

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – OXYGEN DELIVERY BY NASAL CANNULA OR FACEMASK

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:
Unlicensed Assistive Personnel (UAP)

Oxygen Delivery by Nasal Cannula or Facemask	Training Record RN Initial & Date
A. States purpose of procedure and location.	
B. PREPARATION	
1. Identifies student’s developmental ability to participate in procedure.	
2. Reviews standard precautions.	
3. Reviews Individualized Healthcare Plan for instructions/authorizations.	
4. Identifies where procedure is done and student’s activity level.	
5. Identifies possible problems and appropriate actions.	
C. IDENTIFIES SUPPLIES	
1. Oxygen tank or portable oxygen concentrator with key or toggle	
2. Oxygen regulator	
3. Flow meter	
4. Delivery device (face-mask or nasal cannula) with oxygen tubing	
5. Tank stand	
D. PROCEDURE	
1. Places student in a position of comfort and explains procedure as developmentally appropriate.	
2. Prepares tank or portable oxygen concentrator and regulator.	
3. Turns on tank or portable oxygen concentrator.	
4. Checks pressure in tank portable oxygen concentrator.	
5. Estimates amount of time tank or portable oxygen concentrator will last.	
6. Connects prescribed delivery device (face-mask or nasal cannula) to cylinder.	
7. Adjusts flow to prescribed liters per minute (LPM); checks delivery device to make sure oxygen is coming out.	
8. Provides oxygen to student using prescribed delivery device.	
9. Monitors student per student’s Individualized Health Care Plan.	
10. Monitors pressure in pounds per square inch (PSI), flow, and time while tank or portable oxygen concentrator is in use.	
11. Monitors student for signs of low oxygen (hypoxia) while oxygen is in use.	
12. Documents hourly in the oxygen administration log the following: 1) oxygen flow rate is set to the prescribed flow rate 2) that the student has been checked and that the oxygen tubing is properly connected to the student and to the tank 3) there is still oxygen in the cylinder 4) the student is able to participate in play or other age-appropriate activities.	
13. Identifies when to call EMS, Parents, & Nurse Consultant, per student’s Individualized Health Care Plan.	
14. Turns off tank or portable oxygen concentrator before turning off flow meter, when tank is no longer needed or must be changed; removes delivery device from student.	

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15. Stores tank or portable oxygen concentrator safely.			
16. Notifies parents when oxygen tank is below _____.			
17. Washes hands			
Competency Statement			Training RN Signature & Initial
PROCEDURE: Competency Statement: Demonstrates competency on the steps above for setting up oxygen delivery via a portable oxygen tank.			

DELEGATION AUTHORIZATION			
I have read the care/medication plan, been trained and am competent in the described procedures for _____. I understand the need to maintain skills and will be observed on an ongoing basis by a Registered Nurse. I have had the opportunity to ask questions and received satisfactory answers.			
Delegatee Signature: _____	<small>Delegation Decision Grid Score</small>	_____	Date _____
Delegating RN Signature: _____	Initials	_____	Date _____

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RN Initial & Date	<p align="center">Procedure</p> <p align="center">√ = acceptable performance</p>	<p align="center">Follow Up/ Supervision Plan / Comments</p>
	<input type="checkbox"/> Procedure Reviewed <input type="checkbox"/> Emergency management response <input type="checkbox"/> Medication administration <input type="checkbox"/> IHP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well	<input type="checkbox"/> No opportunity to perform task. <input type="checkbox"/> Simulated emergency response practice. <input type="checkbox"/> Additional on-site training provided <input type="checkbox"/> Supervision plan (minimum annually) date: _____ <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation Comments:
	<input type="checkbox"/> Procedure Reviewed <input type="checkbox"/> Emergency management response <input type="checkbox"/> Medication administration <input type="checkbox"/> IHP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well	<input type="checkbox"/> No opportunity to perform task. <input type="checkbox"/> Simulated emergency response practice. <input type="checkbox"/> Additional on-site training provided <input type="checkbox"/> Supervision plan (minimum annually) date: _____ <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation Comments:
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Delegating RN Signature _____ Initials _____