Parent Consent and Authorized Healthcare Provider Authorization for Management of Oxygen at School and School-sponsored Events

Student:		**DOB:**		**Date:**	
School:		**Teacher:**		**Grade:**	
Oxygen Supply System:	☐ Liquid oxygen ☐ Oxygen concentrator ☐ Compressed gas; tank size: _____			**Type:**	☐ Portable ☐ Stationary
Humidifier	☐ No ☐ Yes: Type:_____		**Amount of Water for Humidifier:**		

Continuous Oxygen Administration Parameters:		☐ Yes *(complete section below)* ☐ No	
Oxygen Delivery Device	☐ Mask ☐ Nasal Cannula: Size_____ ☐ Tracheal Oxygen Device:_____ ☐ Other Device:_____	**Rate:**	LPM
		Device Setting:	
Scheduled Administration	☐ Continuous: *(select one of the following)* ☐ Every day ☐ Other: _____ **OR** ☐ Scheduled times:_____; for _____minutes		

As needed (PRN) Oxygen Administration Parameters:			☐ Yes *(complete section below)* ☐ No	
Oxygen Delivery Device	☐ Mask ☐ Nasal Cannula: Size_____ ☐ Tracheal Oxygen Device:_____			
Signs and Symptoms that require oxygen:	☐ None ☐ Yes, S/S:_____; _____LPM			
> 95%	☐ No O2 needed	☐ Rest/Monitoring	☐ Oxygen to be administered at _____LPM	☐ Call 911
90%-95%	☐ No O2 needed	☐ Rest/Monitoring	☐ Oxygen to be administered at _____LPM	☐ Call 911
85%-90%	☐ No O2 needed	☐ Rest/Monitoring	☐ Oxygen to be administered at _____LPM	☐ Call 911
80%-85%	☐ No O2 needed	☐ Rest/Monitoring	☐ Oxygen to be administered at _____LPM	☐ Call 911
75%-80%	☐ No O2 needed	☐ Rest/Monitoring	☐ Oxygen to be administered at _____LPM	☐ Call 911

Emergency Oxygen Administration Parameters:		☐ Yes *(complete section below)* ☐ No	
Oxygen Delivery Device	☐ Mask ☐ Nasal Cannula: Size_____ ☐ Tracheal Oxygen Device:_____	**Rate:**	LPM
Call 9-1-1 when O2 levels are below	%	**Additional interventions:**	

Authorized Healthcare Provider Authorization for Management of Oxygen In School Setting

My signature below provides authorization for the above written orders. I understand that all procedures will be implemented in accordance with state laws and regulations. I understand that specialized physical healthcare services may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse. This authorization is for a maximum of one year. If changes are indicated, I will provide new written authorization. Authorizations may be faxed.

MD/DO/PA Name :		**Stamp:** (or address and phone)	
MD/DO/PA Signature:	**Date:**		

Parent Consent for Authorization and Management of Oxygen in the School Setting

I (we) the undersigned, the parent(s)/guardian(s) of the above named pupil, request that the specialized physical healthcare service, oxygen administration, may be administered to my (our) child in accordance with state laws and regulations. I (we) will:

1. provide the necessary supplies and equipment;
2. notify the school nurse if there is a change in child's health status or attending authorized healthcare provider; and
3. notify the school nurse immediately and provide new written consent/authorization for any changes in the above authorization.

Parent/Guardian (Authorization and Disclaimer): My signature above provides authorization for this Specialized Health Care Procedure.. I request that the school assist my child with the Specialized Healthcare Procedure in accordance with state laws and regulations. I understand that Specialized Health Care Procedure assistance may be performed by unlicensed, designated school personnel after the training by the school nurse. I authorize staff to communicate with the physician regarding my child's medical condition and/or the medications prescribed for it. I have read and agree with the information provided above. I understand and give my consent for this information to be shared with school, transportation, and emergency personnel as deemed necessary to provide quality of care. This consent is valid for one year from date unless otherwise stated and may be revoked at any time.

Parent/Guardian Signature:		**Date:**

Operation of Oxygen Supply System: Oxygen Tank, Liquid Oxygen or Oxygen Concentrator

Purpose	1. To safely operate the oxygen supply system. 2. Administer oxygen to reduce hypoxia (lack of oxygen).	
Equipment and Supplies	1. Oxygen supply system (source): ☐ Oxygen tank ☐ Liquid oxygen ☐ Oxygen concentrator 2. ☐ Flow meter and pressure gauge 3. ☐ Humidification source and distilled water 4. ☐ Wrench for gas tank valve	1. Extra tubing for replacement as needed 2. Operating instructions for oxygen source 3. Information for replacement and maintenance of oxygen source, if needed. 4. Back-up oxygen supply:

PROCEDURE

Essential Steps-Suction Set Up	Key Points and Precautions-Suction Set Up
1. SAFETY PRECAUTIONS: ● Keep oxygen at least five feet away from any open flame or heat source. ● Smoking is not allowed near oxygen or oxygen devices. ● Do not have flammable materials in the area. ● Store oxygen away from heaters, radiators & hot sun. ● Do not cover an oxygen container or store it in a small, enclosed space. ● Do not allow oil, grease or other highly flammable material to come in contact with oxygen equipment. ● Do not use electrical equipment that may spark, causing a fire in an oxygen-enriched area. ● Use only water-based lubricants on pupil's lips and nostrils. ● Have fire extinguisher available in immediate area(s).	1. **Oxygen supports combustion. There is a danger of fire when oxygen is in use.** ● Flammable material examples: paint thinner, cleaning fluid, rubbing alcohol, aerosol sprays (hair spray, deodorant spray, cooking spray), tinctures (green soap), gasoline. ● An oxygen cylinder can explode when exposed to heat. ● Oxygen containers release small amounts of oxygen that can build up to harmful levels in small, enclosed spaces. ● Do not handle equipment with greasy hands or cloths. ● Examples of electrical equipment: electric razor, hairdryer, electric blanket, electric heater or toys with friction motors. ● Do not use oil-based lubricants like petroleum jelly for pupil's dry skin areas.
2. SAFETY PRECAUTIONS—STORAGE COMPRESSED GAS OR LIQUID OXYGEN UNIT ● Secure unit in upright position in stand or cart to prevent falling. ● If liquid oxygen spills, do not touch the liquid. Contact supplier for clean up.	1. **Unsecured tanks create safety risks.** ● A falling tank can injure a person nearby. Pressure can cause tank to fly through the air. ● A falling tank can break, releasing pressurized or liquid oxygen. ● Liquid oxygen will burn skin on contact.
3. SAFETY PRECAUTIONS—TRANSPORTATION COMPRESSED GAS OR LIQUID OXYGEN UNIT ● Secure oxygen unit in upright position to prevent movement and damage. ● Do not put oxygen unit in hot vehicle or leave unit in a vehicle than can become hot in the sun.	**3. Transportation of oxygen unit** ● A small oxygen unit can be secured using a seatbelt in the seat next to the pupil. ● Do not carry an oxygen cylinder by valve or regulator.

4. Additional safety precautions:

PROCEDURE—OPERATION OF LIQUID OXYGEN SYSTEM

GENERAL INFORMATION: Oxygen gas becomes liquid when cooled to an extremely low temperature (–297° F). Liquid oxygen is stored in a large, non-portable container. Oxygen is administered using a small portable container (thermos) filled from the large container. The prescribed flow rate determines whether the thermos requires refilling in the school setting. A back-up oxygen supply may be necessary.

NOTE: Obtain specific instructions for filling & using portable liquid oxygen thermos from medical equipment company.

Essential Steps-Suction Set Up	Key Points and Precautions-Suction Set Up
1. Wash hands.	1. Standard Precautions
2. TO TURN OXYGEN ON AND OFF:	2. Additional points and precautions:
3. TO REFILL PORTABLE THERMOS:	3. Vapors may be present when filling a small thermos from the large container. Vapors evaporate quickly and then are harmless. To prevent injury: ● Never touch oxygen or frosted parts of liquid oxygen containers. ● Avoid facial contact with vapors. Additional instructions:
4. To administer oxygen, follow Standard Healthcare Procedure for Oxygen Administration using ☐ nasal cannula or mask ☐ tracheostomy collar.	**4. Pupil-specific instructions:**

Standard Healthcare Procedure Oxygen Administration—Nasal Cannula or Mask

Purpose	To reduce hypoxia (lack of oxygen) by delivering oxygen at prescribed flow rate via nasal cannula or mask. A **nasal cannula** delivers a low to moderate concentration of oxygen and is effective when nasal passages are open. A deviated septum, swelling of nasal mucosa, mucus or nasal polyps may interfere with adequate oxygen intake. An **oxygen mask** can deliver a higher or lower concentration of oxygen than a nasal cannula and is effective when nasal passages are blocked.	
Equipment and Supplies	1. Oxygen source & adapter: _____ 2. Flow meter and pressure gauge 3. Nasal cannula and tubing and/or mask: Size: _____ 4. ☐ Humidification source and distilled water	1. Mask or cannula & extra tubing for replacement 2. Operating instructions for oxygen source 3. Information for replacement and maintenance of oxygen source, if needed. 4. Back-up oxygen supply

PROCEDURE

Essential Steps-Suction Set Up	Key Points and Precautions-Suction Set Up

1. (a) Oxygen PRN (as needed): determine that pupil has symptoms indicating need for oxygen. **(b) Continuous oxygen**: provide periodic checks of pupil and nasal cannula or mask placement, prescribed liter flow and oxygen flow.	1. (a) **Symptoms**: _____ (b) Check pupil and equipment at least every two hours. Observe pupil closely for symptoms of hypoxia.
2. Explain procedure at pupil's level of understanding. If pupil is hypoxic, reassure that action is being taken.	2. Facilitate development of self-help skills by encouraging pupil to assist in the procedure.
3. Wash hands and put on gloves.	3. Standard Precautions
4. Attach tubing from nasal cannula or mask to oxygen source.	4. Check that proper adapter is attached to oxygen source. Check all connections for secure attachment to prevent leaks.
5. ☐ Prepare and attach humidification source (a) ☐ Passive condenser/humidifier: per physician's order (b) ☐ Heat/moisture exchanger (HME, "artificial nose")	5. Humidification instructions: _____
6. Set liter flow on flow meter per authorized healthcare provider orders: _____ **Never change prescribed flow setting.** **Contact school nurse if a problem is suspected.**	6. A visible information card stating oxygen liter flow must be attached to regulator. An elevated oxygen flow may irritate the nose or skin.
7. Turn on oxygen source BEFORE inserting the nasal prongs into the pupil's nose or putting on mask. Check prongs or mask to ensure that oxygen is flowing: use hand to feel flow and listen for flow sound. If no flow is felt, check oxygen supply, connections, flow rate and tubing for leaks or obstruction.	7. Follow oxygen source's operation directions to correctly turn on oxygen. Form C, Operation of Oxygen Supply System, and/or operation manual for specific equipment should be kept on or near oxygen source.
8. CANNULA: Gently insert prongs into pupil's nostrils (one in each side). Loop tubing over each ear and then under the chin. Secure by sliding clasp up under the chin. If pupil not comfortable, tubing may be secured behind head **MASK:** Place mask over pupil's nose and mouth. Tighten elastic band over pupil's head and pinch mask over bridge of nose for a good fit.	8. CANNULA: Check that both prongs are in nostrils. Observe pupil frequently during treatment for pressure marks, skin irritation or nasal discharge. MASK: Make sure pupil is comfortable and that mask does not touch the eyes. For irritation or dryness of nasal mucosa or lips, _____.
9. Continue to administer oxygen per authorization or, if PRN treatment, until symptoms subside. ☐ Discontinue treatment: _____	9. Remove gloves and wash hands. Monitor pupil at regular intervals to check that equipment is connected, liter flow is at prescribed level and connection tubing is patent.
10. To discontinue PRN oxygen: (a) Wash hands and put on gloves. (b) Remove nasal cannula or mask from pupil BEFORE turning off oxygen liter flow meter. (c) Turn off oxygen source. (d) Remove gloves and wash hands.	10. Discontinuing oxygen (a) Standard Precautions (b) This avoids lack of oxygen time. (c) Follow oxygen source operation instructions.
11. **Clean nasal prongs or mask.** (a) Wash hands, don gloves. (b) Wipe mask or nasal prongs and store securely. (c) Remove gloves and wash hands. **Tubing must be changed periodically, depending on frequency of oxygen administration.**	11. Document tubing change on daily log.

Tubing change schedule: _____	
12. Return oxygen source and supplies to equipment storage area. ☐ Check oxygen tank gauge for oxygen level. Notify parent or supply company when level falls <u>below</u> _____.	11. Oxygen tank must be stored securely in upright position.
12. Document procedure, observations and pupil's response.	12. Report any concerns or unusual observations to school nurse.

Oxygen Administration Standard Healthcare Procedure—Tracheostomy Collar

Purpose	To reduce hypoxia (lack of oxygen) by delivering oxygen at the prescribed flow rate through a tracheostomy. A tracheostomy collar is one method of delivering oxygen or humidified air to the tracheostomy.	
Equipment and Supplies	1. Oxygen source & adapter: _____ 2. Flow meter and pressure gauge 3. Humidification device and water 4. ☐ Heating device, if ordered 5. Tracheostomy collar; additional collar for replacement as needed	1. Wide bore tubing and oxygen tubing; extra tubing for replacement as needed 2. Operating instructions for oxygen source 3. Information for replacement and maintenance of oxygen source, if needed. 4. Back-up oxygen supply

PROCEDURE

Essential Steps-Suction Set Up	Key Points and Precautions-Suction Set Up
1. (a) Oxygen PRN: determine that pupil has symptoms indicating need for oxygen. **(b) Continuous oxygen**: provide periodic checks of tracheostomy collar, prescribed liter flow and oxygen flow.	1. (a) **Symptoms**: _____ (b) Check equipment at least every two hours. Observe pupil closely for symptoms of hypoxia.
2. Explain procedure at pupil's level of understanding. If pupil is hypoxic, reassure that action is being taken.	2. Facilitate development of self-help skills by encouraging pupil to assist in the procedure.
3. Wash hands and put on gloves.	3. Standard Precautions
4. Set up humidification device. Type of device: _____	4. Set up device according to specific instructions for that device. Follow pupil-specific guidelines:
5. ☐ Set liter flow on flow meter per authorized healthcare provider orders: _____ **Never change prescribed flow setting.** **Contact school nurse if a problem is suspected.**	5. Some pupils may only require compressed air. A visible information card stating oxygen liter flow must be attached to regulator.
6. Connect humidification device to ☐ oxygen source ☐ compressed air source	6. ☐ Heating device authorized. Connect humidification device to heating device: _____
7. Connect equipment: place one end of wide bore tubing on collar and the other on the humidifier and/or heating device.	7. With prolonged humidification, moisture may collect in the tubing and block oxygen/air flow. Monitor moisture collection and remove periodically as needed.
8. Turn on oxygen. Hold end of tubing up to light to check for flow of fine mist. If no mist is seen, check oxygen supply, connections, flow rate and tubing for leaks or obstruction.	8. Follow oxygen source's operation directions to turn on oxygen. Operation manual should be kept on or near oxygen source.
9. Place collar over pupil's tracheostomy tube in the midline. Specific guidelines for collar attachment: _____	9. Adjust the tracheostomy collar so that it is snug and comfortable for the pupil. **Caution:** When attaching or removing the collar, do not accidentally dislodge the tracheostomy tube.
10. Continue to administer oxygen per authorization or, if PRN treatment, until symptoms subside. ☐ Discontinue treatment: per physician's order above	10. Remove gloves and wash hands. Monitor pupil at regular intervals to check that equipment is connected, liter flow is at prescribed level and connection tubing is patent.

11. To discontinue PRN oxygen: (a) Wash hands and put on gloves. (b) Remove collar from pupil's tracheostomy tube BEFORE turning off oxygen flow meter. (c) Turn off oxygen source. (d) Remove gloves and wash hands.	11. Discontinuing oxygen (a) Standard Precautions (b) This avoids lack of oxygen time. (c) Follow oxygen source operation instructions.
12. Clean tracheostomy collar. (a) Wash hands, don gloves. (b) Wipe collar and store securely. (c) Remove gloves and wash hands. **Tubing must be changed periodically, depending on frequency of oxygen administration.** **Tubing change schedule: _____**	12. Document tubing change on daily log.
13. Return oxygen source and supplies to equipment storage area ☐ Check oxygen tank gauge for oxygen level. Notify parent or supply company when level falls below _____.	11. Oxygen tank must be stored securely in upright position.
12. Document procedure, observations and pupil's response.	12. Report any concerns or unusual observations to school nurse.

Pupil Specific Instructions:

Tracheostomy Tube Replacement—Standard Emergency Procedure

Purpose	To maintain an open airway by removing and replacing a blocked or dislodged tracheostomy tube.
Notes	1. Tracheostomy tubes are routinely changed at home. In the school setting, trach tubes will only be replaced in an emergency. 2. An extra sterile tracheostomy tube and obturator of prescribed size must be kept with the pupil at all times. A trach tube one size smaller may also be ordered. 3. Two people are usually needed to perform procedure. In emergency, may be performed by one person.
Equipment and Supplies	1. Sterile trach tube & obturator (prescribed size and one size smaller) 2. Blunt-ended clean scissors 3. Trach ties (twill tape cut to correct lengths or Velcro collar) 4. Water-soluble lubricant, if ordered 5. Non-waxed clean paper cups 6. Sterile normal saline or sterile water 7. Disposable non-latex gloves 8. Clean tissues or tracheostomy gauze 9. Plastic bags 10. Blanket/towel roll (if needed to position pupil) 11. Suction machine, collection bottle and tube, suction catheters, adapter when needed 12. Resuscitation bag with adapter, when ordered 13. Supplies for suctioning

PROCEDURE

Essential Steps	Key Points and Precautions
1. Call for help. Never leave pupil alone. **Direct helper to call school nurse.** Wash hands if pupil's status permits.	1. School nurse may respond to provide medical support. Have helper call 911 emergency services if pupil shows signs of respiratory distress.
2. Assemble equipment and supplies.	
3. Reassure pupil during procedure. Explain procedure at pupil's level of understanding.	3. A calm, assured approach promotes pupil's cooperation and ease of inserting tube.
4. Gently position pupil with head tilted back as far as possible.	4. A small roll may be placed under the shoulders to hyperextend the neck unless contraindicated.
5. Open sterile tracheostomy tube package.	
6. Put on disposable non-latex gloves.	6. STANDARD PRECAUTIONS
7. Insert obturator into replacement tube.	7. Hold obturator in place with thumb.
8. Bring trach tie through one end of new tube. Avoid touching part of tube that is inserted into trachea.	8. Some pupils use a Velcro collar.
9. Moisten end of trach tube with saline, sterile water or water-soluble lubricant, if time permits.	9. Steps #6 (gloves) and #9 (lubrication) may be omitted if pupil's respiratory status is deteriorating.
10. IF TRACH TUBE IS BLOCKED AND REMAINS IN STOMA: a. Have assistant hold old tube in place. b. Cut or detach ties. c. When new tube is ready in hand, have assistant remove old tube, using upward and outward arc.	**10. If tube is being replaced by one person, do not cut or detach ties until replacement tube is in hand.** **Always hold tube when trach ties are not secured.**
11. Insert trach tube with obturator into stoma using a smooth, curving motion, directing tip of tube toward back of neck in a downward and inward arc. ● Gently follow curvature of trachea until tube is completely in place. ● DO NOT FORCE TUBE INTO TRACHEA	11. Stand by pupil's side. Use fingers placed on sides of stoma to spread skin and open stoma. ● Inserting trach tube will cause pupil to cough. Do not let go of tube. Have tissue ready to wipe secretions. ● IF UNABLE TO INSERT TUBE, REMOVE OBTURATOR & PROCEED TO EMERGENCY ACTION STEPS, PAGE 2
12. Hold trach tube in place with one hand, and then immediately pull out obturator. Insert inner cannula, if needed.	**12. Pupil cannot breathe with obturator in place.**

Essential Steps	Key Points and Precautions
14. Listen and feel for air movement through trach tube.	14. Hold trach tube in place at all times until trach ties are secured.

15. Secure tube in place with ties or collar. ● Thread second trach tie through other end of tube flange. ● Secure twill tape ties with a double or triple square knot. ● Check tightness by slipping one finger between ties and knot.	**15. Check tightness of ties/collar again 30 minutes after procedure completed and when pupil's position is changed.**
16. Observe pupil's status. Provide care as needed: ● Perform suction. ● Give breaths using resuscitation bag, if ordered. ● Provide stoma care & replace gauze if used.	16. After a trach tube change, a small amount of bleeding may occur around the stoma or be visible in secretions. If unusual or persistent bleeding occurs, contact school nurse and parent immediately and seek medical attention.
17. Place removed trach tube in plastic bag. Send home with pupil.	
18. Discard all waste materials in plastic bag. Remove gloves and wash hands.	18. STANDARD PRECAUTIONS
19. Pupil may resume normal activities. ● Notify parent and school nurse of trach tube change. ● Request trach replacement supplies for school. ● Monitor replacement of supplies to ensure availability when needed at school.	19. School nurse may assume these follow-up duties.
20. Document procedure under Comments on Daily Log. Note reason for tube change and pupil's response.	20. If 911 emergency services are activated, document all details on Emergency Response Report (Form L).

EMERGENCY ACTION STEPS—DIFFICULTY REPLACING TRACHEOSTOMY TUBE	
1. DO NOT FORCE TUBE INTO TRACHEA. Hold tube in place and remove obturator. Encourage pupil to relax and breathe.	1. If pupil shows signs of respiratory distress at any time, initiate emergency plan, call 911 emergency services and be prepared to begin CPR.
2. Try to gently insert tube again.	
3. If unsuccessful on second attempt, reposition pupil so head is back and stoma can be seen. Try to insert tube.	3. Some pupils should not be placed in this position. Reference physician's orders.
4. If tube still cannot be inserted, remove it, re-lubricate and try again.	4. Continue observing pupil for signs of respiratory distress.
5. If unsuccessful, try to insert the smaller trach tube. Secure smaller tube with ties if possible.	5. Summon help. Have helper contact school nurse, parent and 911 emergency services, according to pupil's emergency plan and degree of tracheostomy dependency.
6. If unable to insert smaller tube, insert suction catheter to maintain an open airway and patency of stoma. HOLD SUCTION CATHETER IN PLACE UNTIL EMERGENCY ASSISTANCE ARRIVES.	6. Be sure that catheter is long enough so that it is not aspirated.

Pupil Specific Instructions:

Cleaning Reusable Tracheostomy Suction Catheters—Standard Healthcare Procedure

Purpose	1. To clean previously sterile, disposable catheters so that they may be reused safely. 2. To reduce medical expenditures for parent/guardian by reuse of catheters when authorized by healthcare provider.	
Equipment and Supplies	1. Plastic containers (2) for soaking catheters 2. Mild liquid soap (i.e., Joy or Ivory) 3. White vinegar	4. Sterile water 5. Ziploc plastic bags 6. Paper towels

PROCEDURE

Essential Steps	Key Points and Precautions
1. Wash hands and assemble supplies. Put on disposable, non-latex gloves.	1. Work in a clean area beside a sink with hot and cold running water.
2. Fill one plastic container 2/3 full with warm, soapy water.	
3. In second plastic container, mix one (1) cup of white vinegar with one (1) cup of sterile water.	3. This solution can be prepared in advance and covered with lid. **Fresh solution should be prepared daily**.
4. **After using suction catheter, rinse under cool running tap water.** Rinse catheter until secretions are cleared from both interior and exterior surfaces.	4. Hot water "cooks" the mucus, making it more difficult to remove. If secretions cannot be cleared with water, use a hydrogen peroxide flush, and then rinse again with water.
5. Place catheter in soap solution and soak at least 5–10 minutes.	5. Soap solution must cover catheter. Other catheters may be added to container for soaking.
6. Remove catheters from soap solution and rinse thoroughly under warm running tap water.	6. Soap residue can create a barrier to germicidal action of vinegar solution.
7. Place catheters in vinegar solution. Soak for at least 30 minutes.	7. Vinegar solution has antiseptic properties. Therefore, catheters must be fully submerged in and filled with solution.
8. Remove catheters after soaking for 30 minutes. Rinse with sterile water.	8. Parent can prepare sterile water at home by boiling 20 minutes.
9. Gently shake off excess water. DO NOT TOUCH TIPS OF CATHETERS.	
10. Air dry catheters between two paper towels. When catheters are completely dry, store in clean Ziploc bag for later use.	10. Catheters can be stored in Ziploc bags for travel.
11. Clean work area. Remove gloves. Wash hands.	
12. Document cleaning of suction catheters. Enter information in Comments section, Form K, Daily Log—Tracheostomy Care.	

Healthcare provider may specify the length of time a suction catheter can be cleaned and reused.

NOTE: After a period of time, catheter may become cloudy and have a vinegar smell. Catheter can be reused until it becomes damaged or cannot be cleaned effectively. Catheter should be discarded if dried secretions on the inside or outside surface cannot be removed.

Pupil Specific Instructions:

Manual Resuscitation for Tracheostomy (Bagging)—Standard Procedure

Purpose	To deliver breaths manually using a manual resuscitator or self-inflating bag when: (a) pupil is unable to breathe independently; (b) ventilator malfunctions; (c) ordered for routine tracheostomy care; (d) pupil stops breathing.	
Equipment and Supplies	1. Manual resuscitator or self-inflating bag 2. Adapter sized to fit tracheostomy tube 3. Oxygen source with tubing if authorized	4. Disposable non-latex gloves 5. Gauze or tissue

PROCEDURE

Essential Steps	Key Points and Precautions
1. Wash hands. Put on disposable non-latex gloves.	1. STANDARD PRECAUTIONS
2. Assemble equipment.	
3. Explain procedure at pupil's level of understanding.	
4. Check that resuscitator is functioning properly. a. Place adapter, which is connected to bag, against a gauze or tissue in hand. b. Squeeze bag. Feeling of slight resistance indicates proper function.	
5. Position pupil: Per physician's orders	5. A head-tilt position is desirable unless contraindicated for individual pupil. Follow pupil-specific guidelines.
6. If oxygen is used, attach tubing and verify that oxygen is flowing.	6. Look, listen and feel for flow.
7. Attach resuscitator bag to tracheostomy tube.	**7. Hold trach tube with one hand to prevent accidental dislodgement while attaching adapter.**
8. IF PUPIL IS ABLE TO BREATHE INDEPENDENTLY, coordinate manual breaths with his/her own breaths. a. Give a breath by squeezing resuscitation bag as pupil begins to inhale (chest begins to rise). b. Allow ample time between breaths for passive exhalation and bag re-expansion. c. If bagging is performed to provide respiratory support during a procedure, e.g., suctioning or changing trach tube, give prescribed number of breaths, and then resume procedure.	**8. If resistance is felt and/or if pupil looks distressed, be sure that breaths are coordinated with pupil's own breathing effort and that tube is patent.**
9. IF PUPIL IS NOT ABLE TO BREATHE INDEPENDENTLY, squeeze the resuscitation bag at a regular rate to deliver prescribed breaths per minute. ● Allow ample time between breaths for passive exhalation and bag re-expansion.	9. If no breathing rate is prescribed, a standard range of breaths per minute is: ● Infants: 20–24 breaths per minute ● Children: 16-20 breaths per minute ● Adolescents & adults: 12-16 breaths per minute
10. Check effectiveness of ventilation. a. Observe pupil's face and lips for unusual paleness/blue coloration. b. Make sure pupil's chest rises with each inflation and falls during each passive exhalation. c. If ineffective, reposition pupil's head and reseal attachment.	**10. If bagging procedure is being performed in response to respiratory distress and pupil does not improve, CALL FOR HELP.** ● Have helper call 911 emergency services, parent and school nurse. ● Be prepared to administer CPR.
11. Remove resuscitation bag from trach tube. Remove gloves, wash hands.	**11. Hold trach tube with one hand to prevent pulling or dislodging it.**
12. Document procedure on Daily Log (Form K). **Complete Emergency Response Report if indicated.**	12. Include comments, observations and pupil's tolerance.

Pupil Specific Instructions: