

# Permission for Oxygen Administration at School and Child Care

## Health Care Provider Authorization

|   |             |            |
|---|-------------|------------|
| Child's Name:   |             | Birthdate: |
| Rate:   | Route:      |            |
| To be given at the following times (If not continuous, specific directions need to be included regarding the initiation of oxygen below):   | Start Date: | End Date:  |
| Purpose of oxygen requirement at school/childcare:  |             |            |
| <b>Oxygen Saturation instructions:</b><br>Is recording oxygen saturation required in the school or childcare setting? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If Yes,<br>Please indicate <b>baseline</b> oxygen saturation: _____ %<br>Please indicate <b>Caution</b> oxygen saturation: _____ %<br>Please indicate <b>Medical Emergency</b> oxygen saturation: _____ %<br><br>If increasing oxygen flow rate based on oxygen saturation (see below), wait _____ minute(s) between oxygen saturation readings before increasing oxygen. |             |            |

| IF YOU SEE THIS:   | DO THIS:   |
|--|--|
| <b>Doing well:</b> <ul style="list-style-type: none"> <li>Participating in normal activities for age and developmental level</li> <li>Respirations are even, unlabored</li> <li>Maintains O2 saturation at baseline (if ordered)</li> <li>No additional symptoms are present compared to baseline health</li> </ul>  | <ul style="list-style-type: none"> <li>Baseline oxygen use _____ LPM or <u>Room Air</u> (circle one)</li> <li>For students on continuous oxygen: Every hour, perform and document the following checks in the oxygen administration log:               <ul style="list-style-type: none"> <li>Oxygen is flowing</li> <li>Oxygen flow rate is set to the prescribed flow rate _____ LPM</li> <li>There is still oxygen in the cylinder</li> <li>The connection tubing is attached to cylinder</li> <li>The tubing is connected to child</li> <li>The student is able to participate in play or other age-appropriate activities.</li> </ul> </li> <li>Monitor O2 saturation (if ordered)</li> </ul> |
| <b>Caution:</b> <ul style="list-style-type: none"> <li>Wheezing</li> <li>Shortness of breath</li> <li>Increased secretions</li> <li>Frequent cough</li> <li>Not able to do activities</li> <li>O2 saturation is below _____ % (if ordered)</li> </ul>  | <ul style="list-style-type: none"> <li>Check that oxygen is properly connected to the student and that the tubing is not kinked or bent</li> <li>Check that oxygen tank is not empty</li> <li>Check that oxygen is flowing at the prescribed rate: _____ LPM</li> <li>Increase oxygen rate to _____ LPM</li> <li>Follow Asthma Action Plan (if ordered)</li> <li>Notify parents/guardians and school nurse</li> </ul>  |
| <b>Medical Emergency:</b> <ul style="list-style-type: none"> <li>Constant cough</li> <li>Struggles to breathe</li> <li>Trouble talking (only speaks 3-5 words)</li> <li>Skin on neck and/or chest pull in when breathing</li> <li>Lips/fingernails are gray/blue in color</li> <li>O2 saturation is below _____ % (if ordered)</li> <li>O2 saturation does not return to baseline with increased oxygen</li> </ul> | <ul style="list-style-type: none"> <li><b>If at any point you are concerned about the child's airway or breathing and the child is not getting better, CALL 911 and inform EMS the reason for the call</b></li> <li>Check that oxygen is properly connected to the student and that the tubing is not kinked or bent</li> <li>Check that oxygen tank is not empty</li> <li>Check that oxygen is flowing at the prescribed rate _____ LPM</li> <li>Increase oxygen to the maximum prescribed rate _____ LPM</li> <li>Stay with the child, remain calm, encourage slower/deeper breath</li> <li>Notify parents/guardians</li> <li>Notify school nurse</li> </ul>                                     |

# Permission for Oxygen Administration at School and Child Care

Signature of Health Care Provider with Prescriptive Authority \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Signature of Child Care Health Consultant or School Nurse \_\_\_\_\_ Date \_\_\_\_\_

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***By signing this document, I give permission for my child's Health Care Provider to share information about the administration of oxygen with the school staff delegated to administer oxygen.***

Parent/Legal Guardian's Name (Print) \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Work Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_