

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM: EMERGENCY SUPPLIES

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:

PROCEDURE: GO BAG SUPPLIES					Demo 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. Current copy of health care plan and authorizations.									
2. Emergency phone number list.									
3. Go bag list.									
4. Resuscitator bag.									
5. Extra tracheostomy tube with ties and obturator (if indicated); one the same size and one a size smaller. If student has a cuffed tracheostomy tube, have an uncuffed tube of the same size available.									
6. Syringe (3cc).									
7. Saline vials.									
8. Suction catheters.									
9. Bulb syringe or Yankauer.									
10. Portable suction machine.									
11. Blunt scissors.									
12. Tissues.									
13. Cotton-tipped applicators and pipe cleaners.									
14. Hydrogen peroxide.									
15. Gloves.									
16. Tracheal gauze or sponges.									
17. Water-soluble lubricant or saline.									
18. Passive condenser.									
19. Other individual items.									
C. DEMONSTRATES PLAN FOR CHECKLIST EMERGENCY SUPPLIES.									
<p>Competency Statement: Describes understanding of the need for tracheostomy go bag supplies and maintains supplies appropriately.</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: _____ Date _____

Delegation
Decision
Grid
Score

Delegating RN Signature: _____ initials _____ Date _____

PROCEDURE GUIDELINE AND COMPETENCY CHECKLIST FOR DELEGATION OF TRACHEOSTOMY CARE TASKS

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:

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
	<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 _____