|  |
| --- |
| **Learning objectives** |
| This list identifies the goals for the **minimum skills** **and knowledge** required to perform the care appropriate to your child. You and the healthcare team may use it as a guide and checklist for learning.**Instructions:** **When the learning is satisfactory to the nurse and to the parent**, both will write their initials in the table and put their name and signature at the end where indicated. |
| The family/caregiver (and child, if appropriate) **know**: | **Date** | **Initials****Nurse** | **Initials****Parent** |
| characteristics of the child’s tracheostomy |  |  |  |
| advice on the activities of daily living (clothing, nutrition, hydration, bathing, sleep, activities and transportation, communication) |  |  |  |
| ways to evaluate the child’s respiratory condition and the signs of respiratory distress |  |  |  |
| ways to maintain humidity at an adequate level |  |  |  |
| general strategies to avoid irritants in the air and to prevent infection |  |  |  |
| potential problems and recommended solutions |  |  |  |
| CPR and procedures in case of an emergency |  |  |  |
| equipment and medical supplies required for daily and emergency care |  |  |  |
| reasons for consulting the healthcare team |  |  |  |
| all the steps involved in tracheostomy care (tracheostomy skin care, changing the dressing and the inner cannula, if present) |  |  |  |
| all steps involved in changing of tracheostomy ties |  |  |  |
| all steps included in the changing of a simple tracheal cannula |  |  |  |
| indications for administration of aerosolized medication via tracheostomy, if pertinent |  |  |  |
| all steps included in the administration of medication by small volume nebuliser via tracheostomy , if pertinent |  |  |  |
| all steps included in the administration of medication by metered dose inhaler with spacer via tracheostomy, if pertinent |  |  |  |
| maintenance and cleaning of all material used for care/treatments |  |  |  |
| **Comments:**  |

|  |  |  |  |
| --- | --- | --- | --- |
| The family/caregiver (and child, if appropriate) safely and competently **master**: | **Date** | **Initials****Nurse** | **Initials****Parent** |
| assessment of the child’s respiratory condition |  |  |  |
| actions to be taken in the event of respiratory distress |  |  |  |
| CPR and procedures in case of emergency |  |  |  |
| all the steps involved in tracheostomy care (tracheostomy skin care, changing the dressing and the inner cannula, if present) |  |  |  |
| all steps involved in changing of tracheostomy ties |  |  |  |
| all steps included in the changing of a simple tracheal cannula |  |  |  |
| all steps included in the administration of medication by small volume nebuliser via tracheostomy , if pertinent |  |  |  |
| all steps included in the administration of medication by metered dose inhaler with spacer via tracheostomy, if pertinent |  |  |  |
| maintenance and cleaning of all material used for care/treatments |  |  |  |
| **Comments:**  |

|  |  |  |  |
| --- | --- | --- | --- |
| The family/caregiver (and child, if appropriate) **take into consideration**: | **Date** | **Initials****Nurse** | **Initials****Parent** |
| the preparation of the child, the parent and the environment before beginning the care |  |  |  |
| the pediatric approach for the required care |  |  |  |
| the degree of the child’s autonomy in participating in the treatment |  |  |  |
| the need to make adjustments to the care procedures when necessary |  |  |  |
| the support necessary to the child before, during and after the treatment |  |  |  |
| **Comments:** |

|  |  |  |  |
| --- | --- | --- | --- |
| The family/caregiver (and child, if appropriate) have **received and understand** the following information: | **Date** | **Initials****Nurse** | **Initials****Parent** |
| the medical supplies and equipment distributors contact information |  |  |  |
| resources available to them |  |  |  |
| the date and place for the next appointment if required |  |  |  |
| access information for resource people, as needed  |  |  |  |
| the number to call in case of emergency |  |  |  |
| **Comments:** |

|  |  |  |
| --- | --- | --- |
| **Name of the nurse:** | **Signature:** | **Initials:** |
| **Name of the nurse:** | **Signature:** | **Initials:** |
| **Name of the nurse:** | **Signature:** | **Initials:** |
| **Name of the nurse:** | **Signature:** | **Initials:** |

|  |  |  |
| --- | --- | --- |
| **Name of the parent:** | **Signature:** | **Initials:** |
| **Name of the parent:** | **Signature:** | **Initials:** |