

# Tracheostomy

## CLIENT CARE PLAN

Client: \*Pathways , CarePlan

Client ID#:

1165425300

Admission Date:

12-06-2006

28 Respiration

Potential Problem

<b>Admission Rating</b>	<b>K</b>	<b>B</b>	<b>S</b>
<b>Desired Outcome</b>	<b>K</b>	<b>B</b>	<b>S</b>

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
TGC	Respiratory Care	Tracheostomy Care 1) Handwashing 2) Proper procedure & use of trach kit
TGC	Signs/Symptoms-Physical	When to Notify Providers 1) Changes in sputum color, amount and characteristics 2) Changes in breathing 3) SOB 4) Changes at stoma site
TGC	Durable Medical Equipment	Other Instruct client and / or caregiver proper use, cleaning, and storage of equipment
TP	Respiratory Care	Tracheostomy / Stoma Care 1) Change tracheostomy per agency protocol 2) Instruct client and / or caregiver proper technique to change tracheostomy
CM	Supplies	Tracheostomy Supplies Inventory supplies, order/teach client/caregiver how to order supplies
S	Signs/Symptoms-Physical	Evidence of Disease / Infection 1) Lung sounds 2) Vital signs 3) Sputum color, amount & characteristics 4) Skin color 5) Results of pulse oximeter readings
TGC	Infection Precautions	Hand Washing 1) Disposal of dressings 2) Clean environment 3) Protect stoma site

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_