

Livingston Parish Public Schools

Excellence in Education!

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PHYSICIAN'S ORDER FOR SUCTIONING / TRACHEOSTOMY / VENTILATOR

Name _____ Date of Birth _____

Diagnosis: _____ School Year _____

Tracheostomy Tube and Size: _____

Emergency Tracheostomy Tube Change:

Tube type and size: _____ Lubricant (type): _____

Suctioning: Catheter French: _____

Frequency: _____

Technique: Clean or Sterile

Hyperventilation: Pre-suctioning _____

Post-suctioning _____

Vent Settings: _____

Any other special instructions: _____

This procedure is to be continued as above until: _____

PLEASE NOTE: Student must be in visual contact of a child specific skilled nurse. In the event the skilled nurse becomes unable to attend to student – suctioning and/or emergency trach change may be performed by a trained unlicensed personnel.

Physician's Signature

Date

Physician's Name (Print)

Telephone Number

Physician's Address