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Respiratory Therapy Trach/Vent Sheet

Tracheostomy

| Reason for trach (long term ventilation/upper airway obstruction/airway protection) | |
|---|--|
| Brand, size, cuff (ml of sterile water in cuff) | |
| Stoma: Granuloma & its treatment | |
| Tie brand | |
| Trach change: Frequency, date of last tach change, complications with trach changes | |
| ENT F/U: Frequency of F/U, last F/U, last ENT assessment | |
| Trach Care | |

Suctioning

| Size of catheter, depth | |
|--|--|
| Frequency of suctioning (minimal q4hr) | |
| Any complications with suctioning | |
| Secretions (color, blood, consistency, odor) | |

Ventilator – Settings and Alarms

| Reason for ventilation | |
|--|--|
| Device | |
| Interface | |
| Usage | |
| Dual prescription | |
| Circuit type & tubing size | |
| Mode | |
| AVAPS | |
| IPAP | |
| EPAP | |
| Vte | |
| Minute ventilation | |
| Breathing rate | |
| Back-up breathing rate | |
| % Spontaneous triggered breathes | |
| iTime (Ti Min, Ti Max) | |
| Rise time / cycle time | |
| I:E ratio | |
| Trigger type | |
| Trigger sensitivity | |
| Cycle sensitivity | |
| Nebulizer enabled | |
| Circuit disconnect | |
| Leak (L/min) | |
| Data downloaded (Y/N), date of last download | |
| Last/next PSG | |
| Weaning plan/goals | |

| Alarms | |
|---|--|
| Low Vte | |
| High Vte | |
| Low minute ventilation | |
| High minute ventilation | |
| Low resp rate | |
| High resp rate | |
| Frequency of real alarms, action undertaken | |

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|---|---|---|----|----|---|
| | | | | | |

| Interface | | |
|-------------------------|-------------------|---|
| Settings (flow/temp/O2) | | |
| | | |
| | | |
| IS | | |
| | | |
| y/night) | | |
| y/night) | | |
| | High SpO2 | |
| | High HR | |
| action undertaken | | |
| ay) | | |
| dy) | | |
| eath-stacking: | | |
| | | |
| | | |
| | | |
| | action undertaken | y/night) High SpO2 High HR action undertaken |

Physiotherapy

| Туре | |
|-----------|--|
| Frequency | |
| Tolerance | |

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Respiratory medications

| Medication | Dose | Route | Frequency | Duration | Compliance |
|------------|------|-------|-----------|----------|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Respiratory vaccinations

| Flu shot | |
|-----------------|--|
| Pneumococcal | |
| RSV prophylaxis | |

| CLINICAL ASSESSMENT | | |
|---------------------|--|--|
| | | |
| | | |
| IMPRESSION | | |
| | | |
| | | |
| PLAN | | |
| | | |