Supplemental Oxygen Log

Student Name		DOB		School		Grade	
Parent/ Guardian		Phone Number/s		Provider		Phone	

Documentation indicates: 1) oxygen flow rate is set to the prescribed flow rate 2) that the student has been checked and that the oxygen tubing is properly connected to the student and to the tank 3) there is still oxygen in the cylinder 4) the oxygen cylinder is stored properly 5) the student is able to participate in play or other age-appropriate activities.

Initial hourly checks. Record oxygen saturations ONLY if ordered by health care provider.

Date	Oxygen flow	Time tank changed	6am	O2 Sats	7am	O2 Sats	8am	O2 Sats	9am	O2 Sats	10am	O2 Sats	11am	O2 Sats	12pm	O2 Sats	1pm	O2 Sats	2pm	O2 Sats	3pm	O2 Sats	4pm	O2 Sats	5pm	O2 Sats	6pm	O2 Sats

Contact parents if student is not able to participate in activities.

Nurse/Delegator_____Nurse/Delegator Signature _____

Health Tech/Delegatee_____Tech/Delegatee Signature_____ Initials_____

Health Tech/Delegatee_____Tech/Delegatee Signature_____ Initials_____

Health Tech/Delegatee_____Tech/Delegatee Signature_____Initials_____

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