

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

Name  
Student/Child

Birth  
Date:

School/  
Center

Delegatee:

<b>PROCEDURE: OXYGEN DELIVERY BY NASAL CANNULA OR FACEMASK</b>		<b>Training Record RN Initial &amp; Date</b>
<b>A. STATES NAME AND PURPOSE OF PROCEDURE</b>		
<b>B. PREPARATION</b>		
<ol style="list-style-type: none"> <li>1. Identifies student's developmental ability to participate in procedure.</li> <li>2. Reviews standard precautions.</li> <li>3. Reviews Individualized Health Care Plan for instructions and authorizations.</li> <li>4. Identifies where procedure is done and student's activity level.</li> <li>5. Identifies possible problems and appropriate actions.</li> <li>6. Verbalizes safe oxygen tank storage and "Oxygen in Use" signage placement.</li> </ol>		
<b>C. IDENTIFIES SUPPLIES</b>		
<ol style="list-style-type: none"> <li>1. Oxygen tank with T-wrench</li> <li>2. Oxygen regulator</li> <li>3. Delivery Device (nasal cannula or facemask) with oxygen tubing</li> <li>4. Tank stand or approved carrier</li> </ol>		
<b>D. PROCEDURE</b>		
<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. Turns on the tank with the T-wrench on the cylinder valve (counterclockwise).</li> <li>4. Verifies no oxygen is leaking from the tank. (<b>Never</b> open the valve on an oxygen tank that does not have a regulator in place)</li> <li>5. Checks that the oxygen tank is full</li> <li>6. Dials flow rate to 3 lpm for 10 seconds. Listens and feels for continuous flow and ensures pressure in tank is maintained.</li> <li>7. Turns flow rate to prescribed flow.</li> <li>8. Attaches delivery device to tank and checks for unobstructed connection to the student.</li> <li>9. Documents change of tank in oxygen log.</li> <li>10. Ensures safe storage of the oxygen tank(s) by checking the following:             <ol style="list-style-type: none"> <li>a. The tank in use is stored upright in the approved carrier.</li> <li>b. Back-up oxygen tanks are stored upright, secured, on the floor, not in enclosed space such as a closet or cabinet.</li> <li>c. Oxygen is not in use near any heaters, open flames, radiators, or designated smoking areas.</li> </ol> </li> <li>11. Every hour, checks for the following and documents in oxygen log:             <ol style="list-style-type: none"> <li>a. Oxygen flow rate is set to the prescribed flow rate</li> <li>b. That the student has been checked, and the oxygen tubing is properly connected to the student and to the tank</li> <li>c. There is still oxygen in the cylinder</li> <li>d. The oxygen cylinder is stored properly</li> <li>e. The student is able to participate in play or other age-appropriate activities.</li> </ol> </li> <li>12. Reports any changes or concerns to family and nurse consultant.</li> </ol>		
<b>COMPETENCY STATEMENT</b>		<b>Training RN Signature &amp; Initial</b>
<b>PROCEDURE:</b> 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	<b>Procedure:</b> ✓ = acceptable performance	<b>Follow Up/ Supervision Plan / Comments</b>
	<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
	<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 \_\_\_\_\_

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