

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – Tracheal suctioning, clean technique

 Name
 Student/Child

 Birth
 Date:

 School/
 Center

Delegatee:

PROCEDURE: TRACHEAL SUCTIONING, CLEAN TECHNIQUE		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 instructions/authorizations. 4. Identifies symptoms indicating need for intervention and verbalizes appropriate actions. 5. Identifies appropriate location and provides privacy.		
C. IDENTIFIES SUPPLIES		
1. Suction machine with tubing. 2. Sterile catheter kit with gloves. 3. Sterile saline, if ordered. 4. Resuscitator bag with tracheostomy adaptor.		
D. PROCEDURE		
1. Gathers supplies and places on clean surface. 2. Turns on suction machine and ensures no leaks in tubing connections 3. Positions student and explains procedure. 4. Washes hands with soap and water (alcohol-based hand sanitizer may be used if running water is not available). 5. Opens suction supply kit without touching the inside of package. 6. Puts on gloves using clean technique. 7. Picks up catheter carefully, do not allow to touch surfaces. 8. Attaches end of catheter to suction tubing. 9. Inserts catheter into tracheostomy tube without suction. 10. Advances catheter to prescribed length. 11. Applies suction by putting thumb on suction catheter adaptor. 12. Twirls catheter between fingers as it is pulled out. (no longer than 5 seconds) 13. Places drops of saline, if prescribed, for thick secretions. 14. Repeats suctioning in above order (Steps 7-13) until secretions are removed. 15. Disconnects catheter from suction tubing; disposes of catheter and gloves appropriately. Disposes saline bullet (if used). 16. Washes hands with soap and water (alcohol-based hand sanitizer may be used if running water is not available).		
E. DOCUMENTATION & COMMUNICATION		
1. Documents procedure and observations. 2. Reports any changes or concerns to family and nurse consultant.		
Competency Statement		Training RN Signature & Initial
PROCEDURE: Verbalizes the need for tracheostomy tube suctioning and demonstrates the correct procedure using clean technique as well as identifies the need for interventions and how to perform, if necessary.		

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TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – Tracheostomy Tube Suctioning, Clean TechniqueName
Student/ChildBirth
Date:School/
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Delegatee:

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: _____

Delegation
Decision
Grid
Score

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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Delegating RN Signature _____

Initials _____