# Trach Safe Check

Please take a few minutes to answer these questions in clinic today. Your responses will help us find out how to make having a trach safer for every child. Your provider will discuss this with you during your child’s clinic visit today. Thank you!

Your name ___________________________  Your relationship to the patient ___________________________

When was your last visit in this clinic?
- [ ] First visit
- [ ] 1 to 3 months ago
- [ ] 4 to 6 months ago
- [ ] More than 6 months ago
- [ ] Don’t know

Since your last visit in this clinic:

How many times has the trach tube come out accidentally?
- [ ] Never
- [ ] Once every few months
- [ ] About once a month
- [ ] About once a week
- [ ] Multiple times per week
- [ ] Don’t know

How many times has the trach tube become plugged, blocked or difficult to suction?
- [ ] Never
- [ ] Once every few months
- [ ] About once a month
- [ ] About once a week
- [ ] Multiple times per week
- [ ] Don’t know

Have you had trouble with your equipment working?
- [ ] Yes
- [ ] No
- [ ] Don’t know

Which equipment? ___________________________

Did you use the Emergency Airway Management Plan (see attached or on reverse) because of any of the events above?
- [ ] Yes
- [ ] No
- [ ] Don’t know

Were local emergency services (such as 911) used?
- [ ] Yes
- [ ] No
- [ ] Don’t know

Have you previously discussed any of these events with someone at Seattle Children’s?
- [ ] Yes
- [ ] No
- [ ] Don’t know

Can you share any other details about these events?
____________________________

How many home nursing hours do you have approved per day? _______________  [ ] N/A

In the last 2 weeks before this visit, how many of your home nursing shifts were not staffed for one reason or another?
____________________________  [ ] N/A

Reviewed by: ___________________________

Child’s name ___________________________

Provider (print name) ___________________________  Provider signature ___________________________  Date ___________  Time ___________

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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