

**TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – Oral Suction, Yankauer technique**

Name  
Student/Child

Birth  
Date:

School/  
Center

Delegatee:

<b>PROCEDURE: ORAL SUCTION, YANKAUER TECHNIQUE</b>		<b>Training Record RN Initial and Date</b>
<b>A. STATES NAME AND PURPOSE OF PROCEDURE</b>		
<b>B. PREPARATION</b>		
1. Identifies student's developmental ability to participate in procedure. 2. Reviews standard precautions. 3. Reviews student's Individualized Healthcare Plan for instructions/authorizations. 4. Identifies where procedure is done. 5. Identifies possible problems and appropriate actions.		
<b>C. IDENTIFIES GO-BAG SUPPLIES (refer to GO BAG document)</b>		
1. Suction machine with tubing 2. Yankauer suction tip in good repair 3. Potable/Drinkable water in a cup for cleaning		
<b>D. PROCEDURE</b>		
1. Gathers equipment and places on clean surface. 2. Position student and explains procedure. 3. Washes hands and puts on gloves. 4. Turns on suction machine and confirms pressure is in alignment with orders. 5. Attaches Yankauer to suction machine and ensures patency. 7. If the Yankauer has a thumb control opening, cover the opening to create suction. 8. Use a sweeping motion to clear secretions from the back of mouth and cheeks 9. Repeats Steps 7-8 until secretions are removed. 10. Cleans Yankauer with potable/drinkable water and allows to air dry before next procedure, careful to not penetrate into throat and cause the student to gag. 11. Removes gloves, washes hands. 12. Documents procedure and observations 13. Reports any changes or concerns to family and nurse consultant.		
<b>COMPETENCY STATEMENT</b>		<b>Training RN Signature and Initial</b>
Describes understanding of the need for oral suction with a Yankauer suction tip and demonstrates correct care and suctioning as well as the ability to identify and solve potential problems.		

**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 \_\_\_\_\_

**TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – Tracheal suctioning, Yankauer technique**

Name  
Student/Child

Birth  
Date:

School/  
Center

Delegatee:

Date/ RN Initial	<b>Procedure:</b> <input checked="" type="checkbox"/> = 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 \_\_\_\_\_