

Parent Consent and Authorized Healthcare Provider Authorization for Management of Tracheostomy at School and School-sponsored Events					
Student:		DOB:		Date:	
School:		Teacher:		Grade:	
Trach Tube Type:		Trach Size:		IEP/504	<input type="checkbox"/> No <input type="checkbox"/> Yes
Trach Dependency:	<input type="checkbox"/> Pupil IS trach dependent (no air exchange) <input type="checkbox"/> Pupil IS NOT trach dependent (some air exchange)			Medication Needed:	<input type="checkbox"/> No <input type="checkbox"/> Yes <small>(medication authorization attached)</small>
Inner cannula:	<input type="checkbox"/> No <input type="checkbox"/> Yes		Water-soluble lubricant		<input type="checkbox"/> No <input type="checkbox"/> Yes
Clean inner cannula:	<input type="checkbox"/> Hydrogen peroxide <input type="checkbox"/> Other solution: _____		Deep tracheal suctioning <i>*(performed by licensed healthcare provider)</i>		<input type="checkbox"/> No <input type="checkbox"/> Yes
Stoma care <small>(Needed at School)</small>	<input type="checkbox"/> No <input type="checkbox"/> Yes, if yes then select one of the options below <input type="checkbox"/> Soap & water <input type="checkbox"/> ½ strength hydrogen peroxide				
Speaking Valve:	<input type="checkbox"/> No <input type="checkbox"/> Yes: Type _____ Instructions: _____				
Humidification device at school:		<input type="checkbox"/> No <input type="checkbox"/> Yes: Type _____ Instructions: _____			
Tracheostomy Suctioning (premeasured)					
Position:	<input type="checkbox"/> Supine <input type="checkbox"/> Reclined <input type="checkbox"/> Sitting <input type="checkbox"/> Standing		Technique:	<input type="checkbox"/> Clean <input type="checkbox"/> Modified Sterile	
Frequency:	<input type="checkbox"/> PRN <input type="checkbox"/> Other _____		Catheter (type/size)		
Suction pressure:			Sterile Saline:	<input type="checkbox"/> Not needed <input type="checkbox"/> Yes	
Suctioning Special Instructions <i>(Thick Secretions)</i>		<input type="checkbox"/> No <input type="checkbox"/> Yes:	Suction pressure: _____ Other: _____		
Suctioning Special Instructions <i>(Mucus Plug)</i>		<input type="checkbox"/> No <input type="checkbox"/> Yes:	Suction pressure: _____ Other: _____		
Suctioning Special Instructions <i>(Deep suctioning)</i>		<input type="checkbox"/> No <input type="checkbox"/> Yes:	Suction pressure: _____ Other: _____		
Suction catheter reused after cleaning		<input type="checkbox"/> No <input type="checkbox"/> Yes:	_____ Number of days Procedure _____		
Additional breaths via resuscitation bag		<input type="checkbox"/> No <input type="checkbox"/> Yes:	times _____		
Tracheostomy Tube Replacement <i>*(performed by licensed healthcare provider)</i>					
Maximum time allowed for tube replacement prior to calling 911			Tube Size:		
Replace tube when:	<input type="checkbox"/> tube becomes dislodged <input type="checkbox"/> unable to clear mucus plug <input type="checkbox"/> other: _____ <input type="checkbox"/> Do not replace tube—action to take: _____				
Other Information:					
Authorized Healthcare Provider Authorization for Management of Tracheostomy In School Setting					
My signature below provides authorization for the above written orders. I understand that all procedures will be implemented in accordance with state laws and regulations. I understand that specialized physical healthcare services may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse. This authorization is for a maximum of one year. If changes are indicated, I will provide new written authorization. Authorizations may be faxed.					
MD/DO/PA Name :				Stamp: <small>(or address and phone)</small>	
MD/DO/PA Signature:			Date:		
Parent Consent for Authorization and Management of Tracheostomy in School Setting					
I (we) the undersigned, the parent(s)/guardian(s) of the above named pupil, request that the specialized physical healthcare service, tracheostomy management, be administered to my (our) child in accordance with state laws and regulations. I (we) will: <ol style="list-style-type: none"> 1. provide the necessary supplies and equipment; 2. notify the school nurse if there is a change in child's health status or attending authorized healthcare provider; and 3. notify the school nurse immediately and provide new written consent/authorization for any changes in the above authorization. I (we) give consent for the school nurse to communicate with the authorized healthcare provider when necessary. I (we) understand that I (we) will be provided a copy of my child's completed Individualized Healthcare Plan (IHP).					
Parent/Guardian Signature:					Date:

Tracheostomy Suctioning Standard Healthcare Procedure—Clean Technique

Purpose	<p>To maintain an open airway by clearing the tracheostomy tube of excessive secretions.</p> <p>Suctioning shall be performed: (a) according to physician's orders; (b) upon request of pupil; (c) when noisy, moist respirations occur; (d) when mucus is visible at tracheostomy tube opening; (e) before eating and drinking, if congested; and (f) when respiratory distress occurs (signs—breathing difficulty, agitation, color changes, retraction of muscles in neck and chest).</p>	
Equipment and Supplies	<ol style="list-style-type: none"> 1. Suction machine, including collection bottle, connecting tube and adapter, when needed. 2. Resuscitation bag with adapter, when ordered 3. Disposable suction catheters (clean or sterile) of prescribed size per physician's order. 4. Non-waxed clean paper cups or plastic cups 5. Supply of normal saline solution & clean syringes or individual vials of normal saline, if ordered 	<ol style="list-style-type: none"> 6. Supply of clean water or saline solution. 7. Disposable non-latex gloves 8. Clean tissues or gauze pads 9. Plastic-lined wastebasket for waste disposal 10. Manual suction device for use if primary equipment fails 11. Optional: products & equipment for cleaning suction catheters:

PROCEDURE

Essential Steps-Suction Set Up	Key Points and Precautions-Suction Set Up
1. At the beginning of each school day, verify that all equipment and supplies are available and ready for immediate use.	1. Log the activity each day using the Equipment and Supplies Checklist (Form C). This check may occur when pupil is picked up by school bus.
2. Encourage pupil to cough to clear airway. (Coughing can possibly eliminate the need for suctioning.)	2. Some pupils may be unable to cough.
3. Wash hands prior to suctioning unless need for suctioning is an emergency.	3. STANDARD PRECAUTIONS
4. Assemble and prepare suctioning equipment and supplies on a clean, flat surface. <ol style="list-style-type: none"> a. Fill cup with clean water or saline. b. Open catheter package or storage bag without touching catheter. c. <u>If ordered</u>, have normal saline ampules available or fill syringe with saline solution. d. Place tissue or gauze nearby. 	<ol style="list-style-type: none"> a. A disposable covering for the work surface may be used. b. If the catheter comes in contact with an unclean surface, such as being dropped on the floor, it should be discarded. c. Use saline according to physician's orders
5. Position pupil as recommended/ordered. <ul style="list-style-type: none"> • Explain procedure at pupil's level of understanding. • Encourage pupil's participation according to IHP goals for self-care. 	5. Positioning depends on the pupil's condition and physician's orders. In school setting, most pupils are suctioned while seated upright.
6. Put on disposable non-latex gloves.	6. Standard Precautions
7. Remove inner cannula, if present. Clean cannula according to steps in <i>Tracheostomy Care Standard Healthcare Procedure</i> (Form D).	7. Some trach tubes do not have an inner cannula.
8. Attach catheter to suction tubing. <ol style="list-style-type: none"> a. Hold the suction connection tubing with non-dominant gloved hand and catheter with dominant gloved hand. b. Turn on suction machine with non-dominant hand. Verify correct vacuum pressure, if necessary. 	<ol style="list-style-type: none"> a. Dominant gloved hand remains clean for suctioning. Use only dominant gloved hand to handle the suction catheter. b. Suction pressure per physician's orders

Essential Steps-Suction Set Up (cont.)	Key Points and Precautions-Suction Set Up (cont.)
<p>9. Hold catheter 2–3 inches from tip.</p> <p>a. Use obturator to determine the depth that catheter will be inserted into the trach tube (premeasured suctioning). Hold catheter at this point to mark correct suction depth.</p> <p>b. Insert tip into cup of water/saline; cover vent with thumb of non-dominant hand to create suction and draw a small amount of water into the catheter. Uncover vent.</p>	<p>9. a. If premarked catheter is not available, this step ensures that the suction catheter will not be inserted beyond the end of the trach tube.</p> <p>b. This step verifies that catheter is open, tip is lubricated and suction is functioning.</p> <p>Water/saline in the collection bottle helps prevent sticking of secretions.</p>
Essential Steps-Suction Procedure	Key Points and Precautions-Suction Procedure
<p>10. Suction as follows:</p> <p>a. INSERT CATHETER INTO TRACH TUBE.</p> <p>DO NOT INSERT BEYOND END OF TRACH TUBE.</p> <ul style="list-style-type: none"> Insert catheter with vent open, withdraw it slightly and cover vent with thumb. Cover vent of catheter with thumb; gently and quickly introduce catheter into tracheal opening to premeasured depth. <p>b. With thumb over vent, slowly withdraw catheter.</p> <ul style="list-style-type: none"> Catheter has openings on all sides, twirling is not necessary. Gently rotate catheter between thumb & forefinger. <p>c. Withdraw catheter IMMEDIATELY if pupil begins to cough.</p> <p>d. Suction for 5 seconds or less.</p> <p>Never suction longer than 10 seconds.</p> <p>e. Draw water/saline through catheter to clear secretions.</p> <p>f. Allow 1 to 3 minutes (3 to 5 deep breaths) between suctioning passes so that pupil can replenish oxygen.</p> <ul style="list-style-type: none"> Supply deep breaths with resuscitation bag if noted on physician's orders. <p>g. Observe effectiveness of suctioning by observing respirations. If moist, gurgling noises or whistling sounds are heard or if mucus is seen at trach opening, repeat steps (a) through (f) up to 3 times, as needed.</p> <p>h. Instill saline only if ordered for thick secretions: instill drops of saline solution per physician's orders into tracheal opening using non-dominant hand.</p> <p>Repeat saline instillation only as ordered.</p>	<p>10. Suctioning loosens secretions and stimulates coughing.</p> <p>a. Some medical institution guidelines recommend that suction be applied both when inserting and withdrawing catheter to reduce suctioning time and avoid decreased oxygen.</p> <p>b. Twirling a catheter <u>without multiple openings</u> ensures that mucus is removed from all areas.</p> <p>If catheter remains in one place, the mucus membranes will be drawn against it, occluding the tube and injuring tissue.</p> <p>c. The catheter obstructs the outer cannula and may interfere with bringing up secretions.</p> <p>d. Suctioning longer than 10 seconds causes oxygen loss.</p> <p>e. Observe mucus. Check color, smell and thickness.</p> <p>f. Prolonged suctioning can cause throat spasms, loss of oxygen and changes in heart rate.</p> <p>Use of resuscitation bag provides deep breathing and/or stabilizes a disrupted breathing pattern.</p> <p>g. Respirations should be quiet and effortless at the end of suctioning procedure.</p> <p>h. Use saline as ordered only if mucus is very thick, hard to cough up or difficult to suction. Frequent use of saline is not recommended.</p> <p>Saline may aid in dissolving mucus. Saline instillation will cause coughing: hold tissue near trach opening to catch spray and/or mucus.</p>
Essential Steps-Mucus Plug Obstruction	Key Points and Precautions-Mucus Plug Obstruction
<p>11. If mucus plug obstructs outer cannula, instill cc/ml saline solution per physician's orders.</p> <p>Suction until plug is loosened and removed.</p> <p>If plug <u>cannot</u> be loosened and pupil is showing signs of respiratory distress or is unable to breathe, remove outer cannula and replace trach tube.</p>	<p>11. CALL FOR HELP.</p> <p>INSTRUCT HELPER TO CALL SCHOOL NURSE.</p> <p>CALL 911 EMERGENCY SERVICES IF PUPIL SHOWS SIGNS OF RESPIRATORY DISTRESS</p> <p>Follow steps in Tracheostomy Tube Replacement Standard Procedure (Form H).</p>
<p>12. When suctioning is completed, draw sufficient water through catheter to clear tubing.</p> <p>Turn off suction machine.</p>	

Tracheostomy Care: Stoma, Ties and Inner Cannula—Standard Healthcare Procedures		
Purpose	<ol style="list-style-type: none"> 1. To maintain an open airway by removing secretions and exudates from inner cannula. 2. To prevent infection and irritation of tissue around the tracheostomy tube and under the ties. 3. To maintain an open airway when: (a) pupil exhibits labored, interrupted breathing, restless and/or apprehension; (b) excessive discharge or mucus plug blocks tube; (c) dry, crusty secretions are present around the tracheostomy tube. 	
Equipment and Supplies	<ol style="list-style-type: none"> 1. Non-waxed clean paper cups 2. Cotton-tipped applicators 3. Hydrogen peroxide 4. Sterile water or normal saline 5. Mild liquid soap (if ordered for skin care) 6. Antimicrobial ointment if authorized 7. Pipe cleaners and/or drinking straws 8. Tracheostomy dressing, if needed 9. Tape, if needed to secure dressing 	<ol style="list-style-type: none"> 10. Disposable non-latex gloves 11. Suctioning supplies and equipment 12. Tracheostomy ties (twill or Velcro) cut to appropriate length 13. Blunt-ended clean scissors & blunt-tipped tweezers or hemostat (for trach ties change) 14. Paper towels 15. Plastic bag for disposal of waste
PROCEDURE		
Essential Steps-Set Up		Key Points and Precautions-Set Up
Assemble supplies and take them to pupil's location. <ul style="list-style-type: none"> • Explain procedure to pupil & how he/she can assist. • Position pupil with tracheostomy area exposed. • If pupil is on ventilator, determine breathing tolerance when off equipment by referencing physician's order 		<ul style="list-style-type: none"> • If pupil is spastic, restless, agitated or confused, assistance may be needed during procedure. • Elevate head to ensure that cleaning solution flows onto pupil's chest rather than into tracheal opening. • If ventilation is needed during procedure, ventilate with resuscitation bag. Two people may be needed to complete procedure.
2. Wash hands.		2. Standard Precautions
3. Prepare supplies. <ol style="list-style-type: none"> a. Set out 3–5 paper cups on paper towel. b. Dilute hydrogen peroxide with equal amount of sterile water (½ strength). c. Fill one cup with ½ strength hydrogen peroxide and one cup with sterile water. d. Place 4–6 cotton-tipped applicators in third cup. e. Prepare soap & water solution, if used for skin care. 		3. Supplies <ul style="list-style-type: none"> • Normal saline solution may be used instead of hydrogen peroxide, if authorized. • Hydrogen peroxide is often used only to remove encrusted secretions. Daily use of hydrogen peroxide can irritate the skin and damage tissue.
4. Put on disposable non-latex gloves.		4. Standard Precautions
Essential Steps-Stoma Care		Key Points and Precautions-Stoma Care
<ol style="list-style-type: none"> 1. Remove soiled dressing, if in place. Discard dressing in plastic bag. 2. Moisten applicator with cleaning solution. 3. Begin cleansing at area next to tube and then proceed outward, using a rolling motion. Cleanse stoma at least 1 inch beyond outer cannula. d. Discard applicators in plastic bag. e. Clean flanges of trach tube, being careful not to dislodge tube. f. Rinse area with applicator soaked in sterile water. Use same motion used for cleansing. g. Using dry applicator, wipe cleansed area, drying thoroughly. 		<ol style="list-style-type: none"> a. Removing soiled dressing reduces the number of contaminants at the area to be cleaned. c. Stroke <u>away</u> from tracheal opening. Use one stroke per applicator, and then discard. <ul style="list-style-type: none"> • Do not wipe over an area more than once with same applicator. • Do not allow liquid or small tufts of cotton to get into trach tube or stoma area under tube.
Essential Steps-Changing Trach Ties		Key Points and Precautions-Changing Trach Ties
<ol style="list-style-type: none"> a. Determine that trach ties are wet/soiled and need changing. Request assistance while changing ties. 		<ol style="list-style-type: none"> a. An assistant is needed to prevent accidental dislodging of the trach tube.

<p>b. Wash hands (both person performing procedure and assistant).</p> <p>c. Provide stoma care, if skin around tube has not been cleansed.</p> <p>d. DO NOT CUT OLD TIES UNTIL NEW ONES ARE SECURED. Slide soiled ties up or down to allow space for new ties to be put on tube.</p> <p>e. Attach tie(s) to trach tube, threading ends through slits in flanges. Tweezers or hemostat may be needed.</p> <p>f. Secure ties at the side of pupil's neck by tying a double or triple square knot.</p> <p>g. Cut and remove old ties. Discard in plastic bag.</p> <p>h. Check tightness of new tie.</p> <p>Proceed to Step 8 if inner cannula will not be cleaned.</p>	<p>Be prepared for trach tube replacement if tube becomes dislodged. See Form H, Tracheostomy Tube Replacement</p> <p>b. STANDARD PRECAUTIONS</p> <p>c. If inner cannula cleaning is not required, apply tracheostomy dressing if needed. (See Step 7.k. below)</p> <p>e. There are several techniques for attaching ties to the trach tube. Technique used for this pupil:</p> <p>f. <u>Do not tie a bow</u> since it can loosen or untie easily.</p> <p>h. One finger should fit between the neck and the tie.</p> <ul style="list-style-type: none"> • Flex the pupil's head to ensure that ties are secure in all positions. • Monitor tightness several times a day.
Essential Steps-Cleaning Inner Cannula	Key Points and Precautions-Cleaning Inner Cannula
<p>IN AN EMERGENCY, INNER CANNULA CLEANING MAY BE PERFORMED WITHOUT STOMA CARE.</p> <p>a. Unlock and remove inner cannula, holding outer cannula in place. <u>Do not leave inner cannula out longer than 15 minutes.</u></p> <p>b. Place inner cannula in paper cup filled with hydrogen peroxide solution. Soak for 1–5 minutes.</p> <p>c. Cleanse inner cannula with pipe cleaners and/or plastic drinking straw.</p> <p>d. Place inner cannula in cup with sterile water or normal saline; soak for a short time. Remove cannula from cup.</p> <p>e. Shake excess moisture out of cannula. Place in clean paper cup.</p> <p>f. Pour out solutions. Discard paper cups & other waste.</p> <p>g. Suction outer cannula according to Suctioning Standard Healthcare Procedure, if necessary.</p> <p>h. Replace inner cannula and secure.</p> <p>i. Determine that pupil is breathing adequately. Attach ventilator, if removed prior to cleaning.</p> <p>j. Apply thin layer of antimicrobial ointment, if authorized by physician's orders.</p> <p>k. Apply tracheostomy dressing, if needed, to help hold trach tube in position or to decrease air leak. Dressing must be changed frequently when secretions are copious.</p> <p>Pupil-specific notes:</p>	<p>NOTE: If inner cannula requires longer soaking to remove tenacious secretions, sequence of prior steps may be altered. Begin with CLEANING INNER CANNULA, Steps a, b and c; follow with STOMA CARE, and then proceed with CLEANING INNER CANNULA, Step d.</p> <p>b. Cup should be filled to cover inner cannula completely.</p> <p>c. Using two pipe cleaners or doubling end of one provides more effective cleansing than a single pipe cleaner.</p> <p>d. If necessary, pour water or saline solution over cannula until it is thoroughly clean.</p> <p>h. Replace inner cannula as soon as possible after cleaning to prevent mucus plugs from forming in outer cannula.</p> <p>j. Indiscriminant use of ointments may increase bacterial growth.</p> <p>k. Use precut tracheostomy gauze. Do not cut gauze or use gauze containing cotton because pupil could inhale small particles. Stoma area must be kept dry.</p>
<p>8. CARE OF PUPIL</p> <ul style="list-style-type: none"> • Observe pupil for adequate ventilation throughout the procedures. • Verify that trach tube is positioned properly. • Monitor skin around trach tube for signs of infection. 	<p>8. CARE OF PUPIL</p> <ul style="list-style-type: none"> • Pupil who requires ventilator should not be left alone or with untrained staff. • If stoma area is red, swollen, inflamed or has a foul odor, report observations to school nurse and parent.

9. CARE OF EQUIPMENT <ul style="list-style-type: none"> ● Remove gloves. ● Dispose of gloves and all used supplies in a plastic bag. Seal bag and place in a plastic-lined waste receptacle. 	
10. Wash hands.	10. STANDARD PRECAUTIONS
11. Document procedures on Tracheostomy Care Daily Log (Form K). Note pupil's tolerance of procedure, unusual observations and any information reported to school nurse and/or parent.	

Pupil Specific Instructions:

Tracheostomy Tube Replacement—Standard Emergency Procedure		
Purpose	To maintain an open airway by removing and replacing a blocked or dislodged tracheostomy tube.	
Notes	<ol style="list-style-type: none"> 1. Tracheostomy tubes are routinely changed at home. In the school setting, trach tubes will only be replaced in an emergency. 2. An extra sterile tracheostomy tube and obturator of prescribed size <u>must be kept with the pupil at all times</u>. A trach tube one size smaller may also be ordered. 3. Two people are usually needed to perform procedure. In emergency, may be performed by one person. 	
Equipment and Supplies	<ol style="list-style-type: none"> 1. Sterile trach tube & obturator (prescribed size and one size smaller) 2. Blunt-ended clean scissors 3. Trach ties (twill tape cut to correct lengths or Velcro collar) 4. Water-soluble lubricant, if ordered 5. Non-waxed clean paper cups 6. Sterile normal saline or sterile water 	<ol style="list-style-type: none"> 7. Disposable non-latex gloves 8. Clean tissues or tracheostomy gauze 9. Plastic bags 10. Blanket/towel roll (if needed to position pupil) 11. Suction machine, collection bottle and tube, suction catheters, adapter when needed 12. Resuscitation bag with adapter, when ordered 13. Supplies for suctioning

PROCEDURE

Essential Steps	Key Points and Precautions
1. Call for help. Never leave pupil alone. Direct helper to call school nurse. Wash hands if pupil's status permits.	1. School nurse may respond to provide medical support. Have helper call 911 emergency services if pupil shows signs of respiratory distress.
2. Assemble equipment and supplies.	
3. Reassure pupil during procedure. Explain procedure at pupil's level of understanding.	3. A calm, assured approach promotes pupil's cooperation and ease of inserting tube.
4. Gently position pupil with head tilted back as far as possible.	4. A small roll may be placed under the shoulders to hyperextend the neck unless contraindicated.
5. Open sterile tracheostomy tube package.	
6. Put on disposable non-latex gloves.	6. STANDARD PRECAUTIONS
7. Insert obturator into replacement tube.	7. Hold obturator in place with thumb.
8. Bring trach tie through one end of new tube. Avoid touching part of tube that is inserted into trachea.	8. Some pupils use a Velcro collar.
9. Moisten end of trach tube with saline, sterile water or water-soluble lubricant, if time permits.	9. Steps #6 (gloves) and #9 (lubrication) may be omitted if pupil's respiratory status is deteriorating.
10. IF TRACH TUBE IS BLOCKED AND REMAINS IN STOMA: <ol style="list-style-type: none"> a. Have assistant hold old tube in place. b. Cut or detach ties. c. When new tube is ready in hand, have assistant remove old tube, using upward and outward arc. 	10. If tube is being replaced by one person, do not cut or detach ties until replacement tube is in hand. Always hold tube when trach ties are not secured.
11. Insert trach tube with obturator into stoma using a smooth, curving motion, directing tip of tube toward back of neck in a downward and inward arc. <ul style="list-style-type: none"> ● Gently follow curvature of trachea until tube is completely in place. ● DO NOT FORCE TUBE INTO TRACHEA 	11. Stand by pupil's side. Use fingers placed on sides of stoma to spread skin and open stoma. ● Inserting trach tube will cause pupil to cough. <u>Do not let go of tube</u> . Have tissue ready to wipe secretions. ● IF UNABLE TO INSERT TUBE, REMOVE OBTURATOR & PROCEED TO EMERGENCY ACTION STEPS, PAGE 2
12. Hold trach tube in place with one hand, and then immediately pull out obturator. Insert inner cannula, if needed.	12. Pupil cannot breathe with obturator in place.

Essential Steps	Key Points and Precautions
14. Listen and feel for air movement through trach tube.	14. Hold trach tube in place at all times until trach ties are secured.

Cleaning Reusable Tracheostomy Suction Catheters—Standard Healthcare Procedure		
Purpose	1. To clean previously sterile, disposable catheters so that they may be reused safely. 2. To reduce medical expenditures for parent/guardian by reuse of catheters when authorized by healthcare provider.	
Equipment and Supplies	1. Plastic containers (2) for soaking catheters 2. Mild liquid soap (i.e., Joy or Ivory) 3. White vinegar	4. Sterile water 5. Ziploc plastic bags 6. Paper towels
PROCEDURE		
Essential Steps		Key Points and Precautions
1. Wash hands and assemble supplies. Put on disposable, non-latex gloves.		1. Work in a clean area beside a sink with hot and cold running water.
2. Fill one plastic container 2/3 full with warm, soapy water.		
3. In second plastic container, mix one (1) cup of white vinegar with one (1) cup of sterile water.		3. This solution can be prepared in advance and covered with lid. Fresh solution should be prepared daily.
4. After using suction catheter, rinse under cool running tap water. Rinse catheter until secretions are cleared from both interior and exterior surfaces.		4. Hot water “cooks” the mucus, making it more difficult to remove. If secretions cannot be cleared with water, use a hydrogen peroxide flush, and then rinse again with water.
5. Place catheter in soap solution and soak at least 5–10 minutes.		5. Soap solution must cover catheter. Other catheters may be added to container for soaking.
6. Remove catheters from soap solution and rinse thoroughly under warm running tap water.		6. Soap residue can create a barrier to germicidal action of vinegar solution.
7. Place catheters in vinegar solution. Soak for at least 30 minutes.		7. Vinegar solution has antiseptic properties. Therefore, catheters must be fully submerged in and filled with solution.
8. Remove catheters after soaking for 30 minutes. Rinse with sterile water.		8. Parent can prepare sterile water at home by boiling 20 minutes.
9. Gently shake off excess water. DO NOT TOUCH TIPS OF CATHETERS.		
10. Air dry catheters between two paper towels. When catheters are completely dry, store in clean Ziploc bag for later use.		10. Catheters can be stored in Ziploc bags for travel.
11. Clean work area. Remove gloves. Wash hands.		
12. Document cleaning of suction catheters. Enter information in Comments section, Form K, Daily Log—Tracheostomy Care.		

Healthcare provider may specify the length of time a suction catheter can be cleaned and reused.

NOTE: After a period of time, catheter may become cloudy and have a vinegar smell. Catheter can be reused until it becomes damaged or cannot be cleaned effectively. Catheter should be discarded if dried secretions on the inside or outside surface cannot be removed.

Pupil Specific Instructions:

Manual Resuscitation for Tracheostomy (Bagging)—Standard Procedure		
Purpose	To deliver breaths manually using a manual resuscitator or self-inflating bag when: (a) pupil is unable to breathe independently; (b) ventilator malfunctions; (c) ordered for routine tracheostomy care; (d) pupil stops breathing.	
Equipment and Supplies	1. Manual resuscitator or self-inflating bag 2. Adapter sized to fit tracheostomy tube 3. Oxygen source with tubing if authorized	4. Disposable non-latex gloves 5. Gauze or tissue
PROCEDURE		
Essential Steps		Key Points and Precautions
1. Wash hands. Put on disposable non-latex gloves.		1. STANDARD PRECAUTIONS
2. Assemble equipment.		
3. Explain procedure at pupil's level of understanding.		
4. Check that resuscitator is functioning properly. <ul style="list-style-type: none"> a. Place adapter, which is connected to bag, against a gauze or tissue in hand. b. Squeeze bag. Feeling of slight resistance indicates proper function. 		
5. Position pupil: Per physician's orders		5. A head-tilt position is desirable unless contraindicated for individual pupil. Follow pupil-specific guidelines.
6. If oxygen is used, attach tubing and verify that oxygen is flowing.		6. Look, listen and feel for flow.
7. Attach resuscitator bag to tracheostomy tube.		7. Hold trach tube with one hand to prevent accidental dislodgement while attaching adapter.
8. IF PUPIL IS ABLE TO BREATHE INDEPENDENTLY, coordinate manual breaths with his/her own breaths. <ul style="list-style-type: none"> a. Give a breath by squeezing resuscitation bag as pupil begins to inhale (chest begins to rise). b. Allow ample time between breaths for passive exhalation and bag re-expansion. c. If bagging is performed to provide respiratory support during a procedure, e.g., suctioning or changing trach tube, give prescribed number of breaths, and then resume procedure. 		8. If resistance is felt and/or if pupil looks distressed, be sure that breaths are coordinated with pupil's own breathing effort and that tube is patent.
9. IF PUPIL IS <u>NOT ABLE</u> TO BREATHE INDEPENDENTLY, squeeze the resuscitation bag at a regular rate to deliver prescribed breaths per minute. <ul style="list-style-type: none"> • Allow ample time between breaths for passive exhalation and bag re-expansion. 		9. If no breathing rate is prescribed, a standard range of breaths per minute is: <ul style="list-style-type: none"> • Infants: 20–24 breaths per minute • Children: 16-20 breaths per minute • Adolescents & adults: 12-16 breaths per minute
10. Check effectiveness of ventilation. <ul style="list-style-type: none"> a. Observe pupil's face and lips for unusual paleness/blue coloration. b. Make sure pupil's chest rises with each inflation and falls during each passive exhalation. c. If ineffective, reposition pupil's head and reseal attachment. 		10. If bagging procedure is being performed in response to respiratory distress and pupil <u>does not improve</u> , CALL FOR HELP. <ul style="list-style-type: none"> • Have helper call 911 emergency services, parent and school nurse. • Be prepared to administer CPR.
11. Remove resuscitation bag from trach tube. Remove gloves, wash hands.		11. Hold trach tube with one hand to prevent pulling or dislodging it.
12. Document procedure on Daily Log (Form K). Complete Emergency Response Report if indicated.		12. Include comments, observations and pupil's tolerance.
Pupil Specific Instructions:		