Suctioning Tracheostomy Documentation Record (page 1 of 2)

Complete Nursing Assessment & Interventions in accordance with Individualized Health Care Plan (IHCP)

Nursing Goal: Student's secretions are mobilized and airway is maintained free of secretions; as evidenced by clear lung sounds and ability to effectively cough up secretions after treatments and deep breaths.

Student Name		**DOB**		**School/ District**		**Grade**	
Parent/ Guardian		**Phone**		**Physician/ NP/PA**		**Phone**	
Order Start Date		**Order Exp Date**		**IHCP on File**		**ICD-10 Code**	__ __ __ __ __

Date/Times			Suctioning Tracheostomy					Complications/Assessment	Signature/Title	*Code
Date	**Start Time**	**Stop Time**	**Secretions[1]**	**Secretions Amount[2]**	**Secretions Color[3]**	**Lung Sounds[4] R**	**L**			

***Medicaid Procedure Code: Code T1002 – RN Services up to 15 minutes – Code T1003 – LPN Services up to 15 minutes**

To be completed by Attending Provider (School Nurse/RN): ***NOTE: LPN must use supervising RN's NPI number***

Name: _____ Title: _____ NPI number: _____
Name: _____ Title: _____ NPI number: _____
Name: _____ Title: _____ NPI number: _____
Name: _____ Title: _____ NPI number: _____

1- t= thin, TH= thick; 2- small ≤ 5cc, m=moderate ≤ 10 cc, l=large >15cc; 3- p=pink, y= yellow, w=white, g=green, b=brown, c=clear, bl=bloody; 4- cl=clear, r= rhonchi, cr=crackles

Student Health Flow Sheet for Additional Comments on Student Response to Suctioning Procedure

Date	Time	Complications/Assessment	Signature/Title