Washington County Public Schools/ Meritus Health

HEALTH PROVIDER ORDER FOR TRACHEOSTOMY MANAGEMENT

Student's Name:	Date of Birth:
School:	Grade:

☐ This order is valid for the current school year _____ (including summer)

☐ Start date: _____ End date: _____

HEALTH CARE PROVIDER TO COMPLETE

Diagnosis or Condition for Treatment:	Allergies:

Tracheostomy Tube Information:

Brand: _____ Size: _____ Length: _____ Type: ☐ cuffed ___mls saline ☐ non-cuffed

Tracheostomy Covering: Type/Brand: _____

☐ capped at all times ☐ capped periodically as follows: _____ ☐ Other: _____

Humidifier brand/type: _____ Use humidifier as follows: _____

Pulse Oximetry Monitoring (check all that apply):

☐ PRN for signs/symptoms of respiratory distress ☐ upon arrival to school/bus ☐ prior to dismissal from school/bus

☐ prior to exercise/activity ☐ after exercise/activity ☐ routinely at the following times: _____

Tracheostomy Suctioning Orders:

Suction setting: _____mmHg Suction catheter size: _____Fr Depth of suction catheter insertion: _____ mm

Suction tracheostomy using clean technique as needed for the following (check all that apply):

☐ visible mucus that cannot be cleared with cough ☐ whistling or gurgling noises

☐ signs/symptoms of respiratory distress ☐ upon student request

Routinely suction tracheostomy at the following times or frequency (specify): _____

Tracheostomy Tube Replacement Orders:

In the event of accidental decannulation a nurse may replace the tracheostomy tube with the same size or one size smaller. If a nurse is not able to secure the placement of a new tube within _____mins. call 911.

☐ Nurse may change tracheostomy ties and gauze as needed when soiled.

Other instructions:_____

Health Care Provider Name (print)		Provider Stamp
Address:		
Phone:	Fax:	
Health Care Provider Signature:		Date:

PARENT/GUARDIAN TO COMPLETE

I authorize School Health personnel and, when appropriate, trained school staff to administer the above-stated medical treatments in accordance with school policies and Maryland State School Health Services Guidelines. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medical treatments at school. I have read the information on the back of this form and assume the responsibilities as stated therein. I understand that at the end of the school year, an adult must pick up the supplies, otherwise it will be discarded. I authorize the school nurse to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Name (print):	Date:
Parent/Guardian Signature:	
Daytime Phone:	Other Phone:

Order reviewed by the School RN or LPN: _____ Date: _____

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TREATMENT GUIDELINES

These guidelines enable school health staff to provide the best possible service to your child.

1. The health provider order form must be completed and signed by the health care provider and the parent/guardian.

2. The parent/guardian is responsible for providing and maintaining all equipment and treatment supplies for the duration of the treatment order.

3. The school nurse or LPN must review and approve the written order prior to administration.

4. Below is a list of common supplies needed for students requiring tracheostomy care.

    - Suction machine and charger
    - Extra tracheostomy tubes in two sizes
    - Caps/Humivents
    - Tracheostomy ties
    - Gauze
    - Saline
    - Suction catheters
    - Suctions canister and tubing
    - Lubricant
    - Gloves