

Phoenix Union High School District  
**TRACHEOSTOMY HEALTH CARE ACTION PLAN AND PHYSICIAN ORDERS**  
**PLAN DE ACCIÓN DE ATENCIÓN MÉDICA DE LA TRAQUEOSTOMÍA Y PEDIDOS MÉDICOS**

School Year (Año Escolar): \_\_\_\_\_ Grade (Grado): \_\_\_\_\_ Date of Birth (Fecha de Nacimiento): \_\_\_\_\_

Student Name (Nombre de Alumno): \_\_\_\_\_ Student ID #: \_\_\_\_\_

Parent/Guardian Name (Nombre de Padre/Madre/Tutor): \_\_\_\_\_

Cell Phone (Teléfono Celular): \_\_\_\_\_ Work (Trabajo): \_\_\_\_\_ Home (Casa): \_\_\_\_\_

Physician (Nombre del Medico): \_\_\_\_\_ Phone (Teléfono): \_\_\_\_\_

The parent/guardian agree and understand that they are responsible for maintenance of equipment, furnishing all equipment, medications, and supplies necessary in providing services to the student during school hours. The parent/guardian is also responsible for notifying the school nurse anytime there is a change in orders, medications, and/or in the student's medical condition.

I give permission for the school to allow authorized trained school personnel to administer medications and perform medical procedures as ordered by the physician/healthcare provider licensed in Arizona. I authorize the school to contact my child's physician/healthcare providers and/or dispensing pharmacies, should any questions, any additional orders and/or necessary documents be required for the care of my child during school hours.

El padre / tutor acuerda y entiende que es responsable del mantenimiento del equipo, el suministro de todo el equipo, los medicamentos y los suministros necesarios para proporcionar servicios al alumno durante el horario escolar. El padre / tutor también es responsable de notificar a la enfermera de la escuela cada vez que haya un cambio en las órdenes, medicamentos y / o en la condición médica del estudiante.

Doy permiso para que la escuela permita que el personal autorizado de la escuela capacitada administre medicamentos y realice procedimientos médicos según lo ordenado por el médico o proveedor de servicios de salud con licencia en Arizona. Autorizo a la escuela a ponerse en contacto con el médico de mi hijo / proveedores de atención médica y / o farmacias de entrega, en caso de tener preguntas, pedidos adicionales y / o documentos necesarios para el cuidado de mi hijo durante el horario escolar.

\_\_\_\_\_  
Parent/Guardian Signature (Firma de Padre/Madre/Tutor) \_\_\_\_\_  
Date (Fecha)

=====

**FOR LICENSED PHYSICIAN/HEALTHCARE PROVIDER USE ONLY - PLEASE WRITE LEGIBLY**

**THE PHOENIX UNION HIGH SCHOOL DISTRICT IS REQUESTING YOUR ASSISTANCE IN COMPLETING THIS TWO-PAGE FORM TO IDENTIFY ANY SERVICES THAT WE MAY NEED TO PROVIDE TO THE STUDENT IN THE SCHOOL SETTING.**

State laws require written permission from the parent/guardian and written orders from the physician/healthcare provider licensed in Arizona prior to allowing authorized trained school personnel to perform medical procedures and/or administration of prescribed medications during school hours. Prescribed and emergency rescue medications must be packaged in the original labeled container prepared by the pharmacy (i.e., no envelopes, foil, baggies, or any other containers) and the dispensing label must have the name of the student, name of the medication, dosage, route, and time to be administered. OTC medications (including vitamins) must be brought to school by the parent/guardian in the original container with all warnings and directions intact.

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Student Name: \_\_\_\_\_ School Year: \_\_\_\_\_

**STUDENT MEDICAL DIAGNOSIS:** \_\_\_\_\_

Please include brand type of tracheostomy tube, size of tube, length in millimeters, ID with inner cannula, outside diameter, cuffed or uncuffed, and if cuff is present, amount of air ml:

**TRACHEOSTOMY CARE AND PHYSICIAN ORDERS**

**SEE MEDICAL DOCUMENTS/ORDERS ATTACHED**

Perform suctioning as needed     Re-insert tracheostomy tube in emergent situations     Additional Instructions/Orders:

The following emergency equipment and supplies must be kept with the student at all times (GO BAG):

- Independent portable suction unit with charger and oxygen tank with regulator
- Appropriate sized suction catheters and/or Sims connector
- Yankauer suction and bulb syringe for back-up suction
- Adult bag-valve-mask device with reservoir and tubing
- Spare tracheostomy tubes and obturator (one of the same size and one a size smaller) usually the same type but must be a type that can easily be inserted in an emergency situation
- Gauze pads, twill ties or Velcro collar, scissors, latex-free gloves
- Other equipment/supplies required in the GO BAG: \_\_\_\_\_

**MECHANICAL VENTILATOR SETTINGS AND PHYSICIAN ORDERS**

**SEE MEDICAL DOCUMENTS/ORDERS ATTACHED**

Type of Ventilator: \_\_\_\_\_

Ventilator Settings:  Mode: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Tidal Volume _____ ml                 | <input type="checkbox"/> FIO2 _____ %                  |
| <input type="checkbox"/> Respiratory Rate _____ breaths/minute | <input type="checkbox"/> I:E Ratio _____               |
| <input type="checkbox"/> Back-Up Rate _____ breaths/minute     | <input type="checkbox"/> Pressure Support _____ cm/H2O |
| <input type="checkbox"/> Other Settings: _____                 | <input type="checkbox"/> PEEP _____ cm/H2O             |

**ADDITIONAL SPECIAL INSTRUCTIONS AND PHYSICIAN ORDERS**

May disconnect ventilator circuit during transfers

**PHYSICIAN OR HEALTHCARE PROVIDER SIGNATURE REQUIRED BY THE SCHOOL**

A school nurse is NOT always available on the school campus but trains authorized unlicensed assisted personnel (UAP) to care for ill and injured students, administer medications as ordered by the physician/healthcare provider and perform first aid rescue measures as needed.

Physician/Healthcare Provider Printed Name: \_\_\_\_\_

Physician/ Healthcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Reviewed by School Nurse Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_