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| **Observation** | **Reason/Action** |
| Coughing, color changes, wheezing or noisy breathing, agitation, retraction | **Do not leave student alone.** Call school nurse if not present.May be due to plugged tracheostomy tube from mucus, aspiration of foreign matter, accidental decannulation, or dislodged tracheostomy tube. Check air movement from tracheostomy tube. Check placement of tube. If tracheostomy tube is in place, suction. Any time there is respiratory distress that cannot be immediately remedied, **CALL 911.** |
| Tracheostomy tube is dislodged | **Call school nurse to replace.** If unable to reinsert or if tube meets resistance, CALL 911 (and attempt to insert new smaller tube). Check air movement. If not breathing begin CPR immediately with bag mask or mouth barrier device. Notify family. If nurse not available, if possible, reposition trach, if unable CALL 911. |
| Tube cannot be reinserted | **Never leave student alone.** Call school nurse if not present.May be due to false passage or bronchospasm. If not moving air and in respiratory distress begin mouth to mouth breaths. Cover trach stoma with thumb if air leak present. CALL 911. Notify family and document. |
| Aspiration of foreign material into tracheostomy | Suction first. Check air movement. If tracheostomy tube remains blocked, change tracheostomy tube. Check air movement. Add saline. Repeat steps and call 911 if remains blocked. |
| Student develops difficulty breathing during suctioning or is not relieved by suctioning | **Do not leave student alone**. Call school nurse if not present. Reassure student. If tracheostomy tube is blocked (suction catheter will not pass), change inner cannula, if present or replace entire tracheostomy. **Call 911 if cannot relieve breathing difficulty immediately.** |
| Bleeding occurs during suctioning. A large amount of blood is suctioned from the tracheostomy or the student develops respiratory distress during suctioning | Call 911 and the school nurse if not present. Begin rescue breathing and/or CPR, if necessary. |
| Bleeding occurs during suctioning. The secretions become blood-tinged and the student is not in respiratory distress. | Stop suctioning. Report to school nurse, if not present, and/or family. May continue suctioning if able to lower the pressure setting. |
| Bronchospasm occurs during suctioning | May be due to excess suctioning. Allow student to calm self before continuing suctioning. If bronchospasm continues, notify school nurse if not present. |
| Increased secretions or thicker than usual mucus | May require more frequent suctioning. These changes, or yellow or green mucus, may indicate infection. This should be documented and family notified. Thicker secretions may also be sign of insufficient humidity. |
| **Observations** | **Reason/Action** |
| Fever | May be a sign of infection. Document and notify family. |
| Redness or crusting at the stoma | May be due to tracheal infection. The site should be thoroughly cleaned and problem documented. Notify family. |
| Bleeding or pain at stoma site | May be due to infection or trauma. Document and notify family. |
| Bloody secretions from tracheostomy | May be due to infection or trauma from vigorous suctioning . Document and notify family. |
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