

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – PULSE OXIMETRY

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:
Unlicensed Assistive Personnel (UAP)

Pulse Oximetry		Training Record RN Initial & Date
States purpose of procedure and location.		
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. Pulse oximeter.		
2. Oxygen sensor probe.		
3. Medical tape.		
4. Specific user manual for pulse oximeter.		
D. PROCEDURE		
1. Places student in a position of comfort and explains procedure as developmentally appropriate.		
2. Applies the sensor to the child with the red light placed on the nailbed and alignment marks directly opposite one another.		
3. Turns the oximeter on. The oximeter will perform a series of tests. After 4 to 6 waves the oximeter will begin to display oxygen saturation and pulse rate which is updated with each pulse.		
4. Monitors student, per student’s Individualized Healthcare Plan.		
5. Washes hands.		
6. Documents hourly in the oxygen administration log.		
7. Identifies when to call EMS, Parents, & Nurse Consultant, per Individualized Healthcare Plan.		
Competency Statement		
Demonstrates competency on the steps above for using a pulse oximeter.		

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: _____	Delegation Decision Grid Score	_____	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:
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Delegating RN Signature _____ Initials _____