

KIMBERLY-CLARK* BALLARD*
Neonatal and Pediatric
TRACH CARE*
Closed Suction Systems

 **Kimberly-Clark**
*Trusted Clinical Solutions**

Pediatric Tracheostomy Measured Depth Suction Card

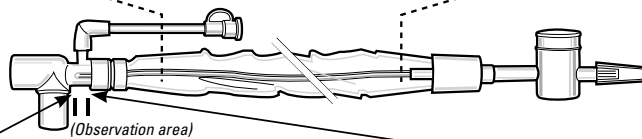
My name is: _____

Trach Tube Change Date: _____

Trach Tube Type and French Size: _____

Suction Catheter French Size: _____

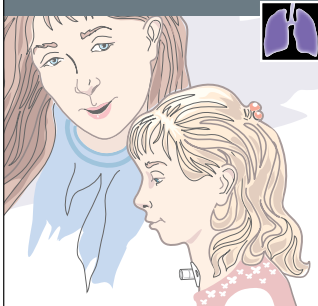
Circle the suction depth on the catheter picture for reference.
 Color bands allow easier visualization on subsequent suction procedures.



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

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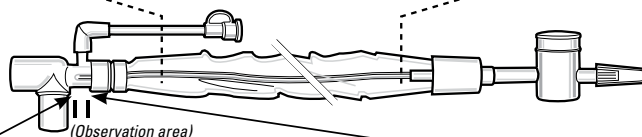
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