



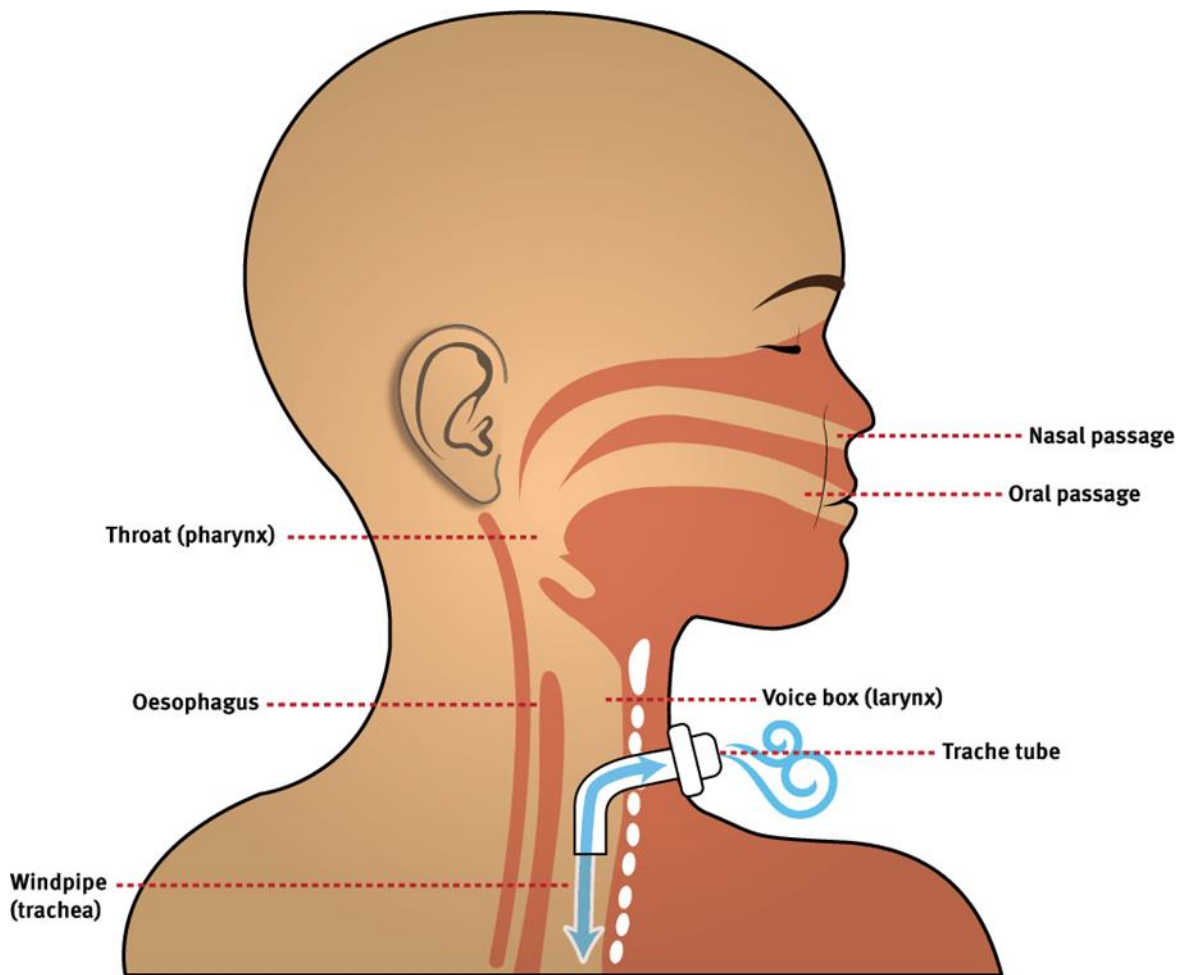
**Caregiver Home Instructional Material for
the Care of a child with Tracheostomy Tube
and Medical Equipment**



The Definition and Purpose of a Tracheostomy

A tracheostomy is a surgical opening (stoma) in the neck and into the windpipe (trachea) that will allow your child to breathe.

Children receive a tracheostomy with a trach tube for many different reasons. Some of these reasons may include airway defects, breathing problems, long term ventilator support, and / or injuries. The time span that your child will require the trach tube is dependent upon a specific situation. Your child's doctor can discuss this with you in more detail.



Basic Airway Anatomy

The Respiratory System is made of structures and organs that help your child breathe. Breathing consists of the exchange of oxygen and carbon dioxide in the lungs. Adequate oxygen intake is needed for the vital organs, such as the heart, brain, liver, kidneys, intestines, and lungs to function properly and the body to grow. The following are some of the structures within the respiratory system.

Nose and mouth – Air comes in through the nose and mouth, where it is warmed and humidified before going to the lungs. The nose also filters the air as it enters the body. Warm humidified air keeps the tissues in the respiratory system from drying out.

Trachea – The large tube that branches out and connects to the lungs. This is often called the windpipe.

Larynx or voice box – This is the area above the trachea that holds the vocal cords. Air moves over the vocal cords and that is how the voice can be heard.

Epiglottis – This is the area above the larynx that covers the entrance to the trachea to prevent food and liquid from entering the lungs when eating or drinking.

What is a tracheostomy tube?

Your child had a tracheostomy tube placed in the trachea or windpipe during surgery. We call this tube a TRACH or a TRACH TUBE.

While your child is recovering from the surgery and the hole (stoma) is healing, your child will need to stay in bed and rest. The stoma is the hole in the neck that the trach tube passes in to enter the trachea. The ENT (Ear Nose and Throat) doctor will decide when to change the trach for the first time. This is usually about five to ten days after the trach is placed. After the first trach change, we will begin practicing trach changes with you after you have learned how to.

Because the trach is below the larynx (voice box), no air goes through the vocal cords if the cuff of the trach is inflated.

The esophagus and the trachea are two separate tubes. After the trach surgery, the area in the neck will be swollen. It will take some time before your child can swallow food safely. The sense of smell and taste may be different after your child has a trach placed.

This is What You Can expect during your stay:

One on one education with bedside RT, Nurses, and Respiratory Educator.

You will be taught everything that you need to know to provide care safely and confidently for your child.

The program is roughly 6 weeks (about 1 and a half months) and will be even better when the Caregivers are available to learn.

All Skills require at least 3 checkoffs by each Caregiver. There should be a minimum of 2 Caregivers available to learn.

Education will be, but not limited to:

- Respiratory medication administration (Breathing treatment)
- Trach suctioning
- Stoma care (Trach Care)
- Trach changes
- Friends and Family CPR (Video Provided)
- Rescue breathing through the trach
- All respiratory medical equipment

The Caregivers will be required to:

- Room in for 24 hours (Caregiver #1, twice, Caregiver #2, twice)
- Take a CPR class provided by the facility
- Learn Emergency scenarios
- Do 2 mock car trips
- Have home inspection by DME company
- Provide car seat
- Provide stroller
- Be available for care conferences

All education indicated above will be provided to the caregivers by the respiratory educator and staff.

***This book is provided to you for your reference.

Respiratory Medication Administration (Breathing Treatment)

Respiratory Medicines Includes:

1. **Bronchodilator** – Opens up the airway. The airways include the trachea and lungs.
 - a. Albuterol (Ventolin) Nebulizer
 - b. Levalbuterol (Xopenex) Nebulizer
 - c. Ipratropium Bromide (Atrovent) Nebulizer

2. **Corticosteroid** – Inhaled Steroids. Helps reduce inflammation in the lungs and airways
 - a. Budesonide (Pulmicort) Nebulizer
 - b. Fluticasone-Salmeterol (Advair). Inhaler
 - c. Fluticasone-Propionate (Flovent) Inhaler

3. **Mucolytic** – helps break up and loosens mucus in the airways.
 - a. Sodium Chloride or Hypertonic Saline (3% Usually)
 - b. Dornase Alfa (Pulmozyme)
 - c. Acetylcysteine (Mucomyst)

4. **Antibiotics** – Inhaled Antibiotics – Helps with infection in the lungs and airways.
 - a. Tobramycin (Tobi)

***Your Child's doctor may also order Chest PhysioTherapy (CPT) to help with airway clearance at home. CPT can be done while you are doing your child's breathing treatment.

CPT is done while doing your child's bronchodilator treatment is being done and should last for about 10 minutes but could be longer depending on your child's doctor order.

How to administer breathing treatment:

1. Bronchodilator should be given first.
 - Open the packet and squeeze medicine into the nebulizer cup
 - Attach one end of O2 hose to neb machine and the other to the nebulizer cup
 - Turn on nebulizer machine
 - Quickly attach neb tubing to temperature adaptor hole on ventilator circuit
 - If ordered by your child's doctor, begin CPT at this time.
2. If order, administer mucolytic next in the same way as the bronchodilator without the CPT.
3. If ordered, use cough assist device and suction your child
4. If ordered, administer Antibiotic. Do not suction if your child does not need at this time
5. If ordered, administer inhaled steroids. Do no suction if not needed at this time.



Nebulizer cup



*** Unless your child is showing signs of needing immediate suction, do not suction for about 30 minutes after you have administered the steroids (Budesonide).

Administering breathing with Intrapulmonary Percussive Ventilation (IPV)

If ordered by your child's doctor, IPV can help with medication administration and internal CPT in the lungs. The machine will deliver medicine as well as percuss (shakes) the lungs internally.

Steps:

- a. Add the bronchodilator to the IPV nebulizer cup
- b. Add normal saline (0.9%) to the get a total of 10 mL of fluid in the cup
- c. Connect the IPV to your child's trach and turn on
- d. IPV should run for about 10 minutes.

***All other medication should be given with the regular nebulizer machine.

Suctioning the Tracheostomy Tube

Why do I suction?

You will need to suction your child's trach to remove mucus from the airway. Suctioning may be uncomfortable but will not cause your child any pain once done correctly. Suctioning will help your child breathe easier and remove excess mucus from your child's airway.

After the trach is placed, you may notice your child has more mucus and needs more frequent suctioning. This extra mucus is normal after surgery and should improve over time.

What will I suction?

- You will normally suction mucus that is thin and clear to white in color.
- Yellow or green mucus could mean that your child has an infection.
- Notify your child's doctor when secretion color is yellow or green.
- Thick mucus may mean that your child needs more humidification.

When Do I Suction?

Suctioning is typically required when your child wakes up in the morning. Suction before meals and avoid suctioning immediately after meals to prevent your child from vomiting. You should only suction your child as needed. We will help you learn when your child needs suctioning. You can suction your child as much as needed but make sure to give them a break during suctioning.

Signs that your child needs suctioning:

- Your child may be restless and is not able to be calmed.
- Your child may breathe faster and harder.
- You may hear loud rattling or gurgling noise from the trach.
- You may see bubbles of mucus at the trach.
- Your child may have a frightening look.
- Your child's nostrils may flare out.
- The color around the mouth may be pale or blue.
- The skin around the rib cage may "pull-in" or retract.

How deep do I suction?

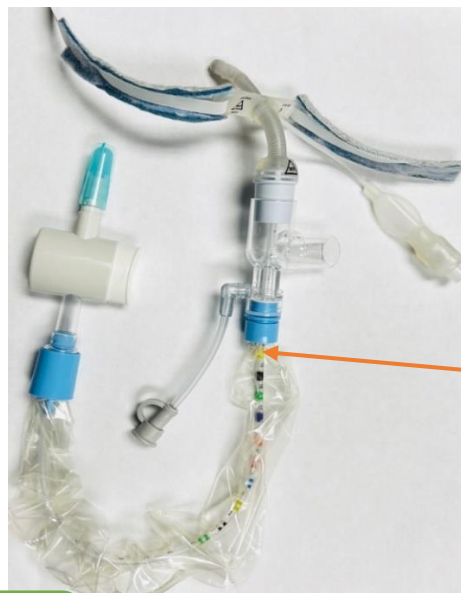
The suction catheter should only go to the predetermined length of the trach. If the catheter extends too far beyond the trach, you could cause irritation and make your child bleed from the trach.



As you can see in the labeled image, the depth of the suction catheter is at the yellow mark to the blue hub. Therefore, the predetermined suction depth for this trach tube is “Yellow to the Blue hub”.



Suction
Catheter tip



Yellow to Blue hub

Tracheostomy Skin Care and Trach Ties Change

Regular care of the stoma and skin of the neck underneath the trach ties is needed to keep the area clean, dry and prevent infection or skin breakdown. Trach care needs to be done at least once every day, or more frequently if the ties become wet or soiled. Trach care should be performed by **two** caregivers. Look for signs of infection or irritation to the stoma during trach care. These could be redness, odor, pus discharge, skin breakdown, granuloma tissue (cluster of irritated skin that is caused by friction of the trach).

**Supplies for trach care will vary but may include:

- Soapy wash cloth
- Wet wash cloth
- Dry wash cloth
- 6 cotton tip applicators
- Spare trachs (both sizes)
- Sterile water or saline
- Clean trach ties
- Shoulder roll (Swaddle Blanket)
- Emergency equipment
- Gauze dressing (optional)
- Foam dressing (optional)
- Nystatin powder (prescription required)
- Scissors



Steps for trach care:

1. Wash hands with soap and water
2. Setup supplies
 - Wet cotton tip applicator
 - Dry gauze
 - Soapy towel
 - Wet towel
 - Dry towel
 - Cut ties to the correct length to fit your child's neck. Use a template if necessary.
3. Place shoulder roll under your child's shoulder blades.
4. The second caregiver holds the trach in place while the first caregiver disconnects ties.
5. First the caregiver removes trach ties and soiled dressing.
6. 3 Cotton tip applicator per side (top, middle and bottom of trach)
 - Swipe from stoma out on top
 - Swipe from stoma out in the middle
 - Swipe from stoma out on the bottom.

***Do this for both sides of trach. **DO NOT** rub back and forth.

7. The first caregiver uses soapy wash cloth to wash around the neck from the flange of trach around to the other side of the flange as the second caregiver continues to hold trach in place.
8. The first caregiver uses a wet towel to wipe soap from neck in same motion while the second caregiver holds the trach in place.
9. The first caregiver uses dry wash cloth to dry your child's neck with the second caregiver continuing to hold trach in place.
10. The first caregiver inserts the Velcro flap in the opening of the flange on one side of trach and folds it onto the trach tie for both sides.
11. First caregiver applies dressing (split gauze) over the stoma.
12. While the second caregiver continues to hold trach, sit your child up as the first caregiver secures ties in the back.
13. Check to make sure that the trach ties are not too tight or too loose by fitting one finger between the neck and the trach ties. You should be able to fit one finger between the ties and the neck. At this time the second caregiver can let go of trach.

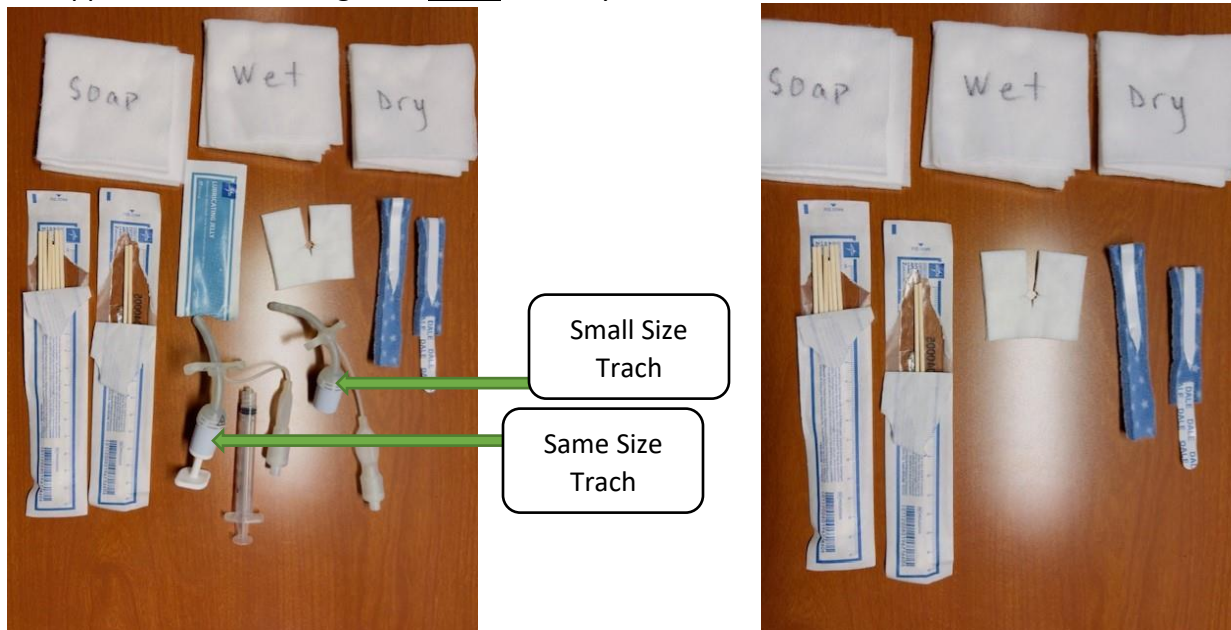


Changing the Tracheostomy Tube

Your child's trach tube needs to be changed out every week to prevent mucus from collecting in the trach and plugging it off. You may also want to change the trach out sooner if it comes out accidentally or thick mucus builds up in the trach.

A trach change should always be performed by two caregivers.

**Supplies for trach change will VARY but may include



New clean trach and back up smaller size trach with Obturator

- Soapy wash cloth
- Wet wash cloth
- Dry wash cloth
- 6 cotton tip applicators
- Spare trachs
- Sterile water or saline
- Clean trach ties
- Shoulder roll
- Emergency equipment (ambu bag and mask connected to oxygen tank)
- Gauze dressing (optional)
- Foam dressing (optional)
- Nystatin powder (prescription required)
- Scissors
- Syringe for cuffed trach
- Sterile water for inflation
- Lubricant Jelly

Steps for Changing Trach

1. Wash hands with soap and water
2. Prepare same size trach by inspecting it and checking the cuff for leak.
 - Fully inflate the cuff with water to make sure it is not leaking.
 - If the cuff does not inflate, massage the cuff to push more water in balloon.
 - Deflate cuff.
3. Place obturator in trach
4. Place trach in water soluble lubricating jelly
5. Apply shoulder roll to shoulder.
6. Caregiver two hold trach in place
7. Caregiver one removes trach ties and perform trach care if trach change is non-emergent.
- ** **In an emergency, DO NOT perform trach care.**
8. If your child has a cuffed trach, caregiver one deflates cuff by removing all water from trach.
9. Caregiver one counts to 3 and caregiver two removes trach.
10. Caregiver one immediately inserts the new clean trach into the stoma and remove **OBTURATOR** while holding trach in place with free hand.
11. Attach ventilator to trach.
12. Inflate cuff if indicated.
13. Secure trach as you would when doing trach care.
14. Clean used trach according to the cleaning process.

Key Points

- If the trach does not go in easily:
- Do not force it into windpipe
- Reposition your child by lifting the chin or more shoulder roll
- Remain calm
- Re lubricate and try again
- If unsuccessful, try the smaller size

If smaller size doesn't fit, CALL 911

Instructions for Tracheostomy Tube Cleaning at Home

1. Place trach and obturator in warm mild soapy water (non-scented dish soap)

- Let it soak for about 30 minutes



2. Wash trach and obturator thoroughly making sure to remove all secretion

- Wash trach flange
- Wash trach shaft (internal part)
- Wash trach hub (flex part of trach)



3. Completely rinse trach under running warm tap water



4. Fill a clean pot with water and bring to boil



5. Remove water from stove or heat source
6. Insert trach and obturator into hot water and make sure that all parts are submerged under water



7. Cover pot
8. Let water cool (about 30 min to 1 hour)
9. Remove trach and obturator from water



10. Place trach and obturator on a clean paper towel
11. Cover with another clean paper towel
12. Allow trach to air dry fully
13. Place clean trach in a clean (new) Ziplock bag and put in emergency trach supplies bag.

***Trachs can be sterilized per manufacturer recommendations. Refer to the manufacturer recommendations for sterilization.

Manual Ventilation (Bagging)



When Should I Use Manual Ventilation (Bagging)

1. Airway emergencies
2. Ventilator Circuit Changes
3. Troubleshooting a ventilator problem
4. When your child's ventilator is not working properly

Helpful Hints for Manual Ventilation (Bagging)



- Attach ambu bag (self-inflating) to an oxygen tank and set flow to 10 to 15 liters.
- Give the same number of breaths as the rate set on the ventilator.
- Set PEEP on the PEEP valve to the same PEEP set on the ventilator.
- Have a mask on standby if needed.

How to use an AMBU bag for emergency

- Connect the valve end of the bag to your child's trach.
- Squeeze the AMBU bag slowly with one hand; squeeze enough air for the chest to rise over 1 second.
- Let go of the bag and allow your child to exhale.
- Squeeze and release the bag by counting 1...2... breathe
- Do not leave the bag attached to your child's trach without squeezing it to give breaths!
- Oxygen should be attached to the bag as soon as possible.
- If no chest rise is noted and/or unable to pass the suction catheter, change trach immediately

Humidification

Since the natural mechanism of warming and humidifying the air is bypassed with the tracheotomy tube, artificial means of providing warmth and humidity is usually necessary.

Heated Trach Collar

This is a trach mask that provides aerosolized moisture for your child to breathe. Heat can be added by doctor prescription. Airvo trach adapter (OptiFlow Adaptor) allows for heat, humidity, and flow to be applied to the trach.



Heat Moisture Exchanger (HME)

This used for transport and during the day when your baby is awake. If needed, oxygen can be added to the HME to provide oxygen to your baby.



Potential Emergencies

What is a mucus plug?

Mucus can become thick and collect in and block the trach. When this happens, the trach is plugged, and your child will have a hard time getting air in their lungs.

How to stop Mucus plug from happening?

- Make sure your child is connected to some sort of humidity.
 - a. Heated trach collar
 - b. Heater connected to ventilator.
 - c. HME (artificial nose) in line with ventilator (for a short period of time)
- Use saline drops to help thin out mucus.
- Change trach weekly
- Give your child their breathing treatment and airway clearance per your doctor order.

Signs that the trach may be plugged.

- Your child may be restless and is not able to be calmed.
- Your child may breathe faster or harder.
- You may not be able to pass the suction catheter in the trach.
- Your child may have a frightening look.
- Your child's nose may flare out.
- The color around the mouth may be pale or blue.
- Your child's oxygen saturation may be lower than normal.
- Your child's heart rate may be higher than normal.
- The skin around the rib cage may “pull in” or retract.

How to remove a mucus plug?

- Put saline drops into the trach and try to suction your child's trach.
- The trach may be changed to a new one if you can't get the mucus plug out.
- If you notice that your child is having trouble breathing and you can't get a new trach in, use your ambu bag with a mask connected to oxygen and breathe for your child over their nose and mouth. ***Call 911 and begin CPR if needed.

What is accidental decannulation?

Accidental Decannulation is when the trach comes out by mistake. If the trach ties are too loose, the trach may come out by accident. The trach also be pulled out by mistake if the tubing tugged on trach.

How to prevent accidental decannulation?

- Make sure that the trach ties are secure after trach care, and you can only fit one finger between the neck and the ties.
- Make sure the vent tubing is not pulling on the trach.
- Check the trach ties and vent tubing throughout the day to make sure that it is still secure.

Signs that the trach may have come out.

- Your child will be able to make voice sounds.
- Your child may be restless and is not able to be calmed.
- Your child may breathe faster or harder.
- You may not be able to pass the suction catheter in the trach.
- Your child may have a frightening look.
- Your child's nose may flare out.
- The color around the mouth may be pale or blue.
- Your child's oxygen saturation may be lower than normal.
- Your child's heart rate may be higher than normal.
- The skin around the rib cage may "pull in" or retract.

Replacing decannulated trach.

- a. Stay calm and alert.
- b. Think clearly.
- c. DO NOT panic but act QUICKLY.
- d. Use the same size backup trach to replace the one that was previously in.
- e. Follow the steps to replace the trach and **REMEMBER** to remove the obturator quickly after insertion.
- f. If you can't get the same size trach in, reposition the child and try once more.
- g. If you can't get it in, put in the smaller size backup trach.

- h. If you can't get the smaller size in, you will need to breathe for your child with the ambu bag and mask connected to oxygen. Place the mask over the mouth and nose and breathe for your child while covering the stoma.
- i. Call 911 and begin CPR, if needed.
- j. Continue to breathe for your child until EMS arrives.

Bright Red Blood from my child's trach

If your child is having bright red blood coming from trach when you suction, your child may be experiencing an emergency. You will need to call 911 immediately.

Steps to follow when you see Bright Red blood coming from trach.

1. Stay calm.
2. Think clearly.
3. Suction trach
4. Provide oxygen to maintain O2 saturation within normal limit.
5. If your child starts having difficulty breathing, you should breathe for your child using the ambu bag attached to oxygen. Start CPR if needed.

If you notice blood streak secretion from your child's trach.

What could be the cause?

- Suctioning too deep past the recommended depth
- Possible infection
- Coughing more than normal
- Too many trach changes that may have caused irritation.
- Dry airway

What to do if I notice blood streak secretion?

1. Remeasure depth of suction catheter using your child's spare same size trach.
2. Increase humidification.
3. Use a few drops of saline to suction.
4. Notify your child's doctor if this continues to happen.
5. You will need to see your doctor when this continues to happen.

What is Aspiration?

When your child swallow and the food or water and it goes into the trachea instead of the esophagus, this is called aspiration. When your child is able to eat food orally, food should go into the stomach and not the airway or lungs.

How will I know if my child is aspirating?

- If your child is coughing and choking when eating, aspiration may be happening.
- If you are suctioning food and milk from your child's trach, aspiration is happening.
- Difficulty breathing and sickness often with lung infections.
- Your child is having respiratory distress every time your child eats.

How to stop or prevent your child from aspirating?

- Talk to your doctor about thickening your child's liquids.
- Thicken liquids per your doctor's order.
- Feed your child in a sitting upright position.
- Keep child upright after feeding for about 30 minutes.

How to help your child if aspiration occurs?

1. Suction your child's trach and make sure you only get secretion when you suction.
2. Change trach if needed.
3. Contact your doctor.

IMPORTANT: If your child throws up or vomits, quickly turn your child to their side to prevent the vomit or throw up from going into their lungs. Suction trach immediately and then suction the mouth.

Setting up the ventilator with new circuit

1. Get new ventilator circuit
2. Get a two-step adaptor
3. Get a bacteria filter
4. Get inline suction catheter
5. Get water chamber for heater pot
6. Get a new bag of water if indicated

Steps for setting up ventilator:

- a. Attach the bacteria filter to the ventilator
- b. Attach dry short vent circuit to the bacteria filter
- c. Attach the other end of the dry circuit to the heater pot
- d. Attach longer circuit to the other port on heater pot
- e. Attach the two-step adaptor to the end of the long vent circuit
- f. Attach inline suction to the two-step adaptor
- g. Attach suction catheter to your child's trach tube

Assembling the Ventilator for Transport (If using a new circuit)

- a. Attach the bacteria filter to the ventilator
- b. Attach dry short vent circuit to bacteria filter
- c. Attach the other end of the dry circuit to the heater pot
- d. Attach longer circuit to the other port on heater pot
- e. Plug the heater temp probe access hole with green plug on both ends of circuit
- f. Attach the two-step adaptor to the end of the long vent circuit
- g. Attach HME to the two-step adaptor
- h. Attach inline suction to the HME on the side
- i. Attach suction catheter to your child's trach tube

REMEMBER: If the Vent circuit is already set up and, on your child, you will only need to attach HME to the two-step adaptor and plug the heater temperature probe access hole on the long circuit with the green plug.



Ventilator/ Equipment Flow Sheet to be completed daily by both caregivers at a minimum of 3 times.

- Trach Ties secure
- Trach Size/Length
- Cuff Inflated
- AMBU Bag with PEEP valve attached to Oxygen source
- E cylinder pressure
- Emergency Bag at bedside
- Same size trach at bedside
- Half size smaller trach at bedside
- Suction Machine functional

Settings:

Mode _____

Pressure _____ Exhaled Tidal volume (Vte) _____

Tidal Volume (Vt) _____

Set Breath Rate (RR) _____ Total Breath Rate (RR) _____

Trigger Type _____

Pressure support _____

Insp. Time (iT) _____

Oxygen flow _____

Rise Time _____

Leak _____

Heater Invasive Mode _____

Water Bag Full? _____

Mock Car Trip

Done after one passed car seat study, family CPR, and Rescue breathing check off

Purpose:

- To provide practice altering ventilator circuit
- To provide practice in packing necessary items
- To assess the structure and stability of stroller
- To assess preparedness with unforeseen emergency situations
- To practice strategic placing of medical equipment in car and stroller
- To provide practice with remembering to remove HME for nebulizer treatments.
- To provide practice for caregivers to work as a team.

Supplies/ Equipment:

- Ventilator circuit assembled with heater bypassed and placed in the transport bag

- Emergency bag
- AMBU bag with PEEP valve
- HME in line
- Suction machine
- Pulse ox packed
- Full E Cylinder with Key
- Neb Machine
- Neb kit
- Respiratory Medications
- Suction catheter
- Feeding Pump
- Cell phone with charger
- Emergency phone numbers

Mock Car Trip Procedure:

1. Car seat placed in stroller.
2. Ventilator with bag hung on stroller handle (asses stability/anti tipping).
3. Stroller assessed for sturdy framework and storage to carry pulse ox, e cylinder, suction machine, emergency bag in under car seat storage space.
4. Verbal time out done prior to leaving the room. Time out consist of assigning roles in the case of decannulation, de saturating, or cardiac compromise.
5. Present Team is Caregiver #1, Caregiver #2, Respiratory therapist, and Nurse.
6. Intensivist is notified of leaving.
7. The Team of 4 walk to the front of Children's Tower where caregiver #2 pulls the car in front directly in front of doors.
8. Child is Placed into car's back seat while remaining in personal car seat.
9. All equipment is placed in backseat with emergency equipment within reach of Caregiver that will be sitting in the back.
10. Child is then replaced to stroller and packed in identical fashion.
11. Car is taken back to parking space.
12. Child is transported back to the unit by the Team.
13. Intensivist is notified of returning.
14. Once child arrives to the room, Parents give saline neb to practice removing HME for all nebulizer/MDI treatments.
15. Child is replaced to bed
16. Ventilator circuit is assembled with heater and HME removed by parents.
17. All equipment is returned to prior space.
18. Child is replaced to all monitors.

*****Intervention is documented in Meditech/ Educate section. *****

Weekly Goals for Education

Week 1: Date: _____

All will be done under guidance of RT/RN

1. Read educational handouts watch trach care and change on trach doll
2. Identify the primary and secondary caregivers.
3. Observe/Assist RT with trach change out (this depends on prior observation of trach change).
4. Assist RT with trach care.
5. Trach suctioning
6. G button care.
7. Medication administration
8. Nebulizer treatment
9. AMBU Bag.
10. Ventilator setting education
11. Ventilator circuit education

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Task accomplished by end of this week

- Caregivers assist with trach change. This is dependent on previous exposure to _____ observing trach change prior to being enrolled in program.
- Home Health Equipment should be ordered and in the room ASAP
- Car seat should be in the room
- Trach size and length should be confirmed as permanent
- Questions/ Concerns I would Like to address:

1. _____

2. _____

3. _____

4. _____

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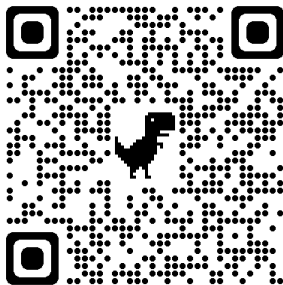
Week 2: Date: _____

1. Primary and Secondary caregivers begin to work as a team under the guidance of RT/RN
2. Trach cleaning and stoma care
3. Trach suctioning
4. G button care
5. Medication administration
6. Nebulizer treatments
7. Use of AMBU bag
8. Ventilator settings/ alarms check
9. Ventilator circuit education
 - Task accomplished by end of this week:
 - It is important that another trach change be accomplished by one of the care givers to receive a checkoff._
 - Education for rescue breathing through trach should be started by both caregivers prior to CPR class.
 - Family CPR class scheduled after first trach change with family
 - DME company does formal education of their equipment.
 - Confirm again that trach length and size is appropriate prior to week 3
 - No ventilator changes moving forward
 - No care plan changes moving forward
 -

Questions/Concerns I would like addressed

1. _____
2. _____
3. _____
4. _____

CPR QR code



Week 3: Date: _____

Family continues to obtain check offs on:

1. Trach cleaning and stoma care
 2. Trach suctioning
 3. G button care
 4. Medication administration
 5. Nebulizer treatments
 6. Use of AMBU bag
 7. Ventilator settings/ alarms check
 8. Ventilator circuit education
-

Task accomplished by end of the week:

- Another trach change should be obtained by a caregiver for check off
 - Car seat study should be performed_
 - Caregivers should have dates committed to room in and mock car trip.
 - Emergency Bag prepared.
 - Emergency phone numbers collected
-

Questions/ Concerns I would like addressed:

1. _____
2. _____
3. _____
4. _____

Week 4: Date: _____

Caregivers continue to work as a team and obtain check offs for:

1. Trach cleaning and stoma care
2. Trach suctioning
3. G button care
4. Medication administration
5. Nebulizer treatments
6. Use of AMBU bag
7. Ventilator settings/ alarms check
8. Ventilator circuit education
 - Task accomplished by end of the week:
 - Caregiver #1 room in
 - Mock car trip/ 2nd car seat study
 - Home Inspection
 - Another trach changes check-off accomplished
 - Emergency scenarios

Questions/ Concerns I would like addressed:

1. _____
2. _____
3. _____
4. _____

Week 5: Date: _____

Parents continue to work as a team and finalize checkoffs on:

1. Trach cleaning and stoma care
2. Trach suctioning
3. G button care
4. Medication administration
5. Nebulizer treatments
6. Use of AMBU bag
7. Ventilator settings/ alarms check
8. Ventilator circuit education

Task accomplished by end of the week:

- Trach change by one caregiver (3 changes per caregiver) should be accomplished
- Caregiver room in
- 2nd Mock car trip
- Emergency scenarios
- Requested repairs from home inspection completed
-

Question/ Concerns I would like addressed

1. _____
2. _____
3. _____
4. _____

Week 6: Date: _____

Parents continue to work as a team and finalize checkoffs on:

1. Trach cleaning and stoma care
2. Trach suctioning
3. G button care
4. Medication administration
5. Nebulizer treatments
6. Use of AMBU bag
7. Ventilator settings/ alarms check
8. Ventilator circuit education
 - Task accomplished by end of the week.
 - Last Trach change check off accomplished early in the week
 - Last room in accomplished early in the week
 - Nothing scheduled 48 hours (about 2 days) prior to discharge
 - Discharge should happen in the middle of the week to take an opportunity of pharmacy and Doctor offices being open.

Final Questions/ Concerns I would like addressed

1. _____
2. _____
3. _____
4. _____



Respiratory Care Services

Ventilator Caregiver Competency

There must be 2 caregivers trained. Each Caregiver must be checked off 3 times

Method of Verification Key:

OM = Observation Met

SM = Simulation Met

VM = Verbalized Understanding Met

Ventilator Caregiver Competency	Caregiver #1	Caregiver #2
1. Identifies the parts of the circuit.	VM Date: _____ Initials _____	VM Date: _____ Initials _____
2. Identifies the parts of the circuit.	VM Date: _____ Initials _____	VM Date: _____ Initials _____
3. Identifies the parts of the circuit.	VM Date: _____ Initials _____	VM Date: _____ Initials _____
1. Identifies exhalation port	VM Date: _____ Initials _____	VM Date: _____ Initials _____
2. Identifies exhalation port	VM Date: _____ Initials _____	VM Date: _____ Initials _____
3. Identifies exhalation port	VM Date: _____ Initials _____	VM Date: _____ Initials _____
1. Assembles ventilator circuit.	OM Date: _____ Initials _____	OM Date: _____ Initials _____
2. Assembles ventilator circuit.	OM Date: _____ Initials _____	OM Date: _____ Initials _____
3. Assembles ventilator circuit.	OM Date: _____ Initials _____	OM Date: _____ Initials _____
1. Assembles ventilator circuit for transport	OM Date: _____ Initials _____	OM Date: _____ Initials _____
2. Assembles ventilator circuit for transport	OM Date: _____ Initials _____	OM Date: _____ Initials _____
3. Assembles ventilator circuit for transport	OM Date: _____ Initials _____	OM Date: _____ Initials _____

Ventilator Caregiver Competency	Caregiver #1	Caregiver #2
1. Turns ventilator on and Identifies A/C inlet to power and points to Battery charging Icon on face of screen.	OM/SM Date: _____ Initials: _____	OM/SM Date: _____ Initials: _____
2. Turns ventilator on and Identifies A/C inlet to power and points to Battery charging Icon on face of screen.	OM/SM Date: _____ Initials: _____	OM/SM Date: _____ Initials: _____
3. Turns ventilator on and Identifies A/C inlet to power and points to Battery charging Icon on face of screen.	OM/SM Date: _____ Initials: _____	OM/SM Date: _____ Initials: _____
1. Demonstrates taking out the battery and replaces back into ventilator	OM Date: _____ Initials: _____	OM Date: _____ Initials: _____
2. Demonstrates taking out the battery and replaces back into ventilator	OM Date: _____ Initials: _____	OM Date: _____ Initials: _____
3. Demonstrates taking out the battery and replaces back into ventilator	OM Date: _____ Initials: _____	OM Date: _____ Initials: _____

Ventilator Caregiver Competency	Caregiver #1	Caregiver #2	
1. Identifies O2 connector port and	OM Date: _____ Initials: _____	OM Date: _____ Initials: _____	

attaches O2 tubing to concentrator			
2. Identifies O2 connector port and attaches O2 tubing to concentrator	OM Date: _____ Initials: _____	OM Date: _____ Initials: _____	
3. Identifies O2 connector port and attaches O2 tubing to concentrator	OM Date: _____ Initials: _____	OM Date: _____ Initials: _____	
1. Demonstrates how to access ventilator settings	OM Date: _____ Initials: _____	OM Date: _____ Initials: _____	
2. Demonstrates how to access ventilator settings	OM Date: _____ Initials: _____	OM Date: _____ Initials: _____	
3. Demonstrates how to access ventilator settings	OM Date: _____ Initials: _____	OM Date: _____ Initials: _____	
19. Demonstrates how to access Alarm and Event Log	OM Date: _____ Initials: _____	OM Date: _____ Initials: _____	
20. Demonstrates how to access Alarm and Event Log	OM Date: _____ Initials: _____	OM Date: _____ Initials: _____	
21. Demonstrates how to access Alarm and Event Log	OM Date: _____ Initials: _____	OM Date: _____ Initials: _____	
Alarm Competency	Caregiver #1	Caregiver #2	
Verbalizes cause of "Ventilator Inoperative" alarm and how to respond.	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____	
Verbalizes cause of "Ventilator Inoperative" alarm and how to respond.	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____	
Verbalizes cause of "Ventilator Inoperative" alarm and how to respond.	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____	

Verbalizes cause of "Service Required" alarm and how to respond,	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____	
Verbalizes cause of "Service Required" alarm and how to respond,	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____	
Verbalizes cause of "Service Required" alarm and how to respond,	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____	
Verbalizes causes of "Obstruction" alarm and how to respond.	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____	
Verbalizes causes of "Obstruction" alarm and how to respond.	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____	
Verbalizes causes of "Obstruction" alarm and how to respond.	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____	

Alarm Competency	Caregiver #1	Caregiver #2
Verbalize causes of "High Expiratory Pressure" and how to respond.	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____
Verbalize causes of "High Expiratory Pressure" and how to respond.	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____
Verbalize causes of "High Expiratory Pressure" and how to respond.	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____
Verbalize cause of "Apnea" alarm and how to respond.	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____
Verbalize cause of "Apnea" alarm and how to respond.	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____
Verbalize cause of "Apnea" alarm and how to respond.	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____
Verbalize cause of "Circuit disconnect" alarm and how to respond	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____
Verbalize cause of "Circuit disconnect" alarm and how to respond	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____

Verbalize cause of "Circuit disconnect" alarm and how to respond	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____
Verbalize cause of "Low/ High" tidal volume alarm and how to respond	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____
Verbalize cause of "Low/ High" tidal volume alarm and how to respond	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____
Ventilator Caregiver Competency	Caregiver #1	Caregiver #2
Verbalize cause of "Low/ High" tidal volume alarm and how to respond	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____
Verbalize cause of "Low Inspiratory" pressure alarm and how to respond	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____
Verbalize cause of "Low Inspiratory" pressure alarm and how to respond	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____
Verbalize cause of "Low Inspiratory" pressure alarm and how to respond	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____
Verbalize cause of High Min Vent" alarm and how to respond	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____
Verbalize cause of High Min Vent" alarm and how to respond	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____
Verbalize cause of High Min Vent" alarm and how to respond	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____
Verbalize cause of "Rebreathing Detected" Alarm and how to respond	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____
Verbalize cause of "Rebreathing Detected" Alarm and how to respond	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____
Verbalize cause of "Rebreathing Detected" Alarm and how to respond	VM Date: _____ Initials: _____	VM Date: _____ Initials: _____

Education complete and all task performed safely and comfortably.

Program Coordinator signature _____ Print _____ Date _____

Caregiver #1 signature _____ Print _____ Date _____

Caregiver #2 signature _____ Print _____ Date _____

RCP Initials	RCP Printed Name	RCP Signature

Daily Life

Helpful tips prior to going home:

Remain calm. You have practiced everything you need to know, multiple times here in the hospital.

Notify police station, fire station, and all utilities that you have a medically fragile child that is dependent on medical equipment.

Always travel with 2 caregivers

Always have your emergency bag and necessary equipment near by

MEALS

Always feed with child in upright position

BATHING

Bathing should be done in shallow bath

Lean the head back with hair washing so no water enters the trach.

No powders or aerosols near the trach opening.

CLOTHING

Clothing such as collars or bibs should not cover the trach opening.

Avoid clothes and toys that have fur or hair as this can enter the trach opening.

No beaded clothes

PLAYTIME

Avoid small toys that can lodge into trach

Avoid furry toys in the bed

Avoid sandboxes

Avoid swimming

OTHER

No smoking

Reduce dust/ mold in the house

Weekly schedule

Calendarpedia
Your source for calendars

Name: _____

Time / period	Monday	Tuesday	Wednesday	Thursday	Friday

Important/ Emergency numbers

Primary doctor	
Home health nurse	
DME	
Trach clinic	
OT/PT/SPEECH	
Pulmonologist	
ENT	
GI	
EMS/Fire station	
Police station	
Telephone Co	
Gas Co	
Electric Co	
other	
other	

My Name is: _____

My Trach Size is: _____

My Back Small Size is: _____

My Trach Was Last Changed on: _____

My Trach Change is Due on: _____

Please suction me with: _____ French

Down to _____ cm @ the hub

My Low SPO2 Limit is _____

My Low Heart Rate Limit is _____.

My High Heart Rate Limit is _____

DEBRIEF NOTES

WHAT WENT WELL?

WHAT CAN WE IMPROVE?
