

YOU know your child BEST. This action plan may not identify everything. ALWAYS call if you have a concern.



Trach/Vent Action Plan

Name: _____

Date: _____

Primary pulmonologist: _____

BASELINE

Trach:	RR range:
Back up trach:	HR range:
Suction depth:	Oxygen saturation:
Ambu bag size:	Supplemental oxygen:

YELLOW ZONE

Call

Call the pediatric pulmonary team to discuss plan of care when:

585-275-2464

- Change in secretions: increased, thickened, pink tinged, small amount of blood streaks, smelly
- Change in breathing: breathing slower or faster than normal, seeing retractions or nasal flaring
- Vent alarms: high pressure, high peak pressure
- Trach comes out, only able to replace with back up size
- Desaturation event that requires bagging for less than 2 minutes with a return to baseline
- Not tolerating sprinting off the ventilator

- Stop use of HME and/or stop sprinting
- Increase humidification with saline nebulizer every 2-4 hours
- Increase airway clearance (chest PT, vest, cough assist)
- Provide oxygen to keep o2 sat > 92%, up to ___ LPM

RED ZONE

Call 911, or go directly to the emergency department if able, when:

Call 911

- Large amount of blood coming from trach, filling suction tubing
- Increased oxygen requirement more than ___ LPM for ___ hours
- Trach comes out and you are unable to replace it
- Performing bagging for more than 3 minutes
- Not breathing
- Food or formula coming out of the trach
- Lethargic, not responding

- If not breathing, start bagging through the trach
- If the trach cannot be replaced, cover the stoma and bag with a mask over the mouth
- If limp or blue, start CPR.