

My Providers

Primary care doctor:

Dentist:

Ventilator vendor:

Trach Information

My trach is a _____ brand.

Size: _____

Cuffed Uncuffed

My suction depth is _____ cm.

I use in-line suction. Yes No

Supported by a grant from:



UR Medicine Complex Care Center
905 Culver Road, Rochester, NY 14609

Free, accessible parking is
available directly outside our building.

For more information,
or to schedule an appointment,
please call (585) 276-7900.

Hours:
Monday - Friday
8:30 a.m. - 5:00 p.m.

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Home Air

Recommendations to
decrease pneumonia in
individuals using ventilators
at home.



Head of Bed (HOB) Elevated

Keeping the head of your bed elevated reduces the amount of stomach acid that enters the lungs at night and reduces your chance of getting pneumonia.

Oral Care

Regular dental visits and good oral care at home can reduce your chance of getting pneumonia.



Medical Nutrition Consult

Good lung health starts with good nutrition. A yearly visit with a dietitian will ensure you have the proper diet to stay healthy.

Education

It is important to take care of your own health and learn as much you can. This includes everyone on your care team.



Airway Clearance

Airway clearance means keeping mucous and bacteria out of your lungs. Airway clearance techniques (suctioning, cupping, vesting, or cough assist) work best when done regularly to reduce your chance of pneumonia.

Inner Cannula/Trach Care

The inner cannula and trach can become dirty with mucous and bacteria. Regular cleaning and changing will decrease the bacteria that cause pneumonia. It is safe to have a replacement trach and inner cannula for use in an emergency.

Regular Check Ups

Regular check-ups are important to stay up to date with all of your health needs including vaccines against pneumonia.

My Home Air Checklist

I measured the head of my bed
and it is elevated 30- 45° Yes No

My **oral health** plan includes:

- Dentist appointment every 4 months
- Twice daily brushing and flossing
- Using a prescription fluoride toothpaste
- Daily use of antibacterial mouthwash

My yearly **medical nutrition** appointment is on: _____

I feel **educated** about HOMEAIR

Yes No

My **airway clearance** plan includes:

every _____ hours

I have an extra **inner cannula**

Yes No

I clean my inner cannula every ____ day(s)

I get trach changes every ____ months

My next **regular** checkup is

I had a Pneumovax® vaccination

Yes No