Trach/Vent Sick Day Management at Home

What steps do I take when my child gets sick with a respiratory illness?

When your child is sick with a respiratory illness, they may need extra support to be able to breathe better. It is important for you to contact your child’s pulmonary team when your child starts to show signs of respiratory illness.

What information is asked during a sick call?

Here are some common questions we will ask to help determine how sick your child is.

- When did your child’s symptoms start?
- How often are you suctioning?
- What do their secretions look like?
- How would you describe their work of breathing?
- Are there any vent/monitor alarms going off more frequently than normal?
- Have they had a fever?
- What are their oxygen saturations? Have they needed any extra oxygen?
- Have you given any extra airway treatments (CPT: clapping, cough assist, vest)?
- Have you given any “as needed” (PRN) respiratory medicines?
- Are they tolerating their feeds/keeping food down?

What signs and symptoms do I look and listen for in my child?

- How hard they are breathing i.e. retractions, nasal flaring etc.
- Your child’s respiratory rate and the respiratory rate shown on the vent
- Frequent ventilator alarms
- Secretion color, thickness and amount
- Breath sounds: coarse, wheezing
- Coughing
- Oxygen saturations: desats or lower than normal
- Changes in oxygen needs
- Changes in heart rate and temperature
- If you are giving any extra airway treatments or giving any “as needed” respiratory medicines, are they helping?
- Energy level/lethargy
- Change in urine output (how much are they peeing?)
What treatment plans might I expect from a sick call?
The nurses on the pulmonary trach/vent line will assess your child’s symptoms and will always consult with the pulmonary doctor.

- We may advise you to just watch your child for awhile and not treat immediately.
- We will likely always have you increase frequency of airway clearance and increase use of ordered PRN respiratory medications i.e. puffs, nebs.
- We may add new medicine or change dose or frequency of current respiratory medicines.
- You may need to drop off a trach sputum sample at a lab.
- Not all respiratory illnesses will require antibiotics.
- We may have you hold vent breaks or use of speaking valve or cap during illness.
- We may temporarily increase your child’s vent settings.
- We will update home nursing agencies with plan of care.
- We may recommend a visit to your child’s PCP or the nearest emergency room. In some cases, we may recommend calling 911.

Who to call and when for a sick child

**Weekdays**

- The direct line to reach your child’s pulmonary nurses is 206-987-4728. Add us as a contact to your smartphone so you have quick access to us and your pulmonologist.

**Evenings and weekends**

- If you are calling after 5 p.m. weekends, or on holidays, please call Seattle Children’s Hospital operator and ask for the on-call pulmonologist.

Who to call for other medical needs

- Call your Respiratory DME company if your child’s respiratory equipment is not working properly.
- For non-respiratory symptoms, please contact your child’s primary care provider or other specialty clinic.

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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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