

Policy for Tracheostomy Care and Suctioning in the School Health Setting
Courtesy of Escambia County Health Department-School Health Program
Escambia County Florida



Tracheostomy Care

Purpose: A tracheostomy is a surgical opening in the neck into the trachea (i.e., windpipe), which allows air to go in and out of the lungs. The opening in the neck is called a stoma. A plastic or metal tube called a tracheostomy tube may be inserted through the stoma into the trachea. Some students may not need a tracheostomy tube. There are different types of tracheostomy tubes that are held in place with a tie around the neck. A tracheostomy is performed because of an injury or condition that requires bypassing the normal breathing passages or because of neurological, muscular, or other conditions that make it difficult to breathe effectively or to clear secretions or mucus out of their breathing passages without assistance. A tracheostomy allows for long-term use of a ventilator or respirator (i.e., breathing machine) and provides an easy way to clear the trachea of mucus. Many students with tracheostomies are able to speak. Most are able to eat and drink by mouth but some may need dietary modifications.

Definitions: Tracheostomy A tracheostomy is a surgical opening into the windpipe bypassing the upper airway.

Tracheostomy Tube A tracheostomy tube is a plastic or metal tube inserted through a hole (stoma) in the neck and is held in place by ties around the neck. There are various types of tracheostomy tubes but all serve the same purpose. Tracheostomy tubes cause no discomfort to the student.

Obturator A small plastic device which is used as a guide for insertion of the tracheostomy tube.

Ambu bag This is sometimes called a resuscitation bag. It is a device that allows for the manual introduction of air directly into the stoma. An adapter is needed that fits over the tracheostomy tube. It is necessary that the Ambu bag be with the student at all times should it become necessary to perform rescue breathing for the student.

Sims Connector A small plastic tube that fits on the end of the tubing of a portable suction machine. The Sims Connector allows the trach to be suctioned, but prevents the catheter from going too far into the trach. This piece of equipment is essential in the school setting. Only a registered or licensed practical nurse may suction the tracheostomy tube without a Sims Connector.

Type: There are many different types of tracheostomy tubes each having various features needed by the individual student. Check with the school nurse, physician, or parent to determine what features are required for each student. There are a number of different procedures that are required when caring for a student with a tracheostomy, these are:

- Tracheal suctioning -routine (with Sims Connector) and deep suctioning (with suction catheter)

- Manual resuscitation
- Emergency changing of tracheostomy tube and/or ties
- Administration of supplemental oxygen

Suggested Settings:

There is no restriction on where a student may receive tracheostomy care. Students with tracheostomies should avoid areas with a lot of dust or other airborne particles (i.e., chalk dust, sand, glitter, etc.). The air the student breathes enters the lungs directly without being filtered, humidified, and warmed by the nose and mouth. Regular tracheostomy care prescribed to maintain the student's health and function should be done at home. In an emergency, care should be given wherever the student is. It is imperative that a complete set of equipment for tracheostomy care be available for the student at all times.

Equipment needed includes:

- Ambu or resuscitator bag with adapter
- Extra tracheostomy tube with ties and obturator (1-same size and 1-one size smaller)
- Syringe (3 cc)
- Saline vials
- Portable suction machine (battery operated)
- Back-up power source for suction machine
- Bulb syringe
- Suction catheters
- Sims Connector
- Blunt scissors
- Tissues
- Pipe cleaners
- Gloves
- Tracheal sponges
- Emergency phone numbers
- Supplemental oxygen (if needed)

Restrictions:All tracheostomy care, such as: suctioning, medication administration, oxygen administration, cleaning, and changing (except in cases of an emergency) require a current order from a physician on the Authorization for Health Procedures/Treatment form paying particular attention to:

- Student's care requirements (e.g. suctioning)
- Student's ability to request assistance
- Student's proneness to emergencies
- Accessibility to equipment and back-up equipment
- An alternate means of warming and moisturizing the air and preventing mucus from becoming too thick
- Signs and symptoms of respiratory distress
- Type of tracheostomy tube used (e.g., inner cannula, cuffed)
- Personnel and equipment needed for transportation (e.g., travel bag)
- Availability of caregivers
- Means of communication used by student (if applicable)

- Means of communication among different areas of the school (e.g., walkie-talkies, intercoms, telephones)
- Latex allergy alert

Do not use powders; aerosols (i.e., room deodorizers, etc); small particles, such as sand, glitter, lint, chalk dust, and animal hair; small pieces of food and water; or glue or chemicals with strong fumes near a student with a tracheostomy. Students who may have accidental contact with any of these potential hazards should have a protective covering for the tracheostomy.

Suggested personnel and training:

A health assessment must be completed by the school nurse. In the State of Florida only a registered nurse (RN) or a licensed practical nurse (LPN) can be responsible for the cleaning, maintaining, and deep suctioning of a tracheostomy. Tracheal care for students, who require care in school, such as suctioning, saline instillation, use of a tracheostomy collar, or other daily care, should be in a school setting where a RN is present on site. Any staff caring for a student with a tracheostomy must have child specific training including skills checklist provided by a registered nurse. **All staff in contact with students with tracheostomies should have specialized cardiopulmonary resuscitation training. They should be able to recognize signs of breathing difficulty and should know how to activate the emergency management system for their setting.**

Tracheostomy Equipment Required for Care

It is vitally important that this equipment accompany the student at all times, including transport and classroom activities. A backpack or other carrying device could serve as a travel bag. This equipment should be checked daily by the school nurse or other licensed caregiver.

Equipment required for tracheostomy care:

- Spare tracheostomy tube and obturator (if required)
- Gauze pads and twill ties or Velcro collar
- Spare tracheostomy tube one size smaller (for emergency only!)
- Scissors
- Suction machine with charger (machine must be fully charged when received at school in the mornings)
- Equipment needed for suctioning (e.g., suction catheters and/or Sims connector)
- Saline dosettes, if prescribed
- Manual resuscitator (Ambu-bag) with universal connector or adapter for trach
- Device to deliver humidity and/or oxygen, if prescribed
- Sterile or disposable gloves, per student specific guidelines
- Bulb syringe (for back-up suction if battery fails on machine)
- Device, such as an artificial nose, for protecting tracheostomy from dry or cold air as well as dust or other particles, if prescribed.
- Zip Lock bags to store catheters, if required
- Oxygen tank, if prescribed
- Emergency phone numbers (where parent/guardian can be reached at all times)

Possible Problems That Require Immediate Actions	
<p>DO NOT LEAVE STUDENT ALONE. Student shows any of the following signs of respiratory distress:</p> <ul style="list-style-type: none"> • Coughing • Color changes • Wheezing or noisy breathing • Agitation • Retraction 	<p>May be due to a plugged tracheostomy tube from mucus, aspiration of foreign matter, accidental decannulation, or dislodged tracheostomy tube. Reassure student. Check air movement from tracheostomy. Check placement of tracheostomy tube. If tracheostomy tube is in place, suction. Any time there is respiratory distress that cannot be immediately remedied CALL 911!</p>

Possible Problems That Require Immediate Actions	
<p>Tracheostomy tube is dislodged.</p>	<p>Reposition tracheostomy tube, if possible. If unable to reposition tube, insert new (spare) tube. Check air movement. Give breaths with Ambu-bag, if indicated. Administer oxygen if prescribed. Begin CPR, if necessary. Call 911 immediately. Notify family and physician.</p>
<p>Aspiration of foreign material (e.g., food, sand) into tracheostomy.</p>	<p>Suction first. Do not give breath with Ambu-bag. This may force aspirate into lungs. Give breaths with Ambu-bag after initial suctioning. Check air movement. If tracheostomy tube remains blocked by foreign material, change tracheostomy tube. Check air movement.</p>

	Add saline and give breaths with Ambu-bag. Repeat suctioning. Repeat above steps until aspirated secretions are clear or gone. Give breaths with Ambu-bag if indicated. Administer oxygen if prescribed in emergency plan. Brochospasm (wheezing) may also occur. The student may require medication. Respiratory distress or arrest can occur with any aspiration. Call 911 immediately. Notify family and physician.
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Possible Problems That Do Not Require Immediate Attention

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 in on the Student Treatment Record (STR), and the family should be notified. Thicker mucus may also be a sign of insufficient humidity.
Fever	May be a sign of respiratory infection. Document on STR and notify family.
Redness or crusting at the stoma.	May be due to a tracheal infection. The site should be thoroughly cleaned and the problem documented on the STR. Notify the family.
Bleeding or pain at stoma site.	May be due to infection or trauma. Document on the STR and notify family.
Bloody secretions from tracheostomy.	May be due to infection or trauma from vigorous suctioning. Document on the STR and notify family.

Tracheal Suctioning

Purpose: Tracheal suctioning is a means of clearing the airway of secretions or mucus. This is accomplished by using a vacuum-type device through the tracheostomy. Tracheal suctioning is performed when a person cannot adequately clear secretions on his or her own. Indications for suctioning include the following:

- Noisy, rattling breath sounds
- Secretions (i.e., mucus) that are visible and filling the opening of the tracheostomy

- Signs of respiratory distress (e.g., difficulty breathing, agitation, paleness, excessive coughing, cyanosis [blueness], nasal flaring, retracting)
- No air moving through tracheostomy
- Before eating or drinking, if congested
- After respiratory treatments (e.g., inhalation therapy; assisted breathing with a self-inflating manual resuscitator), chest percussion, and drainage

Depending on the student's age, he or she may be able to request suctioning when needed or assist with the procedure.

Suggested

Setting: Designate a clean area outside the classroom, if possible, for suctioning. Suctioning can

be a noisy procedure and may be distracting and disruptive to the rest of the class. If an electrically powered suction machine is used, the setting must have an accessible, working, grounded electrical outlet.

Suggested Personnel and Training:

A health assessment must be completed by the school nurse. Tracheal suctioning with a Sims connector can be performed by the school nurse, registered nurse, licensed practical nurse, health support technician/school health aide, or designated school staff. Any person performing tracheal suctioning via Sims connector must be designated by a registered nurse, in collaboration with the school principal, and trained for that specific student. **Deep suctioning may only be performed by a registered nurse or a licensed practical nurse designated and trained by a registered nurse.**

Procedure for Tracheal Suctioning with a Sims Connector

All equipment for suctioning must be assembled and available for immediate use at all times and checked daily by trained caregiver. If the equipment is not present or not functional, the student should not be at school nor transported on the bus.

1. Wash hands (or use antiseptic wipes or gel, if water is not available).
2. Assemble needed equipment:
 - Suction machine
 - Saline solution
 - Sims connector
 - Gloves
 - Bulb syringe
 - Water to clear tubing
3. Position student as ordered. When at school, most students are suctioned in an upright position.

4. Explain procedure at student s level of understanding.
5. Turn on the suction machine and check for function.
6. Encourage student to cough to expel secretions.
7. Attach Sims connector if not already in place.
8. Open saline dosette, if instillation of saline is ordered.
9. Put on gloves.
10. Turn on machine and encourage student to take a deep breath, if possible.
11. Place Sims connector into tracheostomy tube for no more than 5-10 seconds.
12. Repeat, if necessary for 5-10 seconds. Allow student to take a few breaths before repeating suctioning.
13. With the suction machine still running, place the tip of the Sims connector into the water to clear the tubing of secretions.
14. Turn off machine and place Sims connector in wrapping or clean paper towel.
15. Remove gloves and wash hands or use antiseptic wipes or gel.
16. Document color, consistency (e.g., thin, thick) and quantity of secretions on student s log sheet.
17. Report any changes from student s usual pattern to family and/or school nurse.
18. Be sure suction equipment and supplies are restocked and checked daily and are ready for immediate use.

Possible Problems When Suctioning That Require Immediate Action	
Student develops difficulty breathing during suctioning or is not relieved by suctioning	Do not leave student alone. Reassure student. If tracheostomy tube is blocked, change inner cannula, if present, or replace entire tracheostomy tube. Call 911 if you 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.	Reassure student. Call 911 and the school nurse, if available. Begin Rescue Breathing or CPR, if necessary.
Tracheostomy tube or inner cannula	Reposition using gentle pressure. If unable

becomes dislodged	to reposition tube, insert new tube. Be prepared to initiate emergency plan.
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Possible Problems When Suctioning That Are Not Emergencies	
Bleeding occurs during suctioning The secretions become blood-tinged and the student is not in respiratory distress	Stop suctioning and look at site to check if trauma has occurred to site. Be gentle during suctioning process. Continue to suction to clear airway and report concerns to the school nurse.
Bronchospasm occurs during suctioning	May be due to excessive suctioning. Allow student to calm self before continuing to suction. If bronchospasm persists, student may require medication. Notify school nurse and/ or family.

Procedure for Tracheal Deep Suctioning

All equipment for suctioning must be assembled and available for immediate use at all times and checked daily by trained caregiver. If the equipment is not present or not functional, the student should not be at school nor transported on the bus. This procedure is only to be performed by a registered nurse or a licensed practical nurse who has been designated and trained by a registered nurse.

1. Wash hands
2. Assemble needed equipment:
 - Suction machine
 - Saline solution
 - Suction catheter
 - Gloves
 - Manual back-up suction (bulb)
 - Sterile water to clear tubing
3. Position student as ordered. When at school, most students are suctioned in an upright position.
4. Explain procedure at student s level of understanding.
5. Turn on the suction machine and check for function. Turn off.

6. Encourage student to cough to expel secretions.
7. Open suction catheter or kit.
8. Open saline dosette, if instillation of saline is ordered.
9. Put on sterile gloves.
10. Holding the end of the suction catheter in dominant hand, attach it to the suction machine tubing held in non-dominant hand.
11. Turn on machine to appropriate vacuum setting (if machine has a vacuum setting) for student.
12. Encourage student to take a deep breath, if possible. Manually ventilate with resuscitation bag, if prescribed.
13. Hold suction catheter 2-3 inches from tip with dominant hand and insert tip in sterile water. Remove.
14. With thumb off vent hole, gently and quickly insert catheter into tracheostomy to the prescribed depth (Do not insert catheter beyond the distal end of the tracheostomy tube).
15. Cover vent hole with non-dominant thumb while withdrawing catheter. Rotate catheter gently between thumb and index finger while suctioning and withdrawing.

Each insertion and withdrawal of the catheter must be completed within 5-10 seconds. Prolonged suctioning blocks the student's airway and can cause a dangerous drop in the oxygen level.

16. Allow student to breathe or give breaths with resuscitator bag between suctioning passes. Suction sterile water again through catheter to rinse secretions from catheter and tubing.
17. If prescribed, insert several drops of saline into tracheostomy with non-dominant hand. Manually ventilate with resuscitation bag to disperse saline, if ordered.
18. If moist, gurgling noises or whistling sounds are heard, or if mucus is seen at the tracheostomy opening, repeat suctioning procedure (Steps 12 - 17).
19. Suction nose and then back of mouth if indicated after completion of tracheal suctioning. If nose and/or mouth are suctioned, the catheter cannot be reused to suction the tracheostomy.
20. Disconnect catheter from suction tubing. Wrap catheter around gloved hand and pull gloves off inside out.
21. Discard used suction catheter and wash hands.

22. Document color, consistency (e.g., thin, thick) and quantity of secretions on student's log sheet.
23. Report any changes from student's usual pattern to family and/or school nurse.
24. Be sure suction equipment and supplies are restocked and checked daily and are ready for immediate use.

Possible Problems When Suctioning That Require Immediate Action	
Student develops difficulty breathing during suctioning or is not relieved by suctioning	Do not leave student alone. Reassure student. If tracheostomy tube is blocked (suction catheter will not pass), change inner cannula, if present, or replace entire tracheostomy tube. Call 911 if you 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.	Reassure student. Call 911 and the school nurse, if available. Begin Rescue Breathing or CPR, if necessary.
Tracheostomy tube or inner cannula becomes dislodged	Reposition using gentle pressure. If unable to reposition tube, insert new tube. Be prepared to initiate emergency plan.

Possible Problems When Suctioning That Are Not Emergencies	
Bleeding occurs during suctioning The secretions become blood-tinged and the student is not in respiratory distress	Stop suctioning . Check vacuum pressure setting (if applicable) and adjust to lower setting. Continue to suction to clear airway. Use manual resuscitation bag and oxygen, if ordered. Report concerns to the school nurse and/or family.
Bronchospasm occurs during suctioning	May be due to excessive suctioning. Allow student to calm self before continuing to suction. If unable to remove catheter, disconnect from suction tubing and hold oxygen near end of suction catheter. When bronchospasm relaxes, remove catheter. If bronchospasm persists, student may require medication. Notify school nurse and/ or family.

Tracheostomy Tube Changes

Purpose: Tracheostomy tubes are routinely changed to prevent mucus from building up within the tubing. Mucus may block the tube and prevent air from entering the lungs. The tube needs to be changed if it is blocked or accidentally dislodged. **In a school setting, this procedure should be done only in an emergency situation.**

Suggested

Settings: Routine tracheostomy tube changes are performed in the home. If a tracheostomy tube plugs (becomes blocked) or comes out, the tube should be changed or reinserted wherever the student is, even if conditions are not ideal.

Restrictions: All tracheostomy care requires a current order from a physician on the Authorization for Health Procedures/Treatment form paying particular attention to:

- Student's need for support during reinsertion.
- Student's underlying condition and possible problems associated with the condition or treatment (e.g., tracheal stenosis)
- Student's baseline status (e.g., color, respiratory rate, pulse)
- Type and size of tracheostomy tube
- Signs and symptoms of respiratory distress (e.g., agitation, blueness of lips and/or fingernails)
- Student's ability to request assistance
- Student's ability to breathe without a tracheostomy tube
- Difficulty with reinsertion of a dislodged tracheostomy tube

Suggested Personnel and Training:

While this procedure is usually done by a registered nurse, in an emergency situation, any school personnel who have been trained may perform this procedure. **All staff in contact with students with tracheostomies should have specialized cardiopulmonary resuscitation training. They should be able to recognize signs of breathing difficulty and should know how to activate the emergency plan for their setting.** If the trained caregiver(s) and back-up personnel are unavailable on a given school day, the student's parents should be notified to make alternative arrangements. Any school personnel who have regular contact with a student who requires a possible emergency tracheostomy tube change must receive training that covers the student's specific health care needs, potential problems, and how to implement the emergency plan.

Procedure for Tracheostomy Tube Change in an Emergency

All equipment for changing a tracheostomy tube must be assembled and available for immediate use at all times and checked daily by trained caregiver. If the equipment is not present or not functional, the student should not be at school nor transported on the bus. Although only a registered nurse or a licensed practical nurse who is designated and trained

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by a registered nurse should perform this procedure, it may be performed by any personnel, in an emergency situation, who are trained by a registered nurse. Procedure should be done by two persons, but can be done by one in an emergency.

1. Wash hands (or use antiseptic wipes or gel, if necessary).
2. Assemble needed equipment:
 - Prescribed type and size of tracheostomy tube for student
 - Twill tape or other ties
 - Obturator, if applicable
 - Blunt scissors
 - Resuscitation bag (Ambu bag)
 - Oxygen, if ordered
 - Suctioning machine and supplies
 - Syringe, if trach tube is cuffed
 - Sterile water-soluble lubricant or sterile saline (never use Vaseline or oil-based lubricant)
 - One size smaller tracheostomy tube
 - Blanket roll, if needed
 - Gloves
3. Explain procedure to the student at his or her level of understanding.
4. Position the student as ordered.
5. Open tracheostomy tube package. Keep tube clean. Do not touch curved part of tube.
6. Put on gloves.
7. Put obturator into clean tracheostomy tube, if applicable.
8. Lubricate end of tracheostomy tube with water-soluble lubricant or sterile saline.
9. Have assistant, if available, to hold old trach tube in place while you cut the ties.
10. When the new tube is ready (in hand), have assistant remove the old tube.
11. Insert the new tube at a right angle to the stoma, rotating it downward as it is inserted. If an obturator is present, insert tube straight into stoma. Hold in place.
12. If an obturator is used, immediately remove it after the tube is inserted. Insert inner cannula at this time, if applicable.
13. Have assistant hold the new trach tube in place while you attach the ties (or Velcro holder). Ties should be secure but loose enough to insert one finger between the ties and neck.
14. Listen or feel for air movement through the tracheostomy tube. Watch for chest to fall and rise. Observe student for signs of distress (e.g., restlessness, cyanosis, shortness of breath, agitation).

15. Place gauze around tracheostomy tube, if available.
16. Discard used equipment in an appropriate manner.
17. Remove gloves and wash hands.
18. Document procedure and problems on student log sheet.
19. Notify school principal, school nurse, and/or family.

Possible Problems When Suctioning That Require Immediate Action	
<p>Tube can be inserted and the student is still having difficulty.</p>	<p>Never leave student alone. Call for assistance.</p> <ul style="list-style-type: none"> ▪ Reassure the student. ▪ Assess airway and breathing. ▪ Administer oxygen via the tracheostomy, if ordered. ▪ Suction the tracheostomy. ▪ Use bronchodilators, if ordered. ▪ Use manual resuscitator bag, if indicated. <p>If distress persists, initiate emergency plan and begin CPR.</p>
<p>Tube cannot be reinserted.</p>	<p>This may be due to a false passage or bronchospasm. Never leave student alone. Call for assistance.</p> <ul style="list-style-type: none"> ▪ Reassure the student. ▪ Encourage the student to take a deep breath be prepared to insert tube if stoma opens. <p>Administer flow of oxygen directly to the tracheostomy stoma.</p>

Possible Problems When Suctioning That Require Immediate Action cont	
<p>It is still possible to insert the tracheostomy tube.</p>	<p>Attempt to insert the smaller tracheostomy tube or thread a suction catheter through the new tracheostomy tube. Attempt to insert catheter through stoma into trachea as a guide for the tracheostomy tube. Slide tracheostomy tube over catheter into stoma and remove catheter without dislodging tracheostomy tube.</p>

If insertion of tracheostomy tube is not possible and the student has respiratory distress and/or respiratory arrest.

Call 911 immediately! Begin CPR with mouth-to-mouth breaths, following universal precautions. Cover trach stoma with your thumb if an air leak is present. Have someone alert the school nurse, principal, and parent immediately.

Procedure for Tracheostomy Manual Resuscitation

1. Wash hands
2. Assemble needed equipment: Oxygen source with appropriate tubing, if needed
Manual resuscitator (Ambu Bag)
Adaptor for tracheostomy tube
3. Explain procedure at student's level of understanding.
4. Check that resuscitator is functioning properly. Place adaptor, which is connected to the bag, against a gauze pad or tissue in hand. Squeeze bag to be sure it is functioning (if it is functioning, slight resistance will be felt).
5. Position student per student specific guidelines.
6. Attach resuscitator bag to tracheostomy tube. Hold tracheostomy tube with one hand to prevent accidental dislodgement while attaching adaptor to it.
7. If the student is able to breathe independently, coordinate the manual breaths with his own breaths. Give a breath by squeezing the resuscitation bag as the student begins to inhale i.e., chest begins to rise.
8. If you feel resistance and/or the student looks distressed, be sure you are giving breaths with the student's own effort and that the tube is patent.
9. If the student is unable to breathe on own, squeeze the resuscitation bag at a regular rate to deliver prescribed breaths per minute. If student has no breathing rate prescribed, a standard range of breaths per minute is: 20-24 for infants; 16-20 for children; 12-16 for adolescents and adults.
10. Remove resuscitation bag from tracheostomy tube. Hold tube with one hand to prevent pulling on or dislodging it.
11. Wash hands and document procedure and any problems on the appropriate form.

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Student s Name: _____

Instructor: _____

Trainee s Name: _____

Explanation/Return Demonstration	Demo Date	Date	Date	Date	Date
1. Washes hands or uses antiseptic gel, if water is not available.					
2. Assembles needed equipment.					
3. Positions student (sitting or lying down).					
4. Explains procedure to student, if possible.					
5. States two conditions that require suctioning.					
6. Turns on suction machine and checks for suction.					
7. Attaches Sims Connector, if not in place.					
8. Opens saline dosettes, if saline is ordered.					
9. Puts on gloves.					
10. Turns on machine and encourages student to cough, if possible.					
11. Instructs student to take a deep breath, if possible. Places Sims connector into trach tube for 5-10 seconds. Repeats up to two more times allowing student to breathe between suctioning.					
12. Places Sims connector tip into water to clear tubing.					
13. Turns off machine, places Sims connector in wrapping or paper towel, removes gloves, and washes hands.					
14. States two possible problems that require immediate action and what should be done.					
15. States one possible problem that is not an emergency and what should be done.					

SKILLS CHECKLIST DEEP SUCTIONING

Student s Name: _____

Instructor: _____

Trainee s Name: _____

Explanation/Return Demonstration	Demo Date	Date	Date	Date	Date
1. Washes hands.					
2. Assembles needed equipment.					
3. Positions student (sitting or lying down).					
4. Explains procedure to student, if possible.					
5. States two conditions that require suctioning.					
6. Turns on suction machine and checks for suction.					
7. Opens suction catheter kit.					
8. Opens saline dosettes, if saline is ordered.					
9. Puts on sterile gloves.					
10. Holds end of suction catheter in dominant hand and attaches it to suction machine tubing (held in non-dominant hand).					
11. Turns on machine to appropriate vacuum setting, if required.					
12. Encourages student to take a deep breath, if possible.					
13. Holds suction catheter 2-3" from tip with dominant hand and inserts tip into sterile water. Removes.					
14. With thumb off vent hole, inserts catheter gently and quickly into trach to prescribed depth.					
15. Covers vent hole with non-dominant thumb while withdrawing and rotating catheter. Takes 5-10 sec.					
16. Repeats up to two more times allowing student time to take a deep breath between passes.					
17. Suctions nose and mouth, if ordered.					
18. Disconnects catheter from suction tubing and wraps around glove. Removes gloves and disposes of gloves and catheter in appropriate receptacle.					
19. Washes hands and documents procedure on the appropriate form. Reports any changes to school nurse and parents.					
20. States two possible problems that require immediate action and what should be done.					
21. States one possible problem that is not an emergency and what should be done.					

SKILLS CHECKLIST CHANGE OF TRACH TUBE

Student s Name: _____

Instructor: _____

Trainee s Name: _____

Explanation/Return Demonstration Performed by two people, if possible	Demo Date	Date	Date	Date	Date
1. Washes hands, or uses antiseptic gel.					
2. Assembles needed equipment.					
3. Explains procedure to student, if possible.					
4. Positions student lying down					
5. States two conditions that require changing a trach tube.					
6. Opens tracheostomy tube package. Avoids touching the curved part of the tube.					
7. Puts on gloves.					
8. Places obturator into clean trach tube, if applicable.					
9. Lubricates end of tube with water-soluble lubricant or sterile saline.					
10. Assistant, if available, holds old trach tube in place while ties are cut or undone.					
11. Assistant removes old tube while new tube is inserted. Obturator, is used, is removed.					
12. Thumb is not placed over the opening of tube.					
13. Assistant holds new tube in place while you attach ties. Leave one finger width between ties and neck.					
14. Listens for air movement through trach tube.					
15. Removes gloves and washes hands.					
16. Documents procedure on the appropriate form. Notifies school nurse, school principal, and family.					
17. States two possible problems that require immediate action and what should be done.					