

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

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:

PROCEDURE: TRACHEAL SUCTIONING, CLEAN TECHNIQUE	Training Date/ RN Initials	Return Demo Date/RN Initials	Return Demo Date/RN Initials	Return Demo 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 instructions/authorizations.					
4. Identifies where procedure is done.					
5. Identifies possible problems and appropriate actions.					
C. IDENTIFIES SUPPLIES					
1. Suction machine with tubing.					
2. Sterile catheter kit with gloves.					
3. Sterile saline.					
4. Cup of tap water.					
5. Resuscitator bag with tracheostomy adaptor.					
D. PROCEDURE					
1. Gathers supplies and places on clean surface.					
2. Positions student and explains procedure.					
3. Washes hands and puts on gloves.					
4. Opens package and removes kit.					
5. Opens kit without touching inside of package, and opens saline and fills container with saline.					
6. Removes gloves by holding inside of cuff and pulling gloves over hands that will hold catheter.					
7. Picks up catheter and removes catheter.					
8. Attaches end of catheter to suction tubing.					
9. Uses resuscitator to give three to five breaths, if ordered .					
10. Inserts catheter into tracheostomy tube without suction.					
11. Advances catheter to end of tracheostomy tube or until student coughs.					
12. Applies suction by putting thumb on suction catheter adaptor.					
13. Twirls catheter between fingers as it is pulled out.					
14. Gives three to five breaths with resuscitator bag after catheter has been removed from tracheostomy tube.					
15. Places drops of saline or prescribed solution in trach tube (if secretions are thick), follows with extra breaths, then suction.					
16. Repeats suctioning in above order (Steps 7-13) until secretions are removed.					
17. Suctions nose and mouth with same catheter the same way, if indicated.					
18. Completes suctioning, disconnects catheter from suction tubing, wraps catheter around gloved hand, and pulls gloves off inside out; disposes of catheter and gloves appropriately.					
19. Rinses suctioning tubing with tap water.					
20. Washes hands.					
21. Documents procedure and observations.					
22. Reports any changes or concerns to family and nurse consultant.					

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

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Competency Statement: Describes understanding of the need for tracheostomy tube and demonstrates correct care and tracheal suctioning using sterile technique 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
Score

_____ Date _____

Delegating RN Signature: _____

initials _____ Date _____

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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 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 Comments:
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Delegating RN Signature: _____

Initials: _____

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