

Ventilator Documentation Log

Student Name		Student DOB		School		Grade/Class	
Parent(s)/Guardian(s)		Phone Number(s)		Prescribing Provider		Provider Phone	

Ventilator Settings

1-5 RN initials indicate settings are in alignment with orders; **6** RN initials indicate that all critical alarms are “active”; **7** F= full, P= partial, C= critical low, E= empty; **8** F= full, P= partial, L= low, CH= connected to charger and actively charging; **9** RN initials indicate that student-to-equipment check is complete and there are no kinks or leaks in tubing

RN Name (Print):

RN Name (Print): _____

RN Name (Print): _____

RN Signature:

RN Signature: _____

RN Signature: _____

RN Initials:

RN Initials: _____

RN Initials: _____

Ventilator Documentation Log

Student Name: _____ DOB: _____ School: _____

Student Assessment

1 Use respiratory rate from ventilator or by manually counting respirations. If regular, count for 30 seconds and multiply by 2. If irregular, count for full 60 seconds; **2** oxygen saturation %; **3** CL= clear, CR= crackles/rales, RH= rhonchi, W= wheeze (make note if inspiratory or expiratory in comments), ST= stridor, CO= cough (make note of characteristics in comments); **4** WNL= regular/even/unlabored, S= shallow, L= labored, I= irregular; **5** "yes"/"no"

RN Name (Print):

RN Name (Print): _____

RN Name (Print): _____

RN Signature:

RN Signature: _____

RN Signature: _____

RN Initials:

RN Initials: _____

RN Initials: _____

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Student Name: _____ **DOB:** _____ **School:** _____

Flow Sheet for Additional Comments on Nursing Assessment and Interventions. Attach additional pages as needed.

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School Nurse Resources and Guidance

Documentation for students on ventilators should be completed at least once per school day, or more frequently as needed. When ventilator settings are checked and documented, student assessment should also be completed. Examples for additional documentation may include transfer of care between different nurses, changes or adjustments required to the ventilator settings or equipment, change in student assessment or appearance, change in student location or classroom, oxygen tank changes, etc. Additional documentation details may also include changing HME (heat moisture exchange) filters, requirement for suction (use tracheostomy tube suction documentation form), and/or details regarding humidification.

Student Assessment:

Breath sounds should be assessed bilaterally, front and back, in all lobes, using a stethoscope. Document if abnormal lung sounds are cleared by cough or persistent. Notify parent/guardian and/or EMS per student's IHP and respiratory care plan.

Student tolerance should be assessed and compared to the baseline activity level for the specific student.

Ventilator example:

Disclaimer: there are many different brands and models of ventilators that students may use for home and/or school. It is recommended that the nurse caring for the student become familiar with their specific device and settings. Consider reaching out to the student's Durable Medical Equipment (DME) company for in-depth training on their individual equipment.

Some ventilators have a screen on which the nurse and/or caregiver is able to view or change ventilator settings. Some ventilators settings are locked, and other machines may not have a screen to view settings. The RN caring for the student is responsible for being familiar with the student's machine and verifying that all settings are in alignment with the orders and documenting appropriately.

Examples of ventilators that are commonly used by students and families in Colorado are on the following page.



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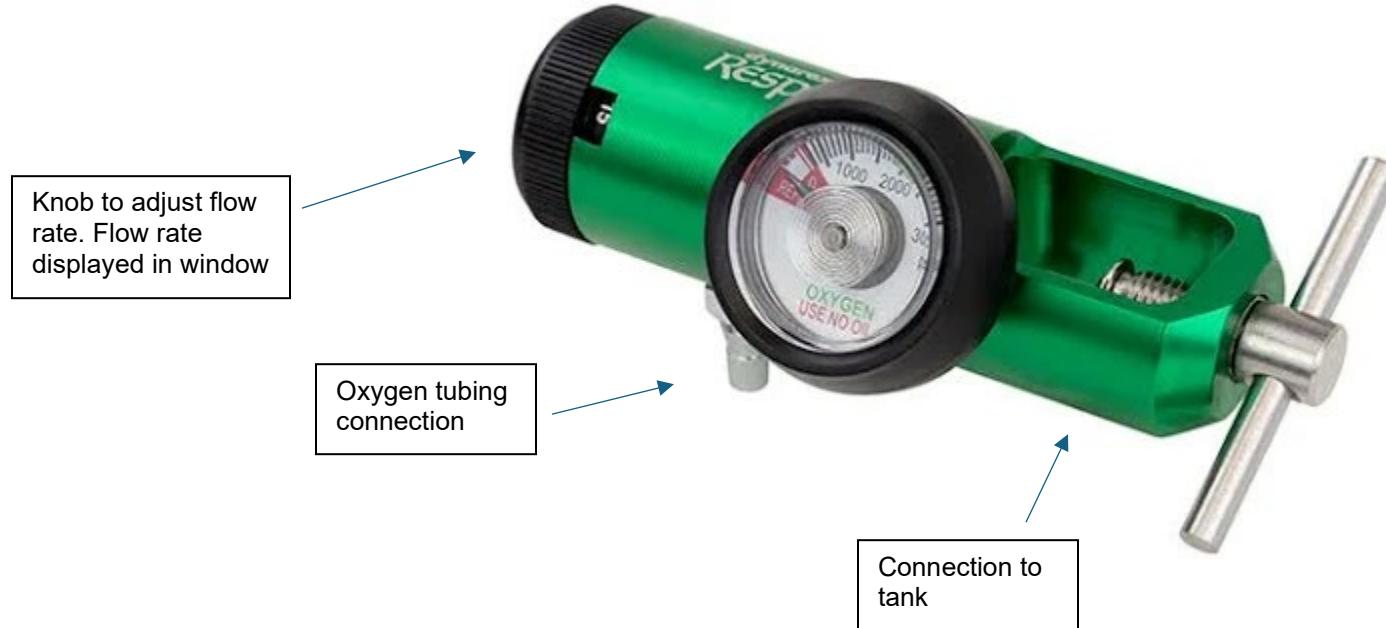
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Oxygen regulator (typical)



Videos for changing an oxygen tank can be found at The Children's Colorado School Nurse Resources Website:
<https://www.childrenscolorado.org/community/community-health/school-health/school-nurse-resources/>

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