

Individual Healthcare Plan(IHP)/Emergency Action Plan(EAP) for Student with Tracheostomy

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

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. .

Physician 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