

AVANOS* NEONATAL AND PEDIATRIC CLOSED SUCTION SYSTEM

AVANOS

Pediatric Tracheostomy

Measured Depth Suction Card

My name is: _____

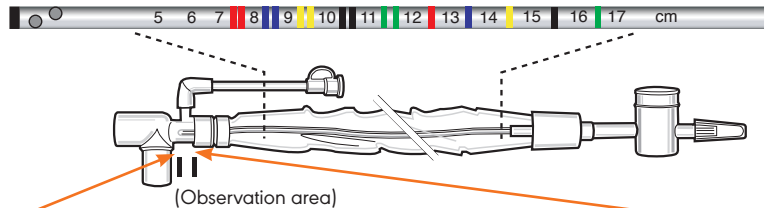
Trach Tube Change Date: _____

Trach Tube Type and French Size: _____

Suction Catheter French Size: _____

**CIRCLE THE SUCTION DEPTH ON THE
CATHETER PICTURE FOR REFERENCE.**

Color bands allow easier visualization
on subsequent suction procedures.



Tracheostomy



To Determine Suction Depth

Internal length of Trach Tube (from tube box, convert to cm) _____ cm

Measure and add distance from patient neckline to observation area + _____ cm

(add 0.5 cm length if suction below end of Trach Tube is desired) (+ _____ cm)

Equals suction depth: Total _____ cm