TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – CPR and Emergency Ventilations via Tracheostomy

Name Student/Child	Birth Date:	School/ Center:	Delegatee:

PROCEDURE: RESPIRATORY EMERGENCIES – CPR and Emergency Ventilations via Tracheostomy	Training Record **RN Initials & 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 student's Individualized Healthcare Plan for instruction/authorizations.	
4. Identifies where procedure is done.	
5. Identifies go-bag supplies.	
C. IDENTIFIES SUPPLIES	
1. Oxygen source with appropriate tubing, if ordered.	
2. Ambu bag sized appropriately for student	
D. PROCEDURE	
1. Identifies the need for rescue breaths: **Student is unresponsive and not breathing**.	
2. Activates emergency response and calls 911.	
3. Ensures trach tube is in stoma.	
4. Initiates CPR.	
5. Checks that Ambu bag is functioning properly and connects to oxygen tubing, if ordered and available. a. If the student requires/is prescribed oxygen: i. Turns on the oxygen tank and dials regulator to the prescribed liter flow rate. ii. Connects the tubing from the Ambu bag to the oxygen tank.	
6. If oxygen is not available, manually bag without attaching supplemental oxygen.	
7. After removing cap/HME/device, connects Ambu bag directly to the tracheostomy tube.	
8. Delivers 2 rescue breaths via Ambu bag	
9. Continue to administer CPR using 30:2 ratio	
10. Removes gloves and washes hands.	
a. Documents procedure and observations.	
11. Notifies parent/guardian and nurse consultant of procedure.	
COMPETENCY STATEMENT	**Training RN Signature and Initial**
PROCEDURE: Describes understanding of the need for emergency ventilation via tracheostomy and the ability to emergently provide ventilation as needed.	

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**
	☐Review procedure ☐HCP accessible and current ☐Competent performance of procedure(s) per specific guidelines ☐Confidentiality ☐Documentation ☐RN notification of change in status ☐Child/student tolerating procedure well	☐Additional on-site training provided. ☐Supervision plan (minimum annually) date: _____ ☐Continue delegation ☐Withdraw delegation
	☐Review procedure ☐HCP accessible and current ☐Competent performance of procedure(s) per specific guidelines ☐Confidentiality ☐Documentation ☐RN notification of change in status ☐Child/student tolerating procedure well	☐Additional on-site training provided. ☐Supervision plan (minimum annually) date: _____ ☐Continue delegation ☐Withdraw delegation
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