True Friends
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Session_____
Cabin_____
Cabin Copy_____
Nurse Copy_____

Suctioning/ Tracheostomy Questionnaire

Participant Name: _____

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