

# 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<br>RN Initial & Date           |
|--|--|
| <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 symptoms indicating need for intervention and verbalizes appropriate actions.  |  |
| 5. Identifies appropriate location and provides privacy.   |  |
| <b>C. IDENTIFIES SUPPLIES</b>  |  |
| 1. Suction machine with tubing.  |  |
| 2. Sterile catheter kit with gloves.   |  |
| 3. Sterile saline, if ordered.   |  |
| 4. Resuscitator bag with tracheostomy adaptor.   |  |
| <b>D. PROCEDURE</b>  |  |
| 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).   |  |
| <b>E. DOCUMENTATION &amp; COMMUNICATION</b>  |  |
| 1. Documents procedure and observations.   |  |
| 2. Reports any changes or concerns to family and nurse consultant.   |  |
| <b>Competency Statement</b>  | <b>Training RN<br/>Signature &amp; Initial</b> |
| <b>PROCEDURE:</b> 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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**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/<br>RN<br>Initial | <b>Procedure:</b><br>√ = acceptable performance  | Follow Up/ Supervision Plan / Comments   |
|------------------------|--|--|
|                        | <input type="checkbox"/> Review procedure<br><input type="checkbox"/> HCP accessible and current<br><input type="checkbox"/> Competent performance of procedure(s) per specific guidelines<br><input type="checkbox"/> Confidentiality<br><input type="checkbox"/> Documentation<br><input type="checkbox"/> RN notification of change in status<br><input type="checkbox"/> Child/student tolerating procedure well | <input type="checkbox"/> Additional on-site training provided.<br><input type="checkbox"/> Supervision plan (minimum annually) date: _____<br><input type="checkbox"/> Continue delegation<br><input type="checkbox"/> Withdraw delegation |
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Delegating RN Signature \_\_\_\_\_ Initials \_\_\_\_\_