San Joaquin County Office of Education
Mick Founts, Superintendent of Schools

Pomona Unified School District
Special Education - Nursing
Daily Log – Tracheostomy Care

Student:	DOB:	School/Teacher/Grade:
Order Date: From _____, 20___ to _____, 20___		
Authorized Healthcare Provider:		Phone: Fax:
School Nurse:		Phone:

DOCUMENTATION DIRECTIONS - Person administering specialized physical healthcare service shall:
1) Enter on chart date and times care is provided and 2) Initial in columns provided.

- School Nurse and designated qualified staff should include identifying signatures below only one time.
- If student is absent, note date and write across columns. If pupil is present but a daily procedure is not done, indicate in column and explain reason on comment sheet.
- Nurse supervising the procedure signs in "Signature" spaces.

Date	Start Time	End Time	Suctioning	Bagging	Trach Ties changed	Stoma Care	Speaking Value On/Off	HME device	Initials

Supervising Nurse /Print Name/Date

Nurse Print Name/Date

Health Assistant Print Name/Date

Supervising Nurse/Sign Name/Date

Nurse Sign Name/Date

Health Assistant Sign Name/Date

**** - Requires Documentation in Comments Section***

San Joaquin County Office of Education
Mick Founts, Superintendent of Schools

Pomona Unified School District
Special Education - Nursing
Daily Log – Tracheostomy Care

Student:	DOB:	Teacher:

Date	Comments Note additional information about student's tolerance of suctioning and other care, reason for calling school nurse and/or parent and outcome, other observations and actions taken.	Initials

Supervising Nurse Print Name/Date

Nurse Print Name/Date

Health Assistant Sign Name/Date

Supervising Nurse Sign Name/Date

Nurse Signature/Date

Health Assistant Sign Name/Date

**** - Requires Documentation in Comments Section***

8.14 G tube SJCOE