



True Friends
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Session _____

Cabin _____

Cabin Copy _____

Nurse Copy _____

Suctioning/ Tracheotomy 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. _____

Tracheotomy

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