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

FAMILY RECORD · PEDIATRIC COMPLEX CARE PLATFORM

My Child's Tracheostomy Information

Keep this sheet with your child and share it with every caregiver and healthcare provider

Child's name	
Reason for tracheostomy	
Tracheostomy details	**Brand / type:** _____
	Size **ID** _____ **mm** **OD** _____ **mm** **Length** _____ **mm**
	☐ **Uncuffed** ☐ **Cuffed** ☐ Cuff needs to be filled with _____ **mL of AIR** **OR** ☐ Cuff needs to be filled with _____ **mL of WATER**
	☐ **Inner cannula** ☐ **No inner cannula**
Suction	Suction catheter size: _____ **Fr** to a depth of _____ **cm**
How often to change the tracheostomy tube	
Trained caregivers	

Name	Training date

Other	