



Attach patient label

**DISCHARGE PLANNING ORDERS FOR RESPIRATORY HOME CARE OF THE ADULT PATIENT
(Adults 18 & older)**

Date: _____ Time: _____ Hospital: _____ Rm #: _____

Diagnosis: _____ Tracheostomy (type/size): _____

Current in-hospital weaning orders: _____

(Patient will be stable on consistent ventilator settings two weeks prior to discharge)

Current respiratory support: _____

Physician to indicate each ordered teachings, equipment, and supplies:

Teaching by hospital staff prior to home caregivers 48 hour stay:

- ___ 1. Routine tracheostomy care
- ___ 2. Sterile suctioning technique
- ___ 3. Airway management with ambu bag
- ___ 4. Ventilator transport mode
- ___ 5. Other: _____

Teaching by medical equipment provider staff or home health nurse:

- ___ 1. CPR with trach tube
- ___ 2. Use and care of equipment at home
- ___ 3. Trach tube cleaning and suctioning at home
- ___ 4. Set up and maintenance of travel emergency bag
- ___ 5. Other: _____

Equipment needed:

- ___ 1. Portable suction machine
- ___ 2. Suction catheters: size _____ quantity _____
- ___ 3. Tracheostomy tube(s): type _____ size _____ quantity _____
disposable inner cannulas: size _____ quantity _____
humidivents (trach-vents): quantity _____ normal saline vials: quantity _____
- ___ 4. Trach holders: Type _____ quantity _____
- ___ 5. Trach cleaning kits: quantity _____
- ___ 6. Oral suction catheter (i.e. Yankeur): quantity _____
- ___ 7. Adult resuscitation (ambu) bag
- ___ 8. Backup "E" cylinder
- ___ 9. Oxygen concentrator/air compressor
- ___ 10. Passover type heated humidity device
- ___ 11. Travel/emergency bag
- ___ 12. Ventilator: type _____ Settings: Rate _____ FiO2 _____
peep _____ tidal volume _____ pressure limit _____ other _____
Alarms: high pressure _____ low pressure _____ other: _____
- ___ 13. Trach collar Fio2: _____
- ___ 14. Aerosol/ MDI / Other Therapies: _____

M.D. Signature: _____ MD ID No: _____ Pager: _____ Date: _____

APRN/RT Signature: _____ Pager: _____ Date: _____

(Faxed to: _____ From: _____ Date/Time _____)

Unapproved abbreviations – U, IU, QD, QOD, MS, MSO4, MgSO4, doses without leading zeros, doses with trailing zeros, AU, AD, AS, AL, OS, OD, OU, ug.