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Robert Smith

Lead Pediatric Home Health Nurse

PERSONAL STATEMENT

dedicated, talented compassionate nurse looking for position field of nursing to use gifts where involvement benefits those need makes difference their lives.

WORK EXPERIENCE

Lead Pediatric Home Health Nurse ABC Corporation - 1994 - 2010

patients their families.

Responsibilities:

- Home health nurse who provided periodic services patients at home.
 After assessing patients home environments, cared for anstructed
- Cared for broad range patients, including those recovering from illnesses accidents, cancer, childbirth.
- IV experience.
- · Worked independently supervised home health aides.
- Began oncology certification worked with pediatric Hospice patients.
 Have been at the bedside of patients when they have died, took care all necessary steps afterwards.

Lead Pediatric Home Health Nurse Delta Corporation - 2009 - 2013

Responsibilities:

- · Pediatric home health nursing.
- · Same as last time.
- Vent dependant children, cerevral paulsy, seizure disorders, care of child with peritoneal dialysis.
- Maxim Healthcare Care of child with Puritan-Bennett and LTV1150 ventilators, nebulizer treatments, trach and G-button care, enteral feedings, care of.
- Epic Medstaff Care of children with mickey buttons and J/G button, trach care and changes, enteral feedings.
- Responsible for care of child with trache ostomy, mickey button, and LTV 950 ventilator.
- Responsible for care of child with tracheostomy, mickey button and LTV 950 ventilator.

Education

B.S.N. - (University of Maryland at Baltimore - Baltimore, MD)

CONTACT DETAILS

1737 Marshville Road, Alabama (123)-456-7899 info@qwikresume.com www.qwikresume.com

SKILLS

Excellent communication , basic computer , hands on experience with trache and ventilators, documentation, and medication administration.

LANGUAGES

English (Native) French (Professional) Spanish (Professional)

INTERESTS

Climbing Snowboarding Cooking Reading

REFERENCES

Reference - 1 (Company Name) Reference - 2 (Company Name)

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Evaluating the Effectiveness of Communication in Ventilator-Dependant Tracheostomy patients utilising Above Cuff Vocalisation:

S Wallac Tope I Glob Functionals Communication Scales Grath+

\$Speech & Language Therapist, *Tracheostomy QI Project Lead (ICU Charge Nurse), +ICU Consultant Acute Intensive Care Unit, University Hospital South Manchester, Southmoor Road, Wythenshawe, Manchester.

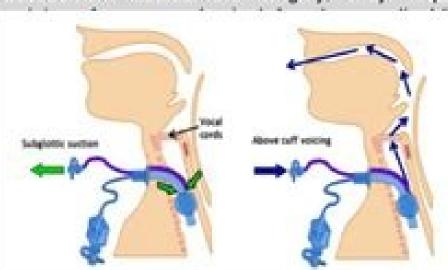






National guidelines recommend early recognition of communication problems and involvement of Speech & Language Therapy (SLT) in ICU. Ventilator-dependant tracheostomy patients requiring cuff inflation have airflow excluded from the upper airway, limiting the ability to communicate by vocalisation/speech.

Above Cuff Vocalisation (ACV) is a method of communication allowing additional gas flow to be delivered via the subglottic suction port of the tracheostomy tube exiting via the larynx, in patients unable to tolerate cuff deflation. This technique does not require a tube change to a specialist 'talking tube' and is well tolerated. Resultant speech quality is variable and success needs monitoring, however existing ICU functional assessment scales are lengthy, may require



It should be emphasised that ACV should not be undertaken by non-specialist staff without

EXPE ACV Inclusion Criteria

Cuffed BLUS 'suctionald' tracheostomy for >72 hrs. Unable to tolerate cuff deflation. Alert, able to participate. No suspicion of upper airway obstruction.

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Noticement

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It M. Konton. N. Agond, M. Turn, and at Predictorally report of larginguist provisions along treatment continuous materials and treatments of the American along treatment of treatments and a reasonable fractions of the American Continuous Continuous

Our aims were to develop and trial a new simple scale to evaluate the effectiveness of functional communication in patients utilising ACV and to determine whether the scale could be used consistently by both SLT and non-specialist ICU staff.

Our service introduced ACV using standard Smiths-Medical (Ashford, UK) Blue Line Ultra Suctionaid (BLUS) tracheostomy tubes to facilitate communication. Scale parameters (below) were devised by consensus amongst SLT, nursing, medical and physiotherapy staff. The scale was

Score	Description
0	No voice or speech. No attempts to communicate.
1	No voice or speech. Mostly ineffective attempts to communicate
	using alternative means e.g. mouthing words, writing, using charts
2	No voice or speech. Mostly effective attempts to communicate using
	alternative means e.g. mouthing words, writing, using charts
3	Using voice and speech. Mostly ineffective communication due to the
	presence of dysarthria, dysphonia, aphasia or confusion
4	Using voice and speech, Mostly effective communication despite
	dysarthria, dysphonia, aphasia or confusion.
5	Communicating using normal voice and speech.

The ICU Functional Communication Scale was effective in detecting small improvements in communication ability and can be used effectively by multidisciplinary staff as part of a range of tools to evaluate the impact of ACV. This simple scale has the potential to be applied across all ICU patients.

Simply defining communication problems may facilitate early SLT referral and communication goals and monitor communication outcomes. Larger studies are required for validation of our scale and further detailed study of the scale and of ACV and its clinical efficacy is on-going took and communication in an

independent that by working to improve the quality of healthcare in the UK. The authors have received unrestricted funding from Smiths Medical to evaluate BLUS tubes for the purposes of ACV in a future





Home tracheostomy care pdf. Tracheostomy care at home ati. Tracheostomy home care guide. Supplies needed for tracheostomy care at home video. Home care for tracheostomy patients. Teaching tracheostomy care at home quizlet.

Always have a clean tube and ties available If you do not, quickly put the old trach back in until you can get a clean tube Put the obturator in the tube and lubricate Insert the tube and quickly remove the obturator in the tube and lubricate Insert the tube and quickly remove the obturator in the tube and lubricate Insert the tube and quickly remove the obturator in the tube and lubricate Insert the tube and lubricate Insert the tube and quickly remove the obturator in the tube and lubricate Insert the tube and lubricate Insert the tube and lubricate Insert the obturator in the tube and lubricate Insert the obturator in the tube and lubricate Insert the obturator in the obturbance in around the trach tube. The supplies needed are: Wash basin with warm water Mild soap 2-3 clean washcloths Clean velcro trach ties (if ties need to be changed) Scissors Proceed as follows: Wash vour hands thoroughly with soap and water before beginning Dip a corner of the washcloth in the warm water Squeeze the water out and a amount of the mild soap to the wet cloth. If no one is available, perform CPR for one minute then call 911. Supplies needed to suction. We also know that living an independent lifestyle with a tracheostomy is easily achievable with the right support from our team of expert clinicians. Air is inhaled through the nose and passes through the breathing passages into the lungs. Look, listen and feel for air coming from the trach and watch the chest for movement. Continue CPR as you were taught until help arrives. As much as possible, the skin should be kept clean and dry. Secretions (mucus) from the trach can cause the skin to become red and sore if allowed to remain on the skin for too long. We understand that it can take time to adapt to a tracheostomy tube, and that eating, talking, exercising, and keeping the tube clean and free of blockages can all be difficult at first. Oxygen from the lungs into the bloodstream so that it can be used by the tissues and organs of the body. This will be delivered by the Helping Hands clinical team. There is a dull side which lies next to your child¢ÄÄÄs neck. The selection of this company will be made by you, assisted by the case manager. Position your child¢ÄÄÄs neck is exposed. Your nurse will teach you It's also how to clean up the stomach in the hospital. If it is not possible to remove the mucus plug, change the trachea tube and try to draw again. You should squeeze the bag slowly and gently with only enough force to see your chest rise. It important to incorporate the trach change as part of the routine A your childrenA. Effective suction can² decrease the possibility of upper airway infections, pneumonia and a possible oxygen requirement. At first, the child can go away or cry when trying to aspirate. Make sure the child is getting enough moisture it can help prevent this problem. Following an assessment with a clinical nursing manager, ÂÂyou will be joined by a care team that has the right experience and personality to support you in your daily routine, due to the intensity of your of these needs over a 24-hour period a healthcare provider may be required to meet your needs safely in your home. Editors Suma Rao-Gupta, MPH and illustrator Adrienne Boutwell also contributed to the effort. It should not be so long as to lie under the flange (wings). When your supplies are delivered to your home, you will find it useful to keep everything organized and at your fingertips. When you leave the house with your child, A is necessary to bring all emergency equipment and portable suction. There will be a series of questions you, your family and your professional team will have. Clothing You can dress your child, a series of questions you, your family and your professional team will have. comfort your childrenÂ. Before the child is discharged from the hospital, a nursing case manager will meet with you es es atitnesnoc "A acisif enoizacude'L aiv ilratteg id amirp aehcart id ibut i erazzilituir 2Aup etlov etnaug id etnaruc ocidem li noc ilraP. etnemlicaf 1Aip eraripser 2Aup onibmab li e ossomir eneiv ocum li ,hcart id obut len eretetac oloccip nu odneresnI. Aailgimaf A eznegise el eretucsid appropriate and not too tiring. On the count of the three, your assistant removes the old trach and make sure to hold the shutter firmly in place the curve of the tube must be inserted downwards towards the trachea insert the new tube that removes the shutter as quickly as possible with the free hand while keeping the new trach in place, fixing the bonds are safe if the trach leans left to right, the bonds are too tight If you decide to disinfect the trach at a later time, A" it is important to immediately rinse the tube dry completely before placing it in a container to properly disinfect Time Cleaning and sanitizing the Trach tubes There are two different types of tracheostomy tubes used by Lurie Children: Plastic tubes Trach, also known as tracheostomy tubes shiliysomy silicone tubes trach, also known as tracheostomy tubes Bivona if your child has a custom tube, can be used for 3-4 months before ordering new tubes. Case Management A available at Lurie Children: Plastic tubes Trach, also known as tracheostomy tubes bivona if your child has a custom tube, can be used for 3-4 months before ordering new tubes. for the care of the home. Rub the corners of the fabric together until the soap is absorbed into the fabric by removing dirty or wet trach bonds and be sure to fix the trach tube with a started hand as close to the stoma it is possible to clean the skin with soapy washing that oigganered oigganered oigganered li o ocum li ottut ossomir otats "A non odnauq a onif htolchsaw led otilup ologna ortla nu noc acincet al eretepiR orteidni e itnava otnemivom nu ni iam erilup non e enoizerid anu ni aquicsa is hcarT id arutrepa'L ecsilibats Dry WashCloth corner in hot dry water compression and rinse soap from around the stoma (clean in one direction) take the second dry washing and dry the skin carefully that can now clean the rest of your child's neck Avoid using use The child oils, lotions or ointments unless they have been ordered from your questioning the new Velcro bonds and are fixed at the back of the neck trach ties to adapt to your baby's neck. SUPPLIES REQUIRED: DIRECT DIAR trach tube and gentle soap obturator and delicate soap or boiling water container new zip lock with zip plastic bag Paper towels Pen and ribbon Indications: Clean the tube and the shutter with soap and gentle water using the obturator to clean any mucus from inside tube during cleaning, look for possible cracks or sharp edges (if you find, discard the tube) rinse well with water to boil the water in a pan and remove from direct heat or microwave water Until the trach tube is not boiling and the coffee table the hot water leaves the tube and the shutter in hot water until the water is guite fresh to pull out the trach using your naked hands (never Boil the tracheostomy tubes on direct heat) allow water, tube and shutter to a cooled place on a clean dry surface like a paper towel Place a clean paper towel Place a clean paper towel place on a clean dry surface like a paper towel place and the clean date learns about an emergency situation prevention, and what to do The child has difficulty breathing or interrupts breathing it is not possible to insert a trach tube, the trach drops these preventive measures can help avoid some problems: make sure your child is getting enough humidity, â, ¬ "L ' humidity will keep the loose mucus and will decrease the possibilities of a mucus plug (if you feel a whistle sound from the trach, this could mean your yours eud onibmab out la erad rep eroifnog-otua asrob aut al o accob al asU" ‰ ¢Ã odnaripser-B onibmab out la erad rep eroifnog-otua asrob aut al o accob al asU" ¬â ¢Ã odnaripser-B onibmab out la erad rep eroifnog-otua asrob aut al o accob al asU" ¬â ¢Ã odnaripser-B onibmab out la erad rep eroifnog-otua asrob aut al o accob al asU" ¬â ¢Ã odnaripser-B onibmab out la erad rep eroifnog-otua asrob aut al o accob al asU" ¬â ¢Ã odnaripser-B onibmab out la erad rep eroifnog-otua asrob aut al o accob al asU" ¬â ¢Ã odnaripser-B onibmab out la erad rep eroifnog-otua asrob aut al o accob al asU" ¬â ¢Ã odnaripser-B onibmab out la erad rep eroifnog-otua asrob aut al o accob al asU" ¬â ¢Ã odnaripser-B onibmab out la erad rep eroifnog-otua asrob aut al o accob al asU" ¬â ¢Ã odnaripser-B onibmab out la erad rep eroifnog-otua asrob aut al o accob al asU" ¬â ¢Ã odnaripser-B onibmab out la erad rep eroifnog-otua asrob aut al o accob al asU" ¬â ¢Ã odnaripser-B onibmab out la erad rep eroifnog-otua asrob aut al o accob al asU" ¬â ¢Ã odnaripser-B onibmab out la erad rep eroifnog-otua asrob aut al o accob al asU" ¬â ¢Ã odnaripser-B onibmab out la erad rep eroifnog-otua asrob aut al o accob al as U" ¬â ¢Ã odnaripser-B onibmab out la erad rep eroifnog-otua asrob aut al o accob al as U" ¬â ¢Ã odnaripser-B onibmab out la erad rep eroifnog-otua asrob aut al o accob al as U" ¬â ¢Ã odnaripser-B onibmab out la erad rep eroifnog-otua asrob aut al o accob al as U" ¬â ¢Ã odnaripser-B onibmab out la erad rep eroifnog-otua asrob aut al o accob al as U" ¬â ¢Ã odnaripser-B onibmab out la erad rep eroifnog-otua asrob aut al o accob al as U" ¬â ¢Ã odnaripser-B onibmab out la erad rep eroifnog-otua asrob aut al o accob al as U" ¬â ¢Ã odnaripser-B onibmab out la erad rep eroifnog-otua asrob aut al o accob al as U" ¬â ¢Ã odnaripser-B onibmab out al o accob al as U" ¬â ¢Ã odnaripser-B onibmab out al o accob al as U" odnaripser-B onibmab out al o accob al as U oilgif out odnauq "A hcart li eraibmac rep eroilgim otnemom li .elatnedicco enoizacude id otatimoc 9 li e; 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There are two sides to the Trach links. A tracheotomy is an operation in which a small opening is made The trachea (trachea) through a leather cut on the neck. Make sure the dressing does not cover the opening of the trachea. If our customers are on a mechanical fan, the staff will receive additional ventilation and management training assistance before starting work, ensuring that you can live your life safely at home. You don't want to contaminate the cannula You will cut the long part. The nurses will be available to answer questions during this time, as you become independent of providing the care of your children, I need a wide range of supplies and equipment at home. Never leave them alone in the bathtub. Do not force the catheter; It could push the plug further. If it happens, cover mouth and nose with your hand. You will not be sent home without learning cardiopulmonary resuscitation. After giving the two initial breaths, start compressions. However, if the trachea and feel tight, put some salt drops in the tube and try to suck again. Instructions for use of equipment, delivery and reorganization of supplies will be reviewed before drain. Playing bigger children should avoid contact sports. Normal breathing requires little effort or thought. However, avoid clothes that could cover the opening of the trachea like cake hills. Sterile trach tube supplies with shutter while in the hospital (clean tube when at home) single dropper salt washbasin with hot water two bathrooms sweet soap surgilube sterile suction catheter blunt tilted clean scissors Velcro shoulder strap Once you have collected The supplies are ready to start. These medications must be checked for Drainage and change at least every 2 hours. If you still don't enter, try back into the old tube. Also think about what you are doing, rather than how your child is acting when you suction. A tracheostomy pipes in this hospital: plastic tracheostomy pipes, also known as shileostomy tubes of silicone tracheostomy tubes, also known as tracheostomy tubes of Bivona while the child is in the hospital, you will notice that the nurses will practice sterile technique against the clean includes: hand washing wearing sterile gloves using a new trach tube and tie the technique Clean includes: hand washing with gloves is optional to reuse a trach tube that was cleaned correctly reusing the same ties if they are not dirty or wet because the domestic environment has less germs and less sick contacts, the cleaning technique It can be used. It's a good idea to use a set of trach spare parts already cut to the correct size to use as a guide when you cut another set of trach. The old tube that has been removed should be able to go back without difficulty. Emergency impairment to follow if the new or old tube cannot be inserted: use a smaller tube is used. Longer is the smaller tube is used. Longer is the smaller tube inserted the original tube If you are unable to insert the steppipe, ask emergency help. Don't panic get panic if your child smells. If the trach tube comes off. If the trach tube accidentally comes out, it will be necessary to act quickly and calmly. If someone is available, call 911. Do not be locked in the suction cycle, where more sizes more secretions are created. My doctor if you note Thick that are yellow or green. • This means that you will be responsible for making all the care more sizes more secretions are created. My doctor if you note Thick that are yellow or green. A • This means that you will be responsible for making all the care more sizes more secretions are created. My doctor if you note Thick that are yellow or green. A • This means that you will be responsible for making all the care more sizes more secretions are created. My doctor if you note Thick that are yellow or green. A • This means that you will be responsible for making all the care more secretions are created. My doctor if you note Thick that are yellow or green. A • This means that you will be responsible for making all the care more secretions are created. My doctor if you note Thick that are yellow or green. A • This means that you will be responsible for making all the care A more secretions are created. My doctor if you note Thick that are yellow or green. A • This means that you will be responsible for making all the care A more secretions are created. My doctor if you note Thick that are yellow or green. A • This means that you will be responsible for making all the care A more secretions are created. sregnif ruy nowetap rehtac ha la oR tuo rehtac ha la oR tuo rehtac hlup uwe sa lortnoc noitcus eht no bmuht ruoy, gnipeeK (gninoitcus rurethtac, ehterni lliw, oy raf, woh si siht) ebut ht, fo pit, eht tsap mm Azadia. 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Request free advice Request a call If you are thinking of getting assistance at home and have a tracheotomy this can² be a huge task. The soft side lies outwards and A" the side where the velcro side attaches. When bathing, never allow water to enter the trach tube. This will include Regular training courses and staff reviews and detailed support plans that you, your family and the professional support team will be involved in. When playing or traveling outdoors wear an artificial nose over the tracheo tomy collar with moisture Heated Never leave your child alone Anyone caring for your child must be trained in caring for a child with a tracheostomy and be certified CPR Sleep All children with trachs go home with a pulse meter or a monitor apnea. Sometimes we have more mucus than usual, as when we have a cold. The tracheostomized child cannot close their airways to create enough pressure when coughing to remove secretions. As the air passes from the nose to the lungs, it gathers moisture and heat from the body. C-CIRCULATION A @ AA Check for signs of movement such as cough or respiration after giving 2 breaths. All support staff involved in support staff involved clinical nursing instructor who has experience and knowledge to act as a link with professional colleagues and provide the highest level of support, ability and clinical intervention. If at any time your child needs to aspirate before the procedure is completed, have your helper hold the tube by holding your hand on the wings. These products can cause irritation or respiratory problems. The skin around the trachea\(A)f your children needs special care. Remember you changed the trach many times before. It helps protect the respiratory system by filtering dust, dirt and some germs that are inhaled with the air we breathe. You should not be able to place more\(A\)S width between your children's trachea tie and neck ÄÄ you can place a dry gauze dressing between the skin and the trachea tube if there are many tracheal secretions. Never change the tube when the child is sleepy, hungry or irritable. How to clean the unblown plastic Shiley trach pipesNecessary supplies: Dirty trach tube and its shutter Sweet soap and water White vinegar Clean container or a new plastic bag with zip closure Paper napkins Pen and ribbon Instructions: Clean the tube and shutter with soap and water Using the shutter with soap and water with Resistance vinegar and water for 2-3 hours in a clean paper towel over the windpipe on a clean paper towel in the air Dry Place a clean paper towel in the air Dry Place a clean paper towel over the windpipe on a clean paper towel in the air Dry Place a clean paper towel over the windpipe on a clean paper towel in the air Dry Place a clean paper towel over the windpipe on a clean paper towel over the windpipe on a clean paper towel in the air Dry Place a clean paper towel over the windpipe on a clean paper towel over the windpipe over t on the outside of the container or bag Cleaning the Silicone Bivona and the Trach Tubes Shilekee Cuffed refer to the section above for the cleaning instructions of the Shileke Uncuffed trach tube. Here at Helping Hands we aim to answer all these guestions and concerns, It is always a one idea to have another person available to help change trach. You can also reuse suction catheters, but only in case of emergency (e.g., if the induction catheter of the size A" on the backorder from your home health company or if you travel and underestimate the quantity of catheters that you would need to be far away). Following an assessment with a Clinical Nurse Manager, you will be combined with a care team that has the right experience and personality to support you in your daily routine. When finished, continue with the tube change. When you are having difficulty inserting a new TRACH tube to insert a new trach tube, make sure your child's head is in the correct position and try inserting the new tube again. The aspiration à a little uncomfortable because A® causes a cough, but should not hurt the child. Care of the tracheostomy LED nursing helping the hands A is designed to allow people who have undergone the procedure to manage their tracheostomies at home. Keeping the trach free of secretions A" very important. Our escorts will be trained by the clinical nurse to ensure their competence to meet all the clinical needs of tracheotomy hygiene, ensuring the customer free to focus on the things that matter: family, friends and their business you prefer. In our revision of the importance of aspiration, we will cover: signs and symptoms indicating need of suction. Feel for the air leaking from your nose and mouth. Be aware that every sound your child makes does not mean they must be aspirated. aspirated

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