

Pediatric Respiratory Care

A Family Guide for School, Play, Sleep, & Daily Care

Parents of children who use respiratory support already know that breathing equipment doesn't take a break during the school day or pause for a birthday party. It goes wherever your child goes. The aim isn't to wall off "medical time" from the rest of life. It's to make ordinary childhood possible alongside the care your child needs.

What follows is a practical look at the parts of a child's day where families most often need a plan, plus notes on equipment, emergency readiness, and working with your care team. The guidance applies broadly to children from infancy through the pre-teen years, whether your child uses non-invasive support like BiPAP at night or an invasive ventilator through a tracheostomy around the clock. Unicare is here to help develop best practices for you and your child's individual situation.

Setting Up the School Day

For school-age kids, the most important conversation happens before the first day, not on it. Schedule a meeting with the school nurse, your child's primary teacher, and the principal. Bring a written care plan from your child's pulmonologist. That plan should spell out daily medications, equipment used at school, signs of respiratory distress specific to your child, and the exact steps staff should take in an emergency.

If your child uses a ventilator at school, whether non-invasive or via tracheostomy, the district will typically need to provide a one-on-one nurse. That arrangement usually goes through an Individualized Education Program (IEP) or 504 Plan. Don't assume the school knows what to ask for. You may need to provide vendor contacts, model numbers, and supply lists yourself.

Points worth raising with school staff:

- **Backup supplies.** Keep a labeled bag at school with a spare circuit, suction catheters if applicable, a manual resuscitator, and at least one fully charged spare battery if your child is ventilator-dependent.
- **Power access.** Identify the nearest reliable outlet in each classroom your child uses, and confirm the nurse knows how long the device runs on internal battery alone.
- **Communication chain.** Decide ahead of time who calls you, who calls 911, and in what order. Write it down and post it where the nurse can see it.
- **Substitute coverage.** Ask what happens on days the assigned nurse is out. A surprising number of preventable problems start here.

- **Illness exposure.** Schools are constant sources of viral illness, and a common cold can mean hospitalization for a child with chronic lung disease. Set thresholds with your pulmonologist for keeping your child home, and let the school know you may pull your child out faster than other parents would.

Play, Movement, and Physical Activity

Movement matters. Don't let the equipment become a reason to keep your child sedentary. Cardiovascular activity within tolerance supports lung function, muscle tone, and overall development at every age.

What "within tolerance" looks like varies by condition. A child with cystic fibrosis may have very different exercise capacity than one with bronchopulmonary dysplasia, or an infant who graduated from a long NICU stay still on chronic ventilator support. Your pulmonary and physical therapy team can give you a clear picture of what's safe and what to push toward. For infants and toddlers, that often means structured tummy time, supervised floor play, and gentle range-of-motion work that supports development without compromising the airway or pulling on tubing.

Watch for these signs that an active child needs to slow down or stop:

- **Increased work of breathing.** Look at the chest and belly. If your child is using accessory muscles or showing retractions, that's a stop signal.
- **Color changes.** Pale, gray, or bluish lips and fingertips warrant immediate rest, supplemental oxygen if prescribed, and a check with pulse oximetry.
- **Mental status shifts.** A child who suddenly becomes quiet, drowsy, or unusually irritable during play may be working too hard to breathe.
- **Cough that won't settle.** A persistent cough that doesn't ease with rest may signal the airway needs clearance.

A note for families with active kids

Chlorinated pool water and cold dry air can both trigger reactive airway symptoms. Keep a rescue inhaler accessible if your child has been prescribed one, and don't be surprised when a child who's fine at the playground struggles in a chilly gym. If your child uses supplemental oxygen during exertion, talk with your respiratory therapist about safe ranges before any new activity.

Sleep and Nighttime Care

For many children with chronic respiratory conditions, nighttime is when the most support is needed. The body's drive to breathe naturally slows during sleep. Airways relax. Muscle tone

drops. A child who manages well during the day may be the same child who desaturates at night without their ventilator or non-invasive device.

Build a sleep routine that treats the equipment as an ordinary part of bedtime, not a separate medical event. Mask on, story, lights out. Younger children usually adjust faster when the device is presented matter-of-factly rather than as a chore to negotiate.

For children on home ventilators, a few setup details make a real difference:

- **Tubing position.** Run the circuit so it doesn't tug on the trach or pull the mask off the face when your child rolls. A tubing holder above the bed can help.
- **Humidification.** Check the water chamber every night. Dry circuits cause coughing, thicker secretions, and skin breakdown around the mask.
- **Alarms.** Test alarm volume from outside the bedroom with the door closed before relying on it. If you can't hear it from where you sleep, add a remote alarm or an audio baby monitor.
- **Mask fit.** Children grow. A mask that fit at the last clinic visit may be leaking by the next one. Check skin integrity at the bridge of the nose, cheeks, and forehead each morning.

Sleep studies should be repeated as your child grows, especially if you notice new snoring, restless sleep, morning headaches, or daytime sleepiness that wasn't there before. Settings that worked at age four often need adjustment at age eight.

Equipment, Cleaning, and Emergency Readiness

Daily care

Daily cleaning isn't optional. Wipe down the mask and headgear with mild soap and water each morning. Disassemble and wash the humidifier chamber daily, then let it air-dry. Replace filters on the schedule the manufacturer specifies, not when they "look dirty."

Emergency bag essentials

Keep an emergency bag packed and accessible. At minimum it should include:

- A manual resuscitator (Ambu bag) sized for your child
- Spare tracheostomy tubes (one same-size, one a size smaller) if your child has a trach
- Suction catheters and a portable suction device with charged batteries
- A current copy of your child's care plan and medication list
- Contact numbers for your pulmonologist, your durable medical equipment provider, and 911

Power outage planning

If your home loses power, your ventilator's internal battery is your bridge, not your backup. Know its runtime. Register with your utility company as a medical-priority household, and plan in advance where you would take your child during a prolonged outage if you don't have a generator.

Working with Your Care Team

The families who do best treat communication as ongoing rather than as a series of appointments. Keep notes between visits. Track changes in sleep quality, exercise tolerance, secretions, and mood. Bring those notes to clinic. Your observations at home are often more useful to the pulmonologist than anything that shows up in a single office visit.



Questions? We're here to help.

Contact your Unicare Health pediatric respiratory therapist or call **800.400.6333** for support, supply orders, or guidance on your child's at-home respiratory care.