

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – EMERGENCY VENTILATION VIA TRACHEOSTOMY

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:

PROCEDURE: RESPIRATORY EMERGENCIES – EMERGENCY VENTILATION VIA TRACHEOSTOMY	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 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. Additional helpers needed to begin chest compressions and obtain AED.	
3. Gathers equipment.	
4. Ensures trach tube is in stoma.	
5. Checks that ambu bag is functioning properly and connects to oxygen tubing, if ordered and available. <ul style="list-style-type: none"> a. If the student requires/is prescribed oxygen: <ul style="list-style-type: none"> 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. Positions student flat on back for access to the tracheostomy and ensure the airway is open.	
8. After removing cap/HME/device, connects ambu bag directly to the tracheostomy tube.	
9. Squeezes ambu bag over one second at prescribed rate and counts out loud as needed to keep pace: <ul style="list-style-type: none"> a. For students under age 8 and infants, give one breath every 2-3 seconds 	
10. For students over age 8 and adults, give one breath every 5-6 seconds <ul style="list-style-type: none"> a. Continues to give slow and steady breaths while watching for chest rise. This will indicate the student is receiving adequate rescue breaths. 	
11. Reattaches the cap/HME/device	
12. Removes gloves and washes hands.	
13. Documents procedure and observations.	
14. 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
	<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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