



NICU NURSING CARE PLAN

Tracheostomy



Name:	DOB:	General Care/Measurements/Assessments	
Birth Weight:	GA: Date:	Vitals Q_____	Weight Q_____
Mom (cell):	(home):	BP Q_____	Length Q_____
Dad (cell):	(home):	Neuro VS Q_____	HC Q_____
NeoConnect: Y/N	Siblings:	Pain/Sedation Q_____	Girth: Q_____
Language: F <input type="checkbox"/> E <input type="checkbox"/> Other _____	Complex care nurse: _____	APS consulted _____	
Diagnosis:		Bath	
		Q 2 days + PRN Last: _____ Next: _____	
		If central line, CHG wipes Daily	
		Isolette or crib	Isolette changed on: _____
		Tests/Consults	
Treatments/Operations:		MRSA: Q Monday _____ <input type="checkbox"/> Done	VRE: Q Month _____ <input type="checkbox"/> Done
		NB screening urine due: _____ <input type="checkbox"/> Done	Hearing screening: Consent <input type="checkbox"/>
			_____ <input type="checkbox"/> Done
Precautions:		Other tests:	Consults & Follow-ups:
Respiratory/Cardiovascular			
Ventilator/CPAP Parameters:		Tracheostomy Information	
Suctioning: Max depth: _____		Airway: Critical tracheostomy / Anatomically Normal Airway	
Oxygen:		* Code Indigo: Y/N *	
iNO: Chest Physio:		Type: Shiley / Bivona NEO/PED Size: _____	
Saturation Targets:		Cuff: Y / N <input type="checkbox"/> Inflated Air/H ₂ O _____ mL	
Elimination		Inserted on: _____	Last changed: _____ Due: _____
Strict input/output? Y/N Balance Q_____		Trach care done by: _____ in the AM / PM	
Foley → Inserted: Removed:		Trach ties: Posey / Dale / Dany Trach dressing: Mepilex Lite/PHMB/Other	
Balloon inflated: _____ mL		Emergency Kit Contents	
Feeding		Dressings/Ostomies	
Type: Maternal breastmilk/Other: Calories:		Same size trach (size: _____)	
Route & Frequency:		One size smaller trach (size: _____)	
Over: _____ h _____ min		Suction catheter (size: _____)	
GT/GJ → Inserted: Balloon volume: _____ mL		Resuscitator bag with 2 masks	
Size: Checked: Q_____		(size for trach: _____, size for face: _____)	
Replogle → Inserted: Secured @ _____ To LWS <input type="checkbox"/>		Trach Teaching	
Lines		Teaching Plan:	
PICC External Portion: _____ Central/Peripheral Single/		_____	
Inserted: _____ Removed: _____ Double		_____	
Dressing due _____ <i>Q 14 days + PRN</i>		_____	
Fluids		_____	
TFI: Weight: Total ml/day:		<i>www.soinscomplexesadomicilepourenfants.com</i>	
		Parental Involvement	
		Parents can independently:	
		<i>Date</i>	<i>Task</i>
		_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____
		Parents require support with:	

Updated by: Date:		<i>Refer to Complex Care Services teaching checklist</i>	