

**Parent Consent and Authorized Healthcare Provider Authorization for
Oxygen Administration at School and School-sponsored Events**

Pupil:	DOB:	Date:
School:	Teacher/Rm:	Grade:
Medical office:		Patient Identification #:
<p>1. Oxygen supply system</p> <input type="checkbox"/> Compressed gas; tank size: _____	<p>4. Oxygen administration schedule</p> <input type="checkbox"/> Continuous	
<input type="checkbox"/> Liquid oxygen	<input type="checkbox"/> As needed; symptoms and/or activities: _____	
<input type="checkbox"/> Oxygen concentrator	<input type="checkbox"/> Emergency: _____	
Type: <input type="checkbox"/> Portable <input type="checkbox"/> Stationary	<p>5. Oxygen flow rate: _____ LPM</p> Change flow rate to _____ LPM when _____	
Brand/model: _____	<p>6. Medication administered at school: <input type="checkbox"/> No</p> <input type="checkbox"/> Yes (medication authorization[s] attached)	
<p>2. Oxygen delivery device</p> <input type="checkbox"/> Nasal cannula; size: _____	<p>7. Other authorizations or recommendations:</p>	
<input type="checkbox"/> Mask: _____		
<input type="checkbox"/> Tracheal oxygen device: _____		
<p>3. Humidifier <input type="checkbox"/> No <input type="checkbox"/> Yes: Type _____</p> Amount of distilled water: _____		
Other directions: _____		

Authorized Healthcare Provider Authorization for Oxygen Administration 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 administration of oxygen via a mask or nasal cannula 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.

Authorized Healthcare Provider Name _____ **Signature** _____

Date _____ **Phone** _____ **Address** _____ **City** _____ **Zip** _____

Nurse Practitioner, Nurse Midwife, Physician Assistant: Furnishing Number _____

Supervising Physician Name _____ **Address** _____ **Phone** _____

I request that the school nurse provide me with a copy of the completed Individualized Healthcare Plan (IHP).

Parent Consent for Authorization of Oxygen Administration in 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, 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.

I (we) give consent for the school nurse to communicate with the authorized healthcare provider when necessary.

I (we) understand that I (we) will be provided a copy of my child's completed Individualized Healthcare Plan (IHP).

Parent(s)/Guardian(s) Signature _____ **Date** _____

_____ **Date** _____

Reviewed by school nurse (signature) _____ **Date** _____

School nurse has informed principal about healthcare services provided for this pupil.

Standard Healthcare Procedure
Oxygen Administration-Nasal Cannula or Mask

Essential Steps	Key Points and Precautions
<p>1. a) Oxygen PRN (as needed): determine that pupil has symptoms indicating need for oxygen.</p> <p>b) Continuous oxygen: provide periodic checks of pupil and nasal cannula or mask placement, prescribed liter flow and oxygen flow.</p>	<p>a) Symptoms of Hypoxia: changes in skin color, confusion, cough, change in heart rate, rapid breathing, shortness of breath</p> <p>b) Check pupil and equipment at least every two hours for symptoms of hypoxia, as described above.</p>
<p>2. Explain procedure at pupil's level of understanding. If pupil is hypoxic, reassure that action is being taken.</p>	<p>a) Facilitate development of self-help skills by encouraging pupil to assist in the procedure.</p>
<p>3. Wash hands and put on gloves.</p>	Standard Precautions
<p>4. Attach tubing from nasal cannula or mask to oxygen source.</p>	Check that proper adapter is attached to oxygen source. Check all connections for secure attachment to prevent leaks.
<p>5. Prepare and attach humidification source if ordered</p> <p>a) Passive condenser/humidifier</p> <p>b) Heat/moisture exchanger (HME, "artificial nose")</p>	Humidification instructions: See Physicians order
<p>6. Set liter flow on flow meter per authorized healthcare provider orders.</p> <p style="text-align: center;">Never change prescribed flow setting. Contact school nurse if a problem is suspected.</p>	<p>Visible information card stating oxygen liter flow must be attached to regulator.</p> <p style="text-align: center;">An elevated oxygen flow may irritate the nose or skin.</p>
<p>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 oxygen is flowing.</p>	Follow oxygen source's operation directions to correctly turn on oxygen.
<p>8. CANNULA: Gently insert prongs into pupil nostrils (one in each side). Loop Tubing over each ear and the under the chin. Secure by sliding clasp up under the chin. If pupil not comfortable, tubing may be secured behind head.</p> <p>MASK: Place mask over pupil's nose and mouth. Tighten elastic band over pupils head and pinch mask over bridge of nose for a good fit.</p>	<p>CANNULA: Check that both prongs are in nostrils. Observe pupil frequency during treatment for pressure marks, skin irritation or nasal discharge.</p> <p>MASK: Make sure pupil is comfortable and that the mask does not touch the eyes.</p> <p>For irritation or dryness of nasal mucosa or lips, utilize water based lubricant (no alcohol based lubricants)</p>
<p>9. Continue to administer oxygen per authorization or, if PRN treatment, until symptoms subside.</p>	Remove gloves and wash hands.
<p>10. To discontinue PRN oxygen:</p> <p>a) Wash hands and put on gloves.</p> <p>b) Remove nasal cannula or mask from pupil BEFORE turning off oxygen liter flow meter.</p> <p>c) Turn off oxygen source.</p> <p>d) Remove gloves and wash hands.</p>	<p>Discontinuing oxygen</p> <p>a) Standard Precautions</p> <p>b) This avoids lack of oxygen time.</p> <p>c) Follow oxygen source operation instructions.</p>
<p>11. Clean nasal prongs or mask.</p> <p>d) Wash hands, don gloves</p> <p>e) Wipe mask or nasal prongs and store securely.</p> <p>f) Remove gloves and wash hands.</p> <p>Tubing must be changed periodically, depending on frequency of oxygen administration. HUSD standard is every 72 hours unless otherwise specified.</p>	Document tubing change on daily log.
<p>12. Document procedure, observations and pupil's response.</p>	12. Report any concerns or unusual observations to school nurse.