

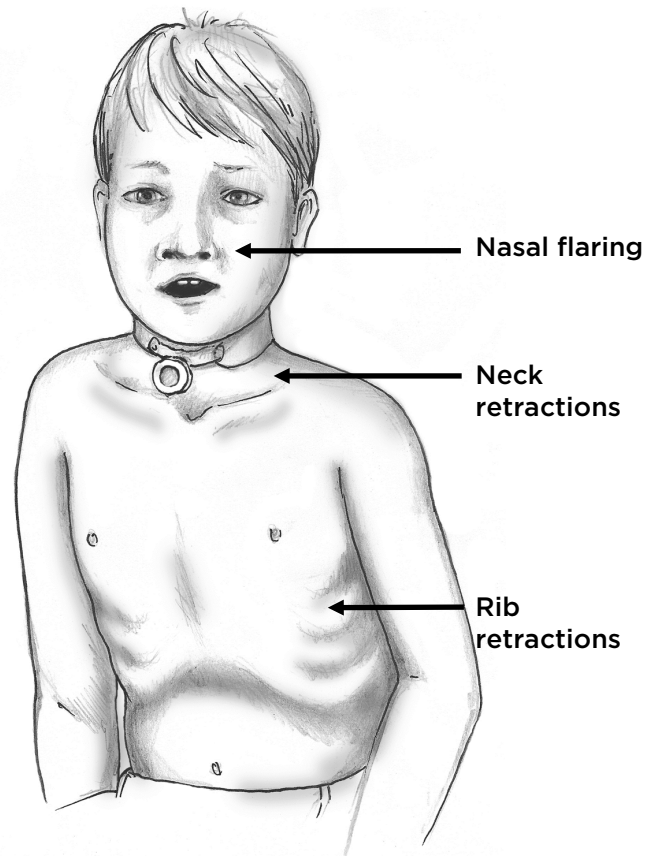
## Signs of Respiratory Distress in Your Child with a Trach

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

### What will my child 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
- Increased coughing
- Sweating – clammy skin
- Distressed look



### What will my child act like when they are breathing hard?

Your child may communicate or sign that they are having trouble breathing. They may be:

- Frightened or scared
- 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

### 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.
- 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.
- 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.
- 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.

### When should I call 911? Call 911 if any of these happen:

**If your child loses consciousness, start CPR and call 911.**

Call 911 if:

- Trach has come out and you are unable to replace trach tube. Support with O<sub>2</sub>/resuscitation bag and mask and call 911.
- Trach has been placed but you are unable to confirm placement. Remove trach/support with O<sub>2</sub>/resuscitation bag and mask and call 911.
- 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 O<sub>2</sub> 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 and use an oximeter at all times.
- You are unable to wake your child.

**To find your child’s breathing rate:**

Breathing rate is the number of breaths in and out in one minute.

1. Count the number of times their stomach rises and falls in 30 seconds.  
(One rise and fall equals one breath.)
2. Double that number to get the breathing rate for one minute.

**Your child’s baseline normals**

**Normal breathing rate:**

Awake: \_\_\_\_\_

Asleep: \_\_\_\_\_

Agitated: \_\_\_\_\_

**Normal heart rate:**

Awake: \_\_\_\_\_

Asleep: \_\_\_\_\_

Agitated: \_\_\_\_\_

**Normal Oxygen level (O2 sats)**

**Work of breathing baseline:**

\_\_\_\_\_

\_\_\_\_\_

**To Learn More**

- Respiratory Care  
206-987-2258
- Your child’s healthcare provider
- [seattlechildrens.org](http://seattlechildrens.org)

**Free Interpreter Services**

- In the hospital, ask your child’s 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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Seattle Children’s offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children’s will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.

This handout has been reviewed by clinical staff at Seattle Children’s. However, your child’s needs are unique. Before you act or rely upon this information, please talk with your child’s healthcare provider.

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