

COMMON CHRONIC CONDITIONS ASTHMA & ALLERGY/ANAPHYLAXIS TRAINING & DELEGATION RECORD

School/Program		RN Instructor: Print	Initials:
PROCEDURE GUIDELINE			RN Initials/Date
TIER I SEIZURES <ul style="list-style-type: none"> • Recognize the different types of seizures • Respond and provide first aid to a student who has a seizure 			
DIABETES <ul style="list-style-type: none"> • Identify which students have diabetes • Recognize symptoms of high and low blood sugar • Know where to find the care plan and staff who can help with emergencies 			
ASTHMA <ul style="list-style-type: none"> • Recognize a student who is having an asthma attack • Know where to find the student's asthma care plan and how to use it to treat the student and • Identify the correct technique for using an inhaler 			
SEVERE ALLERGY/ANAPHYLAXIS <ul style="list-style-type: none"> • Identify which students have severe allergies • Know where to find a copy of the allergy care plan and how to use it • Explain correct epi pen technique, and • Manage, using ACT and REAct, severe allergic reactions 			
Tier II Special Considerations: <ul style="list-style-type: none"> • Demonstrate proper hand hygiene and standard precautions; • Demonstrate the process for receiving and storing medications, and communicating with parents and the CCHC/SN; • Describe personal responsibility in the performance of the delegated of medication administration, under the supervision of the CCHC/SN; 			
Delegated Tasks for Asthma <ul style="list-style-type: none"> • Demonstrate competency in storage of medication and administration procedures of inhaled medications 			
Delegated Tasks for Allergy/Anaphylaxis <ul style="list-style-type: none"> • Demonstrate competency in storage of medication, measuring the correct dosage of oral emergency medication, and administration procedures of different types of epinephrine auto-injectors; • Describes proper disposal of used device; 			
Documentation and Communication <ul style="list-style-type: none"> • Demonstrate appropriate and accurate record-keeping, including proper documentation of all doses of medication administered, and medication incidents; • Identify medication incidents, and describe how to ensure medications are delivered safely; • Verbalizes process to communicate including what order to call: 911, parent/guardian, RN. 			

By signing below, I agree that all of the following statements are true and accurate: I received training on the procedure guidelines outlined above on page 1 of this document. I understand the need to confirm the current authorized emergency health care plan for each student/child. I accept the responsibility of these delegated tasks and understand the need to maintain my skills with respect to responding to emergency medical situations. I have had the opportunity to ask questions and received answers to my satisfaction. I know how to contact the nurse consultant for additional questions.

Name (Print)	Signature	Delegation by RN (initials)

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