

Tracheostomy GO BAG Checklist

Daily Log for Content and Function

The GO BAG shall be checked for content and function of equipment daily before a student requiring suctioning, or who has a tracheostomy is accepted whether at the school or on the bus.

Name of Student _____ School _____

The person checking GO BAG initials in the block under the corresponding day of the week. Mark days absent (important). Place a folder with nine (9) blank forms in the GO BAG at the beginning of the year. File the completed form(s) monthly.

Year	Month	Week of					Week of					Week of					Week of				
		Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
Go Bag Portable equipment to be with the student at all times.																					
1. Resuscitator Bag																					
2. Portable Suction Machine																					
3. Suction Catheters with sterile																					
4. Sterile gloves																					
5. DeLee Suction Catheter																					
6. Saline (sterile vials)																					
7. One or two bulb syringes																					
8. Tissues, wipes																					
9. Spare Trach Tube																					
10. A smaller size trach tube																					
11. Extra trach ties																					
12. Blunt scissors																					
13. Lubricant, saline or water																					
14. A passive condenser																					
15. Plastic bag for waste disposal																					
16. Emergency phone Numbers																					
17. A Go Bag checklist																					
Initials																					

SIGNATURE OF PERSON(S) CHECKING GO BAG INITIAL POSITION DATE

1. _____
2. _____
3. _____