

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:		
Oxygen Saturation instructions: Is recording oxygen saturation required in the school or childcare setting? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Please indicate baseline oxygen saturation: _____ % Please indicate Caution oxygen saturation: _____ % Please indicate Medical Emergency oxygen saturation: _____ %		
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:
Doing well: <ul style="list-style-type: none"> Participating in normal activities for age and developmental level Respirations are even, unlabored Maintains O2 saturation at baseline (if ordered) No additional symptoms are present compared to baseline health 	<ul style="list-style-type: none"> Baseline oxygen use _____ LPM or Room Air (circle one) For students on continuous oxygen: Every hour, perform and document the following checks in the oxygen administration log: <ul style="list-style-type: none"> Oxygen is flowing Oxygen flow rate is set to the prescribed flow rate _____ LPM There is still oxygen in the cylinder The connection tubing is attached to cylinder The tubing is connected to child The student is able to participate in play or other age-appropriate activities. Monitor O2 saturation (if ordered)
Caution: <ul style="list-style-type: none"> Wheezing Shortness of breath Increased secretions Frequent cough Not able to do activities O2 saturation is below _____ % (if ordered) 	<ul style="list-style-type: none"> Check that oxygen is properly connected to the student and that the tubing is not kinked or bent Check that oxygen tank is not empty Check that oxygen is flowing at the prescribed rate: _____ LPM Increase oxygen rate to _____ LPM Follow Asthma Action Plan (if ordered) Notify parents/guardians and school nurse
Medical Emergency: <ul style="list-style-type: none"> Constant cough Struggles to breathe Trouble talking (only speaks 3-5 words) Skin on neck and/or chest pull in when breathing Lips/fingernails are gray/blue in color O2 saturation is below _____ % (if ordered) O2 saturation does not return to baseline with increased oxygen 	<ul style="list-style-type: none"> 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 Check that oxygen is properly connected to the student and that the tubing is not kinked or bent Check that oxygen tank is not empty Check that oxygen is flowing at the prescribed rate _____ LPM Increase oxygen to the maximum prescribed rate _____ LPM Stay with the child, remain calm, encourage slower/deeper breath Notify parents/guardians Notify school nurse

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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 _____

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 _____