

**TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM –
OXYGEN DELIVERY BY NASAL CANNULA OR FACEMASK**

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:

PROCEDURE: OXYGEN DELIVERY BY NASAL CANNULA OR FACEMASK	Training Record RN Initial & Date
A. STATES NAME AND PURPOSE OF PROCEDURE	
B. PREPARATION	
1. Identifies student's developmental ability to participate in procedure.	
2. Reviews standard precautions.	
3. Reviews Individualized Health Care Plan for instructions and authorizations.	
4. Identifies where procedure is done and student's activity level.	
5. Identifies possible problems and appropriate actions.	
6. Verbalizes safe oxygen tank storage and "Oxygen in Use" signage placement.	
C. IDENTIFIES SUPPLIES	
1. Oxygen tank with T-wrench	
2. Oxygen regulator	
3. Delivery Device (nasal cannula or facemask) with oxygen tubing	
4. Tank stand or approved carrier	
D. PROCEDURE	
1. Puts regulator on the tank by aligning the pins on the regulator with the holes on the tank and turns the T-wrench to tighten.	
2. Verifies regulator is in place by visualizing the regulator is flush against the tank on the top and the alignment pins can barely be seen from the bottom.	
3. Turns on the tank with the T-wrench on the cylinder valve (counterclockwise).	
4. Verifies no oxygen is leaking from the tank. (Never open the valve on an oxygen tank that does not have a regulator in place)	
5. Checks that the oxygen tank is full	
6. Dials flow rate to 3 lpm for 10 seconds. Listens and feels for continuous flow and ensures pressure in tank is maintained.	
7. Turns flow rate to prescribed flow.	
8. Attaches delivery device to tank and checks for unobstructed connection to the student.	
9. Documents change of tank in oxygen log.	
10. Ensures safe storage of the oxygen tank(s) by checking the following:	
a. The tank in use is stored upright in the approved carrier.	
b. Back-up oxygen tanks are stored upright, secured, on the floor, not in enclosed space such as a closet or cabinet.	
c. Oxygen is not in use near any heaters, open flames, radiators, or designated smoking areas.	
11. Every hour, checks for the following and documents in oxygen log:	
a. Oxygen flow rate is set to the prescribed flow rate	
b. That the student has been checked, and the oxygen tubing is properly connected to the student and to the tank	
c. There is still oxygen in the cylinder	
d. The oxygen cylinder is stored properly	
e. The student is able to participate in play or other age-appropriate activities.	
12. Reports any changes or concerns to family and nurse consultant.	
COMPETENCY STATEMENT	Training RN Signature & Initial
PROCEDURE: Demonstrates competency on the steps above for setting up and monitoring oxygen delivery via portable oxygen tank.	

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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 _____

Delegating RN Signature: _____ initials _____ Date _____

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Date/ RN Initial	Procedure: √ = acceptable performance	Follow Up/ Supervision Plan / Comments
	<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 _____