



PILLAR SCHOOLS
2024-2025 SCHOOL YEAR

Tracheostomy Emergency Action Plan

Student Name: _____ DOB: _____ Date: _____

***DIAGNOSIS(S) _____ ***LATEX ALLERGY: Yes No

BASELINE INFORMATION

Type and Size of Trachea Tube: _____

Pulse Oximetry:
Student's normal **BASELINE** oxygen saturation is ____% on:
 Room Air
 Supplemental Oxygen ____ Liters/Minute

Frequency of Pulse Ox Monitoring:

- Continuously
- Before every breathing treatment
- After every breathing treatment
- Upon signs of respiratory distress
- Other (specify): _____

OXYGEN SUPPLEMENTATION

Oxygen Vendor/ Phone #: _____

Specific Instructions for use of Supplemental Oxygen:
Liters per minute: _____ **via:** _____
 Nasal Cannula Mask Trach Collar

Times for use:

- Continuous
- While Sleeping
- Oxygen Sat _____%
- Respiratory Distress
- Other: _____

TRACHEOSTOMY SUCTIONING/REPLACEMENT

Suctioning Type:

- Oral suctioning PRN to clear secretions
- Tracheostomy Suctioning (see instructions below)

Trach Suctioning Frequency:

- Every ____ minutes
- Every ____ hours
- As needed based upon following signs/symptoms:
 - Choking
 - Continuous Coughing
 - Cyanosis (pale, blue color around lips, nail beds, eyes)
 - Gurgling, grunting or noisy breathing
 - Rapid breathing/ change in breathing pattern
 - Other (specify): _____

Suctioning Instructions:

- Depth to insert catheter: _____
- Other: _____

VENTILATOR

Equipment Co./ Phone #: _____

Type of Ventilator: _____

Ventilator Settings: _____

Does student need ventilator at school? Yes No

Student Needs Ventilator?

- Continuously When Sleeping
- Other: _____

Specific Ventilator Instructions/ Additional Comments:

MANUAL VENTILATION

Specific indications for use of ambu bag: _____

ADDITIONAL TREATMENT/ MEDICATION ORDERS

1. _____
2. _____
-

- ❖ **All tracheostomy care provided within the school setting will be provided by the student's Private Duty Nurse (PDN) or a Pillar school nurse if the PDN requires assistance or is not immediately available.**
- ❖ **All tracheostomy supplies including suctioning equipment and replacement trach tubes need to be supplied by student's parents or sent to school by residential facility.**
- ❖ **For the student's safety the Pillar school nurse and/or PDN may call 911 for any medical emergency that may occur, using skilled nursing assistance.**

Student Name: _____ DOB: _____

SYMPTOMS OF RESPIRATORY DISTRESS

- Difficulty breathing or shortness of breath
- Unusual sounds with breathing such as gurgling or grunting
- Rapid breathing or change in breathing pattern
- Nostrils flaring
- Continuous coughing
- Choking
- Clammy, sweaty skin
- Lips nails or mucous membranes are pale, gray or bluish (cyanosis)
- Anxious look
- Chest tightness or chest and neck “pulling in” with breathing
- Increase in heart rate above _____
- Decrease in oxygen saturation below _____
- Decreasing or loss of consciousness
- *Other:* _____
- _____
- _____

EMERGENCY PLAN OF ACTION

- Ensure student is positioned in a manner that maintains open airway.
- Suction student and provide manual ventilation with ambu bag as needed according to above noted instructions.
- If Oxygen Saturation is below _____ % increase supplemental oxygen to _____ Liters/Minute.
- If episode of respiratory distress subsides, may begin weaning student off of the increased amount of supplemental oxygen after _____ minutes.
- If student is unable to recover to baseline oxygen saturation within _____ minutes or if the student’s color remains pale, cyanotic (bluish) or ashen despite above noted interventions, EMS 911 emergency services will be called.
- If student becomes unconscious or stops breathing prior to EMS arrival, licensed nurse or trained personnel should immediately begin CPR.
- If EMS is called, the student must be transported via ambulance to an emergency facility, unless parent/guardian arrives at school prior to departure and signs a release with EMS. The parent then assumes responsibility for the student and the student may not return to school that day.
- If tracheostomy tube becomes dislodged in the school setting, a licensed nurse will immediately replace the appropriately sized tube and will call EMS 911 services only as needed.
- Other: _____
- _____

*** Oxygen, suction equipment and ambu bag must be always within reach of caregiver.

*** NOTE: For the student’s safety, the Pillar school nurse and/or PDN may call 911 for any medical emergency that may occur, using skilled nursing judgment.

Parents/ caregivers are requested to notify the school Nurse of any change in health status that may affect the procedures listed in the health care plan.

Parents Name (Please Print) Parent’s Signature Date

Physician’s Name (Please Print) Physician’s Signature Date

Physician’s Stamp: