

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – Blocked Tracheostomy Tube

Name
Student/Child

Birth
Date:

School/
Center:

Delegatee:

PROCEDURE: RESPIRATORY EMERGENCIES – BLOCKED TRACHEOSTOMY TUBE	Training Date/ RN Initials	Return Demo Date/ RN Initials			
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 instruction/authorizations.					
4. Identifies where procedure is done.					
5. Identifies possible tracheostomy problems and appropriate actions.					
C. IDENTIFIES GO-BAG SUPPLIES (refer to GO BAG document)					
D. PROCEDURE					
1. Recognition of problems.					
a. Respiratory distress.					
b. Air will not go into lungs with a resuscitator bag.					
c. Suction catheter will not pass through tracheostomy tube.					
d. High-pressure alarm on ventilator.					
2. Preparation and Prevention.					
a. Has emergency supplies (GO BAG) with student at all times.					
b. Posts emergency numbers.					
c. Answers alarms promptly.					
d. Keeps tracheostomy tube humidified properly.					
e. Knows cardiopulmonary resuscitation (CPR).					
3. Action.					
a. Washes hands and puts on gloves.					
b. Asks student to cough.					
c. Puts several drops of saline in tracheostomy tube and suctions.					
d. Attempts to give breaths with resuscitator bag.					
e. Assesses student.					
f. Calls for emergency help if needed.					
g. Notifies parents 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: _____

Delegation
Decision Grid _____ Date _____

Delegating RN Signature _____ Initials _____

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The Children's Hospital Denver School Health Program Denver, Colorado 2009

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Date/ RN Initial	Procedure: √ = acceptable performance	Follow Up/ Supervision Plan / Comments
	<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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Score

Delegating RN Signature: _____

initials _____ Date _____

Delegating RN Signature _____ Initials _____

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