

**TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – Manual Resuscitator Bag with Tracheostomy**

Name  
Student/Child

Birth  
Date:

School/  
Center

Delegatee:

| <b>PROCEDURE: MANUAL RESUSCITATOR BAG WITH TRACHEOSTOMY</b>   |  |  |  |  | Demo<br>Date/<br>RN<br>Initials | Return Demo<br>Date/RN Initials | Return Demo<br>Date/RN Initials | Return Demo<br>Date/RN Initials | Return Demo<br>Date/RN Initials |
|---|--|--|--|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <b>A. STATES NAME AND PURPOSE OF PROCEDURE</b>  |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| <b>B. PREPARATION</b>   |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| 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 trach problems and appropriate actions.  |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| <b>C. IDENTIFIES SUPPLIES</b>   |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| 1.Oxygen source with appropriate tubing, if needed.   |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| 2.Manual resuscitator.  |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| 3.Adaptor for tracheostomy tube.  |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| 4.Tracheostomy Go-Bag items.  |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| 5.Gloves  |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| <b>D. PROCEDURE</b>   |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| 1.Gathers equipment. Places on clean surface.   |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| 2.Positions student.  |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| 3.Explains procedure.   |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| 4.Washes hands. Puts on gloves.   |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| 5.Checks that manual resuscitator is functioning properly.  |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| 6.Attaches resuscitator bag to tracheostomy tube.   |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| 7.Coordinates manual breaths with student’s own breaths, if student breathes independently.   |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| 8.Squeezes manual resuscitator at regular rate to give prescribed breaths per minute, if student unable to breathe independently.   |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| 9.Removes resuscitation bag from tracheostomy tube when appropriate.  |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| 10. Removes gloves and washes hands.  |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| 11. Documents procedure and observations.   |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| 12. Reports any changes or concerns to family and nurse consultant.   |  |  |  |  |                                 |                                 |                                 |                                 |                                 |
| <p><b>Competency Statement:</b> Describes understanding of the need for tracheostomy tube, identifies need for manual resuscitator bag and demonstrates correct performance of use.</p> <p>Delegatee Signature _____ Date _____</p> |  |  |  |  |                                 |                                 |                                 |                                 |                                 |

**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 Score \_\_\_\_\_ Date \_\_\_\_\_

Delegating RN Signature: \_\_\_\_\_ initials \_\_\_\_\_ Date \_\_\_\_\_

Delegating RN Signature \_\_\_\_\_ Initials \_\_\_\_\_  
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Delegatee:

| Date/<br>RN<br>Initial | <p align="center"><b>Procedure:</b><br/>√ = acceptable performance</p>   | <p align="center"><b>Follow Up/ Supervision Plan / Comments</b></p>  |
|------------------------|--|--|
|                        | <input type="checkbox"/> Review procedure<br><input type="checkbox"/> HCP accessible and current<br><input type="checkbox"/> Competent performance of procedure(s) per specific guidelines<br><input type="checkbox"/> Confidentiality<br><input type="checkbox"/> Documentation<br><input type="checkbox"/> RN notification of change in status<br><input type="checkbox"/> Child/student tolerating procedure well | <input type="checkbox"/> Additional on-site training provided.<br><input type="checkbox"/> Supervision plan (minimum annually) date: _____<br><input type="checkbox"/> Continue delegation<br><input type="checkbox"/> Withdraw delegation |
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Delegating RN Signature \_\_\_\_\_ Initials \_\_\_\_\_