



TRACH INFORMATION and Inventory Sheet

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 catheters
Humidification machine with humidification bottle and tubing
Distilled water
CPT machine
Suction machine with canisters
SVN machine and SVN treatments
Trach collars / ties
Ambu bag with trach attachment
O2 tank / concentrator

Pulmonologists name (print) _____

Physician phone number _____

Physician signature _____

Child name _____ Child ID _____