies specific to student: _____

Physician Consent for Tracheostomy IHP

I have reviewed and approved this management plan and included any recommended modifications. This consent is for a maximum of one year. If changes in procedure are indicated, I will provide written orders accordingly. .

Healthcare Provider Signature

Date

Parent Consent for Tracheostomy IHP

I, as a parent/guardian, concur with the above management plan, will provide the necessary supplies and equipment, and authorize the school nurse to contact the physician when necessary.

Parent/Guardian Signature

Date