USD 261 HAYSVILLE SCHOOLS

Haysville Public Schools Tracheostomy Action Plan

Name_____Date of Birth_____Grade_____

Parent/Guardian _____
Phone(h)_____(w)_____(c) _____

Physician_____Phone _____
Fax_____

Specifics of Management:
Diagnosis:

_____
_____

Type and size of trach tube: _____

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

Current Medications:

_____
_____

Please note any ACTIVITY Limitations/Restrictions:_____
_____
_____
_____

- ☐ May participate in physical education class if oxygen saturation over_____.
- ☐ May participate in outdoor recess if oxygen saturation over _____and outdoor temperature above_____and below _____degrees.

Nutrition:

- ☐ Oral intake allowed
  Type and amount of oral snacks/meals_____
- ☐ Gtube feedings at school
  Supplement ordered _____time to be given at school_____

Fever:
Notify parent/guardian if temperature over_____.

Pulse Oximeter/Nebulizer Treatments:
Student's Normal Baseline oxygen saturation is_____%

Please indicate when student should have oxygen saturation checked with a pulse oximeter. Check all that apply. If PRN please provide SPECIFIC guidelines:

- ☐ 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:_____

Nebulizer Treatments:
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_____

EMERGENCY PLAN:
In the event the trach tube 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.

Additional Physician or Parent Comments: _____

_____

Supplies Required to be brought to school:

Extra trach and tied If on oxygen:
Extra cap, if trach is capped Extra oxygen tubing
Suction machine Extra oxygen tank
Sterile suction catheter kits Trach mask, if used
Sterile water
Saline ampoules
Resuscitation bag
Extra cap, if trach is capped
Other supplies specific to student:_____

Physician Consent for Tracheostomy IHP

Medical Provider: Your signature serves as the medical order for this plan of care including medication administration as outlined on this care plan.

_____

Physician Signature Date

Parent Consent for Tracheostomy IHP

I grant permission for Haysville Schools to exchange information with my child's health care provider and dispensing pharmacy identified on the medication label as deemed necessary. I hereby request that Haysville schools cooperate with the prescribing health care provider and assist with the administration of medication pursuant to the policy of the Haysville Schools. I have reviewed the above statements and agree to abide by Haysville Schools School District Policy regarding the administration of medication/ procedures at school. I further release Haysville schools and school personnel from liability when my child self-carries and self-administers medication.

_____

Parent/Guardian Signature Date