The information on this form is essential to the management of your child's airway. Please complete this form in its entirety.

Current trach size _________________________ Kind of trach _________________________ Date trach was placed ____________________

Cuff: ☐ Yes ☐ No (If yes, please indicate on how often the cuff needs water or air and the amount instilled into the cuff)

How often does your child require suctioning and how deep do you suction? ________________________________

If your child appears to have a mucous plug how deep do you suction? ________________________________

How often do you do trach care and trach tie changes at home? ________________________________

What do you use to clean the trach? ____________________________________________________________

How do you clean your equipment at home? ______________________________________________________

DME provider name _____________________________ DME phone number _____________________________

Helpful hints used at home to manage your child's airway

________________________________________________________________________________________________________________________

CPT: ☐ Yes ☐ No Settings _________________________ Cycles _________________________ Frequency _________________________

Cough assist settings _________________________ Frequency _________________________

Do you bag by mouth and/or by trach _________________________

Supplies (Amount of supplies is dependent upon the length of respite stay)

☐ Trach set-up of current size and one smaller ☐ Suction machine with canisters

☐ Suction catheters ☐ SVN machine and SVN treatments

☐ Humidification machine with humidification bottle and tubing ☐ Trach collars / ties

☐ Distilled water ☐ Ambu bag with trach attachment

☐ CPT machine ☐ O₂ tank / concentrator

Pulmonologists name (print) _____________________________

Physician phone number _____________________________

Physician signature __________________________________

Child name _____________________________ Child ID _____________________________