Pillar High School
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Tracheostomy Emergency Action Plan
2026-2027 School Year

Student Name: _____ DOB: _____ Date: _____

***DIAGNOSIS _____ ***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: _____

If the tracheostomy tube becomes dislodged during the school day, may it be replaced by a licensed nurse? ☐ Yes ☐ No

VENTILATOR

Equipment Co./ Phone #:

_____

Type of Ventilator:

_____

Ventilator Settings:

_____

Does the student need a ventilator at school? ☐ Yes ☐ No

Student Needs a 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 their skilled nursing judgement.*

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 the student is positioned in a manner that maintains an open airway.
- Suction the student and provide manual ventilation with an Ambu bag as needed, according to above noted instructions.
- If oxygen saturation is below _____ %, increase supplemental oxygen to _____ Liters/Minute.
- If the episode of respiratory distress subsides, you may begin weaning the student off the increased amount of supplemental oxygen after _____ minutes.
- If the 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 the student becomes unconscious or stops breathing prior to EMS arrival, a licensed nurse or trained personnel should immediately begin CPR.**
- If EMS 911 is called, the student must be transported via ambulance to an emergency facility, unless the parent/guardian arrives at the 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 the 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 the Ambu bag must always be within reach of the 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 their skilled nursing judgement.*****

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

Parent's Name (Please Print)	**Parent's Signature**	**Date**
Physician's Name (Please Print)	**Physician's Signature**	**Date**

Physician's Stamp: