Suctioning/ Tracheostomy Questionnaire

Suctioning

Type: □ Oral □ Nasal

Equipment used: □ Catheter, size__________ □ Yankers

How often is suctioning scheduled?: ______________________________________________________

If suctioning is not scheduled, what are indications that suctioning is needed?: ______________________________

Steps on how to suction your participant: (position, supplies, cleaning technique)

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________

Tracheostomy

Type: ____________________ Size: ____________________ □ Cuffed □ Uncuffed

"Emergency trach changes will only be administered by a licensed health care professional”?

Participant's Protocol for Emergency Trach Change: ______________________________________________________

Steps on Trach care and (position, supplies, cleaning technique)

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________

Additional helpful information:

_________________________________________________________________________________________________

_________________________________________________________________________________________________

Name of Person Completing Form Relationship to Participant Phone Date

9.2019