

Elim Christian School
Respiratory Management

Student Name: _____ **Birth Date:** _____ **School Year:** _____

Diagnosis: _____

(TO BE COMPLETED BY PHYSICIAN)

- Oropharyngeal suctioning:
 - Dry
 - Saline solution: _____
- Nasopharyngeal suctioning:
 - Dry
 - Saline solution: _____
 - Lubricant
- Tracheal suctioning:
 - Dry
 - Saline solution: _____
 - Lubricant

Trach type: _____ Trach size: _____ Step-down trach size: _____

Type of suction catheter:

- Soft catheter-size _____ Yankaur Bulb syringe Other: _____

Suction Pressure Range: _____ mmHg to _____ mmHg

Suctioning Directives

- Routine (no more than 3x during the school day): 1 _____ 2 _____ 3 _____

- As needed:

- Coughing/Gagging Congestion Difficulty breathing Increased secretions

Other (indications/ parameters): _____

- Check SpO2 prior to suctioning:

If below _____ % administer oxygen @ _____ L for _____ minutes

- Check SpO2 post suctioning:

If below _____ % administer oxygen @ _____ L for _____ minutes

Medication Administration

Name of drug	Dosage	Route	*Time/Indication	Duration	Side Effects

Physician's name (please print): _____ **Phone:** (____) _____

Fax: (____) _____

Physician's signature: _____ **Date:** _____

By signing below, as parent/guardian, you give permission for the performance of the above procedures. The nursing department must be notified of health status changes or discontinuation of any procedure indicated above.

Parent/Guardian name (please print): _____

Parent/Guardian Signature: _____ **Date:** _____