

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – Yankauer suctioning technique

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:

PROCEDURE: YANKAUER SUCTIONING TECHNIQUE					
A. STATES NAME AND PURPOSE OF PROCEDURE					
B. PREPARATION					
1. Identifies student's developmental ability to participate in procedure.					
2. Reviews standard precautions.					
3. Reviews student's Individualized Healthcare Plan for instructions/authorizations.					
4. Identifies where procedure is done.					
5. Identifies possible problems and appropriate actions.					
C. IDENTIFIES GO-BAG SUPPLIES (refer to GO BAG document)					
D. PROCEDURE					
1. Gathers equipment and places on clean surface.					
2. Position student and explains procedure.					
3. Washes hands and puts on gloves.					
4. Turns on suction machine.					
5. Removes Yankauer from packaging and attaches to suction machine.					
6. Adjust suction machine pressure to _____.					
7. If the Yankauer has a thumb control opening, cover the opening to create suction.					
8. Use a sweeping motion to clear secretions from the back of mouth and cheeks.					
9. Repeats Steps 7-8 until secretions are removed.					
10. Cleans Yankauer with water.					
11. Removes gloves, washes hands.					
12. Documents procedure and observations					
13. Reports any changes or concerns to family and nurse consultant.					
Competency Statement: Describes understanding of the need for tracheostomy tube and demonstrates correct care and suctioning using a bulb syringe as well as the ability to identify and solve potential problems.					
Delegatee Signature _____ Date _____					

DELEGATION AUTHORIZATION

I have read the care 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: _____ Date _____

Delegating RN Signature: _____ initials _____ Date _____

Delegation
Decision
Grid
Score

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – Tracheal suctioning, Yankauer technique

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Date/ RN Initial	<p align="center">Procedure: √ = acceptable performance</p>	<p align="center">Follow Up/ Supervision Plan / Comments</p>
	<input type="checkbox"/> Review procedure <input type="checkbox"/> HCP 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"/> Additional on-site training provided. <input type="checkbox"/> Supervision plan (minimum annually) date: _____ <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation
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Delegating RN Signature _____

Initials _____