

# Tracheostomy Nursing Care Plan

## Patient information

Name:

Age:

Medical diagnosis:

Date of tracheostomy procedure:

Tracheostomy type:  Surgical  Percutaneous  Temporary  Permanent

## Assessment

### Respiratory status

Oxygen saturation (%):

Respiratory rate (breaths per minute):

Breath sounds:

Signs of respiratory distress:

### Tracheostomy function

Tracheostomy tube type:

Tracheostomy tube size:

Inner cannula:  Clean  Dirty

Signs of obstruction:

### Tracheostomy site

Stoma appearance:

Skin integrity:  Intact  Redness  Inflammation

Presence of secretions:

**Nursing diagnosis****Interventions****Evaluation****Care plan**