

## JONES MEDICAL EQUIPMENT

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NPI 1578900841

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**\*\*\*ALL PHYSICIANS SCRIPTING FOR MEDICARE AND MEDICAID MUST BE PECOS CERTIFIED AND ENROLLED WITH GAMMIS. INFORMATION WILL BE VERIFIED DURING THE INTAKE PROCESS AND DENIED, IF YOU'RE NOT ENROLLED\*\*\***

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance \_\_\_\_\_ MBI # \_\_\_\_\_

Treating Physician \_\_\_\_\_ NPI \_\_\_\_\_

### Tracheostomy Care

This is a recommended Checklist for Tracheostomy tube. The patient should have a direct, strategic plan of care established with his/her physician prior to discharge of medical facility.

Trach Brand: \_\_\_\_\_ Size: \_\_\_\_\_

Disposable Inner Cannula \_\_\_\_\_ **OR** Non Disposable Inner Cannula \_\_\_\_\_

Cuffed \_\_\_\_\_ **OR** Cuffless \_\_\_\_\_ Fenestrated **OR** Non Fenestrated \_\_\_\_\_

Previous Durable Medical Equipment Supplier \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

### Check All Items Needed, being descriptive as possible:

**\*\*\*All qualifying testing, WOPD and CMN required prior to set up\*\*\***

\_\_\_\_\_ Extra Trach tube of the same size QTY \_\_\_\_\_

\_\_\_\_\_ Smaller size tube if doctor determines the need for back up QTY \_\_\_\_\_

\_\_\_\_\_ Guide (obturator) and any parts that go with the trach tube currently in place QTY \_\_\_\_\_

\_\_\_\_\_ Suction catheters, Size \_\_\_\_\_ QTY \_\_\_\_\_

\_\_\_\_\_ Suction Machine with Ext. Tubing QTY \_\_\_\_\_

\_\_\_\_\_ Normal Saline Bullets or Sterile Water QTY \_\_\_\_\_

\_\_\_\_\_ Trach Care Kits (including brush and pipe cleaners) QTY \_\_\_\_\_

\_\_\_\_\_ Oxygen \_\_\_\_\_ LPM--- PRN At all times During Exertion At night --- (WOPD REQ)

\_\_\_\_\_ Trach ties- twill tape or Velcro trach tube holders QTY \_\_\_\_\_

\_\_\_\_\_ Syringe for cuff care QTY \_\_\_\_\_

\_\_\_\_\_ Cotton tip applicators QTY \_\_\_\_\_

\_\_\_\_\_ Gloves- clean disposable and powderless QTY \_\_\_\_\_

\_\_\_\_\_ Hydrogen Peroxide QTY \_\_\_\_\_

\_\_\_\_\_ 4x4 split gauze dressing without cotton fillers QTY \_\_\_\_\_

\_\_\_\_\_ Manual resuscitation bag QTY \_\_\_\_\_

\_\_\_\_\_ Humidifier QTY \_\_\_\_\_

Other: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Individually Owned and Operated