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

9.2021