PEDIATRIC COMPLEX CARE PLATFORM | منصة رعاية الأطفال ذوي الحالات الطبية المعقدة

BEDHEAD SIGN · PEDIATRIC COMPLEX CARE PLATFORM

Tracheostomy Information

To be displayed at the head of the bed of every child with a tracheostomy

Patient's name: _____ **Date updated:** _____

TRACHEOSTOMY TUBE

Brand / type: _____ **Last tube change:** _____

ID: _____ mm **OD:** _____ mm **Length:** _____ mm

Cuff: ☐ No ☐ Yes

IF YES **Content:** ☐ Air ☐ Sterile water **Volume:** _____ mL

Suction catheter size: _____ Fr **Suction depth:** _____ cm

☐ **Spare tracheostomy tubes** (same size **and** one size smaller) **and obturator** at the bedside

UPPER AIRWAY STATUS (tick one)

☐ **Upper airway breather**

Has a **patent upper airway**. In an emergency, oxygen and breaths may also be given via the **mouth and nose** (cover the stoma).

☐ **Neck breather**

No reliable upper airway. Oxygen and breaths via the **tracheostomy / stoma ONLY**. Oral or nasal ventilation will not be effective.

Change suction catheters after each suction session.

Use clean gloves for suctioning.

No routine instillation of normal saline.