

**TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – NASAL SUCTIONING,  
MUSHROOM TIP ASPIRATOR TECHNIQUE**

Name  
Student/Child

Birth  
Date:

School/  
Center:

Delegatee:

<b>PROCEDURE: NASAL SUCTIONING, MUSHROOM TIP ASPIRATOR TECHNIQUE</b>					Demo Date/ RN Initials	Return Demo Date/RN Initials	Return Demo Date/RN Initials	Return Demo Date/RN Initials	Return Demo Date/RN Initials
<b>A. STATES NAME AND PURPOSE OF PROCEDURE</b>									
<b>B. PREPARATION</b>									
1. Identify student’s developmental ability to participate in procedure.									
2. Review standard precautions.									
3. Review student’s Individualized Healthcare Plan for instructions/authorizations.									
4. Identify where procedure is done.									
5. Identify possible problems and appropriate actions.									
<b>C. PROCEDURE</b>									
1. Gather equipment and places on clean surface.									
2. Position student and explain procedure.									
3. Wash hands and put on gloves.									
4. Turn on suction machine.									
5. Remove mushroom tip aspirator from packaging and attach to suction machine.									
6. Adjust suction machine pressure to 100-120 mm Hg.									
7. Place tip in nostril entrance. If the aspirator has a thumb control opening, cover the opening to create suction.									
8. Hold suction no longer than 5 seconds at a time, per nostril.									
9. Repeat steps 7-8 until secretions are removed. (Consider saline for thick secretions if ordered by the provider)									
10. Clean nasal aspirator with water. Check aspirator for patency. Discard as needed.									
11. Remove gloves, washes hands.									
12. Document procedure and observations									
13. Report any changes or concerns to family and nurse consultant.									
<b>Competency Statement:</b> Describes the need for nasal suction, demonstrates proper suctioning technique using a mushroom tip nasal applicator and 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: \_\_\_\_\_  
 Delegating RN Signature: \_\_\_\_\_  
 Date \_\_\_\_\_  
 initials \_\_\_\_\_

Delegation  
Decision  
Grid  
Score

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Name  
Student/Child

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