## 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. PREPAR						
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. DEMON	ISTRATES PLAN FOR CHECKLIST EMERGENCY SUPPLIES.					
<b>Compete</b> appropri	ency Statement: Describes understanding of the need for tracheost ately.	comy go	bag suppli	es and m	aintains s	upplies
Delegate	ee Signature D	oate				

## **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:	 Decision Grid Score	 Date
Delegating RN Signature:	 initials	 Date

## Delegating RN Signature

Initials

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## PROCEDURE GUIDELINE AND COMPETENCY CHECKLIST FOR DELEGATION OF TRACHEOSTOMY CARE TASKS

Name	
Student/Child	

Birth Date: School/ Center

Delegatee:

Date/ RN Initial	<b>Procedure:</b> √ = acceptable performance	Follow Up/ Supervision Plan / Comments
	Review procedure HCP accessible and current Competent performance of procedure(s) per specific guidelines Confidentiality Documentation RN notification of change in status Child/student tolerating procedure well	Additional on-site training provided. Supervision plan (minimum annually) date: Continue delegation Withdraw delegation
	<ul> <li>Review procedure</li> <li>HCP accessible and current</li> <li>Competent performance of procedure(s) per specific guidelines</li> <li>Confidentiality</li> <li>Documentation</li> <li>RN notification of change in status</li> <li>Child/student tolerating procedure well</li> </ul>	Additional on-site training provided. Supervision plan (minimum annually) date: Continue delegation Withdraw delegation
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