

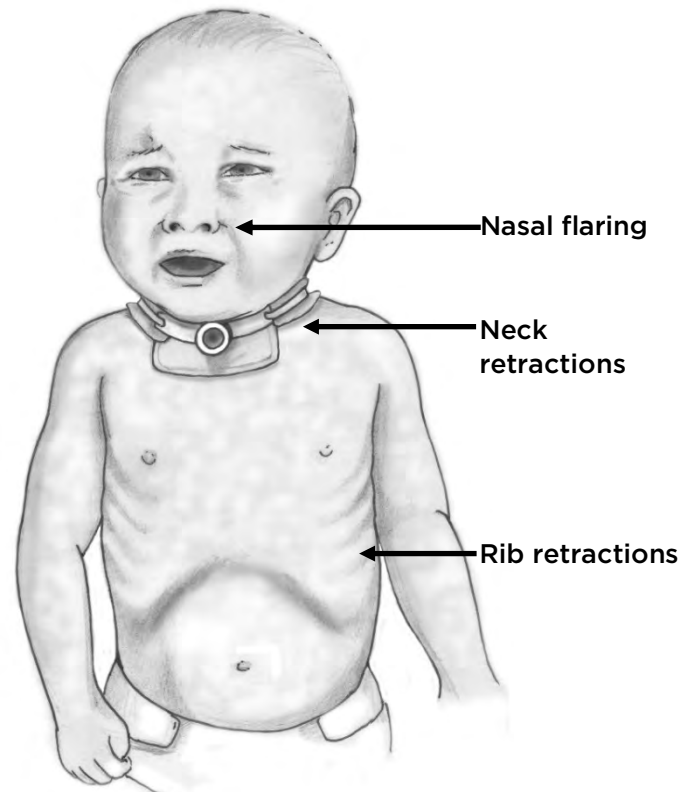
Signs of Respiratory Distress in Your Infant with a Trach

To tell whether your baby is having trouble breathing or is in distress, you will need to know the amount of “work” or effort they are using to breathe:

1. Know your baby’s **normal** breathing rate, heart rate and oxygen levels (called O2 saturation or O2 “sats”).
2. Know your baby’s breathing pattern at rest. Watch them breathe, checking for retractions, nasal flaring or use of accessory muscles.
3. Know the warning signs that show increased work of breathing (below).
4. Call your healthcare provider if your baby looks or acts in the ways given below.

What will my baby look like when they are breathing hard?

- Rapid breathing (see how to find breathing rate below)
- Increased secretions, noisy breathing (wheezing, grunting, gurgling, high-pitched noise when breathing in or out)
- Rumbling or rattling in chest felt by caregiver’s hand placement
- Poor skin color or a drop in oxygen level (O2 sats)
- Poor or no chest rise
- Stomach sucking in more than usual with breathing
- Retractions – skin pulling in around bones in chest (in the neck, below the trach, above the collar bones, under the breast bone, between and under the ribs)
- Flaring of the nostrils
- Head moving back and forth with each breath (head bobbing)
- Increased coughing
- Sweating – clammy skin
- Distressed look



What the signs mean

- Nasal flaring - When nostrils spread open while your child breathes, they may be having to work harder to breathe.
- Wheezing - A whistling or musical sound of air trying to squeeze through a narrowed air tube. Usually heard when breathing out.
- Sweating - There may be an increase of sweat on your child’s head, but without their skin feeling warm to the touch. More often, their skin will feel cool or clammy. This may happen when their breathing rate is very fast.

To Learn More

- Respiratory Care
206-987-2258
- Ask your child’s healthcare provider
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

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- Grunting - Grunting sound when breathing out. The grunting is the body's way of trying to keep air in the lungs so they will stay open.
 - Retractions - Skin pulling in or tugging around bones in the chest (in neck, above collar bone, under breast bone, between and under ribs). Another way of trying to bring more air into the lungs.
 - Skin color changes - A sign child is not getting enough oxygen. Pale, blue-gray color around lips and under eyes. This may not be visible on darker skin tones. Pay close attention to your child's breathing and behavior.
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What will my baby act like when they are breathing hard?

- Agitated
 - Inconsolable (unable to be soothed or calmed)
 - Lethargic (acting tired and weak)
 - Fussy
 - Waking up from sleeping with cough and secretions or unable to sleep comfortably
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When should I call 911?

Call 911 if any of these happen:

- If your child loses consciousness, start CPR and call 911.
 - Trach has come out and you are unable to replace trach tube. Support with O₂/resuscitation bag and mask and call 911.
 - Trach has been placed but you are unable to confirm placement.
 - Remove trach/support with O₂/resuscitation bag and mask and call 911.
 - If your child has an increased oxygen need for over 60 minutes per doctor's orders.
 - Child has increased respiratory distress with severe difficulty breathing.
 - Child has stopped breathing for 15 seconds or longer (called "apnea"). Support with O₂ resuscitation bag and mask and call 911.
 - Child has blue-tinged skin (cyanosis) especially around the lips, fingernails, and gums. This may not be visible on darker skin tones. Pay close attention to your child's breathing and behavior.
 - If you are unable to wake your child.
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To find your child's breathing rate:

Breathing rate is the number of breaths in and out in one minute.
Count the number of times their stomach rises and falls in one minute.
(One rise and fall equals one breath.)

Your child's baseline normals

Normal breathing rate:

Awake: _____
Asleep: _____
Agitated: _____

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Normal heart rate:

Awake: _____

Asleep: _____

Agitated: _____

Normal oxygen level

(O2 sats)

Work of breathing

baseline:
