



The Emily Center

Emergency Information for the Child with a Tracheostomy

Procedure/Treatment/Home Care
Si usted desea esta información en español,
por favor pídasela a su enfermero o doctor.

#808

Name of Child: _____ Date: _____

Emergency Information for the Child with a Tracheostomy

If your child needs medical help in a hurry, health care providers will need certain information right away.

Fill out this form, and always keep it with your child. When information changes, make sure you update this form. Whenever you need more blank forms, ask your nurse or doctor.

You should also keep with your child a list of medicines. When your child's medicines change, make sure to update the form. If you want a blank form, ask your nurse or doctor for handout **Medicines to Take, #337**.

Your child may need help when you are not near by. Make sure everyone who takes care of your child can find this information in a hurry. Keep copies of this form and the list of medicines everywhere you might need them, such as:

- By your home telephone
- In your trach travel bag
- In your car
- At your child's school
- In the homes of people you often visit with your child

Name of medicine Strength of medicine	Morning Time: Amount	Mid Day Time: Amount	Evening Time: Amount	Bed Time Time: Amount	Reason for medicine and notes
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	



If you have any questions or concerns,
 call your child's doctor or call _____

If you want to know more about child health and illness,
visit our library at The Emily Center at Phoenix Children's Hospital
1919 East Thomas Road
Phoenix, AZ 85016
602-546-1400
888-908-5437
www.phoenixchildrens.com

Disclaimer

The information provided at this site is intended to be general information, and is provided for educational purposes only. It is not intended to take the place of examination, treatment, or consultation with a physician. Phoenix Children's Hospital urges you to contact your physician with any questions you may have about a medical condition.

Thursday, April 12, 2007 • DRAFT in family review
#808 • Written by Penny Overgaard, RN



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Name of Health Care Provider: _____ Number: 808
For office use: Date returned: _____ db nb

Family Review of Handout

Health care providers: Please teach families with this handout.
Families: Please let us know what you think of this handout.

Would you say this handout is hard to read? Yes No

easy to read? Yes No

Please circle the parts of the handout that were hard to understand.

Would you say this handout is interesting to read? Yes No

Why or why not?

Would you do anything differently after reading
this handout? Yes No

If yes, what?

After reading this handout, do you have any
questions about the subject? Yes No

If yes, what?

Is there anything you don't like about the drawings?

Yes No

If yes, what?

What changes would you make in this handout to make it better or easier to understand?

Please return your review of this handout to your nurse or doctor or send it to the address below.

Fran London, MS, RN
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Phoenix Children's Hospital
1919 East Thomas Road
Phoenix, AZ 85016-7710

602-546-1395

flondon@phoenixchildrens.com

Thank you for helping us!