

LAFAYETTE PARISH SCHOOL SYSTEM
Oxygen, Suctioning, Tracheostomy
Physician's Orders

Student Name	DOB	Grade	School
Parent/Guardian Name and Phone Number			
Emergency Contact Name and Phone Number			
Physician Name and Phone Number			
Diagnosis:	Size of Trach:	Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/>	Inner Cannula? Yes <input type="checkbox"/> No <input type="checkbox"/> Size _____

Nursing Goal: Student's secretions are mobilized and airway is maintained free of secretions; as evidenced by clear lung sounds and ability to effectively cough up secretions after treatments and deep breaths.

<p style="text-align: center;"><u>Oxygen</u></p> <p>Is oxygen required while at school? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Continuous <input type="checkbox"/></p> <p>PRN <input type="checkbox"/> _____</p> <p>Amount of oxygen: _____ liters per minute</p> <p>Delivery: Trach collar <input type="checkbox"/> Other: <input type="checkbox"/> _____</p> <p>Humidification: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Vent Brand: _____ Settings: _____ _____ _____</p>	<p style="text-align: center;"><u>Suctioning</u></p> <p>Routine <input type="checkbox"/> Times _____</p> <p>PRN <input type="checkbox"/> _____</p> <p>Suction Machine set to _____ mm Hg</p> <p>Saline Use every time: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Specific Instructions: (Size of Suction Catheter) _____ _____</p> <p>Depth to suction: _____</p> <p>Is deep suctioning permitted? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p style="text-align: center;"><u>Trach Replacement While at School</u></p> <p>Emergent only <input type="checkbox"/></p> <p>Size Range for Replacement: _____ to _____</p> <p>Notes: _____ _____</p> <p>Directions for Passy-Muir Valve Usage: _____ _____ _____</p> <p style="text-align: center;"><u>Pulse Oximetry</u></p> <p>Continuous <input type="checkbox"/> PRN <input type="checkbox"/></p> <p>Normal Range for Child _____ to _____</p> <p>Notify MD if pulse ox < _____</p>
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Specific Instructions for Transportation, Field Trips, Other: _____

Please note:

- Student must be in visual contact of a trained caregiver at all times.
- Student will have Emergency Kit ("Go Bag") at school & during transportation to and from school.

Physician's Printed Name: _____ **Date:** _____

Physician's Signature: _____ **Phone:** _____