



Chapter 6: Special Health Procedures in a School Setting



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Section 1: Procedures

The following procedures are usually to be performed by a licensed nurse. The school nurse, if unfamiliar with a procedure, can check with the student’s healthcare provider, parent(s)/guardian(s) and current nursing references. The book “Children and Youth Assisted by Medical Technology in Educational Settings,” which is listed in this chapter, is another excellent resource for these and many other special procedures. Many procedures with step-by-step instructions can be found at lippincottolutions.lww.com.

The principal may delegate these procedures to designated school staff when:

- Performance of the procedure by unlicensed school personnel is not otherwise prohibited by state statute or regulations, legal interpretation or school policies.
- The performance of the procedure does not require exercising judgment based on the principles of nursing.
- Training of unlicensed personnel is supervised by a registered nurse.
- Such delegation is approved by local school board policy and regulations.

Guidelines produced by a Joint Task Force of the American Federation of Teachers, the Council for Exceptional Children, NASN and the National Education Association are included at the end of this chapter. Also refer to the Scope of Practice Decision Tree found in chapter 1.

This document may assist school personnel with delegation and staffing issues that arise in caring for students with special healthcare needs. To facilitate training of personnel unfamiliar with these procedures, sample skills checklists also are included at the end of this chapter. The school nurse should work with the student’s parent(s)/guardian(s) and healthcare provider to individualize the skills checklist for each student. Also included in this chapter are sample letters, which can be adapted and customized for use by the school district.

Aerosol Therapy by Nebulizer

Aerosol therapy by nebulizer delivers medication in mist form directly to the large airways and the lungs. When air from the compressor (i.e., air pump) is pushed through the tubing and into the medicine chamber or nebulizer cup, the medicine breaks up into a fine mist that the student inhales through a mouthpiece or mask. Medication by nebulizer can reach the airways rapidly. An MDI and spacer may also be used to deliver medicine to the student.

Small doses of medication inhaled directly into the lungs cause fewer side effects than the same medication taken orally. Some asthma medications are only available in a preparation to be delivered by aerosol or inhaler therapy.

For more details on this subject, refer to the asthma section of chapter 5. This section includes information on cleaning the nebulizer as well.

Chest Physiotherapy

Percussion and postural drainage, also called chest physiotherapy, help to maintain lung capacity by assisting students who have difficulty bringing sputum up from the lungs. Percussion involves loosening the mucus by clapping with a cupped hand all the areas of a student’s chest in sequence. Postural drainage is accomplished by positioning the student in various ways that facilitate drainage of the mucus.

These procedures may be performed at intervals determined by the student’s tolerance, physical needs and physician orders. Chest physiotherapy may be preceded by aerosol therapy, and suctioning may accompany postural drainage when ordered. Students who need postural drainage have pulmonary dysfunction from conditions such as cystic fibrosis, chronic bronchitis, asthma, muscular dystrophy and cerebral palsy. For more details on this subject, refer to the resources listed at the end of this chapter and the student’s healthcare provider instructions.

Clean Intermittent Catheterization

Clean intermittent catheterization (CIC) is a clean procedure used to empty the bladder when the bladder cannot empty on its own. CIC is applied when the nerves that stimulate the bladder do not function, either from a congenital condition, such as spina bifida, or from spinal cord injury resulting from accidents.



Catheterizing the bladder every few hours helps to prevent both infection and wetting caused by urine that overflows the capacity of the bladder. It also prevents the backup of urine into the kidney and the resulting kidney damage. The student or another person empties the bladder by putting a small, clean tube or catheter into the bladder and letting the urine drain out. Most of these students will need to do this every three to six hours during the day. A clean, private space—preferably in the bathroom or health office—should be utilized for this procedure. Sometimes the procedure may require a sterile technique depending on student-specific needs.

More specific instructions on CIC for a male or for a female can be obtained from the student’s healthcare provider, and general instructions can be found in the resources at the end of this chapter.

Gastrostomy Tube Feeding

A gastrostomy is a surgical opening into the stomach through the abdomen. A flexible rubber tube called a G-tube (gastrostomy tube) is put into the surgical opening, creating a simple and safe way to give food, medicines and fluids directly into the stomach when the student is unable to take these by mouth. The G-tube is held in place from the inside of the stomach, as well as from the outside. The tube is clamped or capped between feedings to prevent leakage. This tube does not normally cause the student discomfort and is covered by clothing. Many students may have a skin level G-button, which is used in a similar fashion.

A G-tube or G-button is usually placed for one of the following reasons:

- Obstruction of the esophagus
- Impaired swallowing, with possible risk of choking or aspirating
- Failure to maintain adequate nutrition by mouth, for any reason

A student may receive a G-tube feeding by either the bolus or continuous (slow-drip) method. A bolus is a specific amount of feeding given at one time (usually over 20 to 30 minutes). A slow-drip is a feeding that is given slowly over a number of hours, running continuously. Feedings may be pureed and diluted foods or can be specially prepared formulas. Water and juices may also be given this

way. These students may also receive their medications through the G-tube if ordered via this method. Special preparation of the medications and careful flushing with water afterward is necessary.

Supplemental Oxygen Use

Supplemental oxygen provides for necessary body functions, relieves shortness of breath and reduces the workload of the heart. It is indicated whenever a student with a chronic lung condition, cystic fibrosis, a tracheostomy or a heart problem cannot get enough oxygen into the body. Whenever a student needs supplemental oxygen at school, an IHP should be completed, and appropriate staff trained in the safe use of oxygen. If a student experiences hypoxia and has a blue, purple or pale gray color to lips, gums or fingernails, call 911 at once and take the student to the nearest emergency room via EMS. This is an emergency.

The following considerations should be discussed with the student’s parent(s)/guardian(s) and included in training:

- The student’s underlying condition and potential problems
- Oxygen safety precautions
- Spare oxygen supply and safe storage
- Adaptation of classroom for equipment storage, transport and usage
- Signs and symptoms that indicate hypoxia: agitation; cyanosis; blue, purple or pale gray color to lips, gums or fingernails; increased work of breathing (increased respiratory rate, nasal-flaring and/or retractions)
- The student’s baseline status and ability to communicate needs
- Percentage and/or liter flow of oxygen and humidification as prescribed for daily use and emergencies
- Access to oxygen supply in all areas where the student will be

Oxygen safety precautions should include the following:

- Do not smoke or allow open flames near oxygen.
- Store oxygen away from heaters, radiators and hot sun.
- A prominent “OXYGEN IN USE” sign should be displayed in the room and in the hallway outside the room. Check with local fire department about other postings needed.



- Never permit oil, grease or highly flammable material to come in contact with oxygen cylinders, regulators or fittings. Do not lubricate with oil or other flammable substances, and do not handle equipment with oily hands or rags. This precaution is especially important in the high school setting where students may be cooking in class or heating chemicals in a lab. Modifications to the class lesson may have to be made for students on oxygen.
- Never put any covering over an oxygen gas tank.
- Include the name and phone numbers of the contact person at the home oxygen supply company on the tank and on the emergency plan.
- Return any defective equipment for replacement.
- Have spare oxygen readily accessible (but stored safely), depending on the student's needs.
- Keep extra tubing and tank wrenches easily accessible.
- Protect the regulator from becoming dislodged. A hissing noise may indicate a leak in the system.
- Make sure the tank is secured safely in the stand so it cannot fall or be knocked over.
- Check oxygen tubing frequently for kinks, blockages, punctures or disconnection.
- Use only the prescribed flowmeter setting.
- Notify the nearest fire department if a student will be using supplemental oxygen in the school setting.
- When transporting, secure the tank in the upright position and protect the regulator and valves from damage.
- Have an emergency care plan in place in case of evacuation or other emergency.

Tracheal Care and Suctioning

A tracheostomy is a surgical opening through the neck into the trachea (windpipe), which allows the student to breathe when they cannot breathe normally through their nose or mouth. The opening

in the neck is called a stoma, and a plastic or metal tube is inserted to hold the stoma open and allow air passage. Tracheostomy tubes are usually held in place with a tie or Velcro band around the neck. Occasionally a student may use a metal chain around their neck to secure the trach tube.

Students may have a tracheostomy because of an illness or injury, a congenital anomaly or a neuromuscular condition that inhibits effective breathing or clearing of secretions. Clearing secretions, or tracheal suctioning, is accomplished by using a thin suction tube and a vacuum/suction device. Depending on the student's age, they may be able to request suctioning when needed and assist with the procedure. Indications for suctioning include:

- Visible secretions filling the opening of the tracheostomy.
- Noisy or rattling breathing sounds.
- Signs of respiratory distress, such as anxiety, increased respiratory rate or blueness around the lips.
- Absence of air moving through the tracheostomy.
- After chest physiotherapy or aerosol therapy by nebulizer.
- Before drinking or eating, if congested.
- Before and/or after riding the school bus.

Tracheal suctioning is a procedure used to clear secretions like mucus from the airway. This is done by using a suction machine (a vacuum-like device) with tubing and a catheter attached. When a student cannot cough and clear their own airway, it may be necessary to assist them with this suctioning method. Standard precautions should be used at all times. For more information on this procedure, refer to the resources listed below.

A trained caregiver should be with the student with a trach tube at all times. This individual may be a trained paraprofessional, teacher or nurse. The student's doctor often assists in determining the best skill level of the caregiver who stays with the student. The doctor's decision may be dependent on whether the trach tube is considered a "critical airway."

When developing the IHP for this type of student, the following items should be considered:

- Each student's IHP must be specific to that student's medical needs.
- Trained caregiver must have a clear understanding of the student's condition and possible complications related to their condition.



- Trained caregiver should have knowledge of the student's baseline status in order to recognize problems quickly.
- Trained caregiver should have knowledge of signs and symptoms of respiratory distress for each individual student.
- Trained caregiver should know length of tracheostomy tube in order to determine depth of suctioning.
- Trained caregiver should make sure that the patient has a smaller sized tracheostomy tube along with another tracheostomy tube of the same size ready for use in case of emergency. These supplies should be in the student's travel bag.
- Backup tubing and equipment should be available on-site.
- An emergency plan of care should be in place in case of evacuation of building or other disaster.

If the trach tube falls out, the trained caregiver should insert the trach tube as soon as possible. If you cannot get the trach tube in, try inserting the smaller sized trach tube in the patient's stoma. Then the student should be sent immediately to the emergency department via EMS so a doctor can reinsert the same size of trach tube. All emergency supplies should be kept in the student's travel bag. For more in-depth details on the above-mentioned procedures, and for others not addressed in this chapter, detailed information can be found at:

Porter, S. et al, eds. (1997) Children and Youth Assisted by Medical Technology in Educational Settings (Guidelines for Care); 2nd Ed. Baltimore, MD: Paul H. Brookes Publishing Co.

Brennen, Clara and Mary Clark. (2007) Computerized Classroom Health Care Plans for School Nurses, 4th Ed. Salt Lake City, Utah: JMJ Publishers; includes material both in book form and on CD-ROM.

S. Praeger, Zickler, C., Mosca, N.W. (2002) Care of Students with Special Needs in Schools: Applications of Professional School Nursing Practice Standards.

Optional resource: schoolhealth.com/media/pdf/IHP_GUIDE.pdf



Section 2: Central Lines

Central Venous Lines

Central venous access devices (CVADs) are catheters used to administer IV fluids, antibiotics, chemotherapy, blood and nutrition with the administration of hyperalimentation. They are also used for youth and adults who have poor peripheral venous access.

These are different from regular IV therapy because the tip of the catheter is in a large vein near the heart. CVADs are used to promote vein preservation by avoiding multiple attempts for peripheral IVs and avoiding pain and anxiety from repeated venipunctures for treatment therapies. They are usually located in the chest. It is important to treat these devices with sterile technique to avoid the risk of infections.

Implanted Ports

Implanted ports are vascular access devices that are implanted entirely under the surface of the skin. They are designed to be smaller, lower profile devices that allow placement in the arm, chest, abdomen or thigh. Most ports are placed in the chest for ease of access. The port body is composed of a small metal or plastic reservoir that contains a silicon rubber septum with a catheter that is inserted into a larger vessel. Solutions and medications are administered by inserting a small noncoring needle through the skin. The needle goes through the silicone septum and into the reservoir. The reservoir releases the medication into the bloodstream. This type of central line requires very little daily care and has less impact on activities of daily living.

Peripherally Inserted Central Catheter

A peripherally inserted central catheter (PICC) line is a long catheter that is placed in a youth's peripheral vein, rather than a vein in the neck or chest, to give fluids and/or medicines. This line is placed in a large vein, usually in the arm, near the elbow bend, but it can be inserted in other peripheral sites as well. The end of the line lies in a vein near the heart or in one of the body's larger veins. The PICC line is held in place by a securement device and dressing.

Central Line Complications and Management

Line Is Pulled or Tugged but Not Entirely Removed From a Student

Assess the student for pain, bleeding and changes in respiratory status. Reinforce dressing. Leave line as is, and do not attempt to push it back into the student. Do not use line. Notify the student's parent(s)/guardian(s).

Line Is Pulled Out of the Student

- Perform hand hygiene and don nonsterile gloves.
- Apply pressure to the site with sterile gauze.
- Hold pressure for five minutes or longer until the bleeding has stopped.
- While holding pressure above the insertion site, clean insertion site and apply dressing using the following supplies:
 - CHG (or betadine if patient is CHG sensitive)
 - Sterile 2-by-2-inch gauze
 - Petroleum jelly
 - Transparent dressing
- Place the patient supine, if tolerated.
- The patient should be monitored closely for signs and symptoms of embolism, such as chest pain, dyspnea, tachypnea, tachycardia and/or hypotension. An embolism is a medical emergency. If an embolism is suspected, turn the patient on their left side and place them in a supine or Trendelenburg position. Call 911.
- Stay with the patient, administer oxygen, and notify physician and parent(s)/guardian(s).

Other events that may occur with CVADs:

- Active bleeding
- Extensive bruising near the exit site
- Swelling of extremity or area of previous central line location
- Fever (temperature greater than 38.5 degrees Celsius or 101.3 degrees Fahrenheit)
- Redness and/or tenderness



Site Appears Infected

Signs of infection include redness, drainage or pain at site or any fever. Notify the student's parent(s)/guardian(s) and continue to monitor the student's status.

Cap Has Fallen Off the Catheter

If the student's line has a clamp, ensure the clamp is closed. If not, use hemostats that do not have teeth (if available) or a string or rubber band to tie off the line. Fold or clamp the catheter between the patient and the catheter opening to prevent an air embolism or bleeding from the central lines. Do not replace the same cap onto the line. Tape the line to the patient. Monitor the patient for bleeding and signs of infection. Notify the student's parent(s)/guardian(s).

Line Has Broken

If a patient's line breaks, blood may flow back through the line. Stop the blood flow by clamping the line if it has a clamp. If not, use hemostats that do not have teeth (if available) or fold the line over on itself and pinch the line with your fingers. Use a string or rubber band to tie the line off. When folding or clamping the line between the patient and the catheter break, you are keeping air from entering the patient and having an air embolism or bleeding from the central lines. Do not replace the same cap onto the line. Tape the line to the patient. Monitor the patient for bleeding and signs of infection. Notify the patient's parent(s)/guardian(s).

Blockage or Kinking of the Catheter

Regular flushing of the catheter can reduce this complication; follow the healthcare provider's instructions.

Pain at the Site

Assess any complaint of pain and treat as instructed. Notify the patient's parent(s)/guardian(s) for possible follow-up with the patient's healthcare provider.

School Implications

Students with CVADs should have an IHP. Most of these students are able to participate in school activities; however, the student's healthcare provider should provide written instructions for participation in PE and any other restrictions or modifications in the education setting. Students who have a PICC line in the extremity should not carry a backpack (this may pull out the line if it gets caught on the backpack.)

The access site should not be bumped, or the tubing pulled. A dressing, as well as the student's clothing, should cover the site. A conscious effort should be made to protect the site from injury. If the dressing becomes loose, it should be reinforced carefully with another dressing and tape and the parent(s)/guardian(s) notified. Any staff member who has contact with the student should be familiar with the student's IHP. The student's parent(s)/guardian(s) should be contacted if any redness, swelling, tenderness, pain or warmth is observed at the site; if drainage occurs at the insertion site; or if the catheter comes out. If the catheter should come out, the bleeding should be controlled, and the catheter should be sent home for length comparison.

References

Best Practice Guidelines in the Care and Maintenance of Pediatric Central Venous Catheters, 2nd Edition. Created by AVA Pediatric Special Interest Group 2015.

Infusion Therapy Standards of Practice, 2016.

Hootman, Janis, RN, PhD, NCSN. (2004) Quality Nursing Interventions in the School Setting, 2nd ed. 2004. National Association of School Nurses, Inc.

Porter, S., et al, eds. (1997) Children and Youth Assisted by Medical Technology in Educational Settings (Guidelines for Care); 2nd Ed. Baltimore, MD: Paul H. Brookes Publishing Co.

Praeger, S., Zickler, C., and Mosca, N.W. (2002) Care of the Students with Special Needs in Schools: Applications of Professional School Nursing Practice Standards, 2002. National Association of School Nurses, Inc.



Section 3: Chapter 6 Appendix

Designated Specialized Healthcare Training Form

Date: _____

School: _____ Principal: _____

Designated In-School Health Team For:

Name of Student: _____ Grade: _____

Procedure: _____

The following staff members have been designated by the principal to perform and/or assist with specialized healthcare procedure as requested by the parent or guardian of student.

Signature indicates that training has occurred and that the designated staff understands the activities required administering the procedure.

Staff Member	Staff Member's Signature	Trainer's Signature	Date

Principal's Signature

Date

Parent/Guardian Signature

Date



Parent/Guardian’s Request and Authorization For Specialized Health Care

Date: _____

School: _____ Principal: _____

Name of Student: _____

I am the parent/guardian of _____ and request that the following specialized healthcare procedure be available to my child during school hours. This is necessary for my child to fully participate in school.

Procedure(s): _____

I understand that I must provide any equipment and medication needed. The school nurse or designated school personnel under supervision of the school nurse will do the procedure according to orders from my child’s healthcare provider. If a school nurse is not available, I will provide training for the school personnel. I also understand that these school personnel are released from responsibility for any complications resulting from administration of this procedure.

I understand that whenever possible, the specialized health care procedure should be provided by the family before or after school hours.

I also request that the principal upon receiving this request/authorization make a copy of this letter and give it to the school health clinic personnel for documentation purposes.

Parent or Guardian Signature

Date

Solicitud y Autorización de los Padres Para el Cuidado de Salud Especializado
(Parent’s Request and Authorization For Specialized Health Care)

Fecha (Date): _____

Escuela (School): _____ Director (Principal): _____

Nombre del Estudiante (Name of Student): _____

Yo soy el Padre/Madre o Apoderado/Guardián Legal de (*I am the parent/guardian of*) _____ y solicito que se le administre el siguiente cuidado de salud especializado durante horas de escuela (*and request that the following specialized healthcare be administered during school hours*):

Procedimiento (s) (Procedure(s)): _____

Entendo que el personal escolar designado realizará el procedimiento bajo supervisión directa o indirecta (*I understand that designated school personnel under direct or indirect supervision will do the procedure*). También se entiende que el personal de (*It is also understood that personnel from*) _____ queda libre de responsabilidad de cualquier complicación que resulte de la administración de este procedimiento (*are released from responsibility for any complications resulting from administration of this procedure*).

Entendo que cuando sea posible, el procedimiento de cuidado de salud especializado se debe proveer por la familia antes o después de las horas escolares.

Padre/Madre o Apoderado/Guardián Legal
(*Parent/Guardian Signature*)

Fecha
(*Date*)



Physician's Order for Specialized Health Care Procedure(s)

Student's Name: _____ D.O. B: _____

Address: _____
 Street City State Zip

Procedure:

- Tube Feeding → _____
- Clean Intermittent Catheterization → _____
- Ostomy Care → _____
- Oxygen Therapy → _____
- Tracheostomy Care → _____
- Tracheal Suctioning → _____
- Nose/Mouth Suctioning → _____
- Ventilation → _____
- Other: → _____

Recommendations:

Duration of the Procedure: _____

Physician: _____ Phone: _____

Office Address: _____

Physician Signature Date: _____



**Physician’s Orders for Administration of
Specialized Health Care Procedures**

Date: _____

School: _____ Principal: _____

Name of Student: _____ Birth Date: _____ Age: _____

1. Student’s diagnosis or physical condition which requires this procedure:

2. Name of special procedure (Please attach information required to understand the steps of this procedure):

3. Precautions, possible untoward reactions and interventions:

4. Time schedule and/or indication for the procedure:

5. The procedure is to be continued as above until:

Physician’s Signature: _____ **Date:** _____

Address: _____

Phone: _____

To Whom It May Concern:

I hereby give my permission for exchange of confidential information contained in the record of my child, _____ between _____ Healthcare Provider and _____ School.

Parent or Legal Guardian Signature **Date**



School Request for Physician's Orders

Date: _____

Dear Dr. _____,

We would like to request that you complete the attached form, Physician's Orders for Administration of Specialized Healthcare Procedures, for:

Student's name: _____

Who attends: _____
(Name of School)

This form will give authorization to school personnel to perform or assist with your patient's special procedure(s).

A standardized procedure form _____ has been attached for your review. Please make whatever changes are necessary to meet the individual needs of your patient or send your own protocol. School personnel will not be permitted to perform such services until these forms are completed and received.

Thank you for your cooperation in this matter. This will assist us in maximizing this student's participation in our school program. Please call if you have any concerns or questions.

Sincerely,

_____ Contact #: _____
School Personnel/Title



School Request to Parent for Physician’s Orders

Date: _____

Student’s name: _____

School: _____

Dear Parent/Guardian:

We would like to request that you and your child’s healthcare provider complete the attached Specialized Healthcare Procedure forms prior to your child’s arrival at school. These forms will grant authorization to school personnel to perform or assist with your student’s specific procedure(s).

In the event that the forms are not received by the time your child begins school, we request that you provide the services at school. School personnel will not be permitted to perform such services until the forms are completed and received and any necessary training is completed on the procedure.

Thank you for your cooperation in this matter. This will assist us in maximizing your student’s participation in the school program. If you have any questions or concerns regarding this request, I can be reached at:
Phone # _____

Sincerely,

School Personnel/Title

Solicitud de la escuela a los padres para obtener una orden médica

Fecha: _____

Nombre del estudiante: _____

Escuela: _____

Estimados padres/responsable legal:

Antes de que su niño entre a la escuela, por la presente les estamos solicitando a ustedes y al médico de su niño completar los formularios que se adjuntan sobre Procedimientos Especializados de Salud (Specialized Healthcare Procedure). Estos formularios le dan autorización al personal de la escuela a hacer o a ayudar con el(los) procedimiento(s) específico(s) del estudiante.

En caso de que no recibamos los formularios antes de que su niño empiece escuela, le solicitamos que usted provea esos servicios, pues al personal de la escuela no le está permitido prestarlos, hasta tanto no se reciban los formularios debidamente llenos y se pueda hacer el entrenamiento que se considere necesario sobre el procedimiento.

Gracias por su colaboración en este asunto, que nos ayudará a maximizar la participación de su niño en los programas escolares. Si usted tiene alguna pregunta o preocupación en relación con esta solicitud, me puede contactar en el teléfono # _____.

Atentamente,

Personal de la escuela /Título



**Skills Checklist
Aerosol by Nebulizer Treatment**

Student’s Name _____ School _____ Grade _____
 Person trained/position _____ Instructor _____

Procedure Guidelines: Must be individualized for student	Dates			Comments/ Instructor Initial/Staff Initial
	Demonstrate/ Explain	Practice	Proficient Return Demonstration	
Interprets order correctly, identifies student’s ability to participate in procedure				
Is knowledgeable about signs and symptoms of respiratory distress				
Identifies and gathers supplies				
Washes hands				
Positions student appropriately				
Attaches tubing to air compressor				
Measures medications accurately				
Opens nebulizer cup, instills medicine, closes cup and attaches to tubing				
Assesses student’s pulse, respiratory rate and effort if doctor orders				
Turns on power switch, checks mist				
Starts treatment, placing mouthpiece in mouth or mask over nose and mouth and/or trach				
Allows all medication to be used before ending treatment, flicking nebulizer cup to restart if necessary				
Encourage student to cough, suction if needed				
Assess student’s status again, including pulse and respiratory effort if MD orders				
Washes hands and assists student to do the same				
Cleans equipment and stores properly, describes how to change filter on compressor and frequency of replacing supplies				
Documents treatment. Also, vital signs, and observations if MD orders				
Reports any changes to family/ nurse				
Identifies possible problems and takes appropriate actions				

Checklist content approved by parent/guardian _____ Date _____
 Signature _____

I feel comfortable performing this procedure. _____ I feel this procedure is being performed proficiently. _____

Staff Signature/Date _____ Instructor Signature/Date _____



**Skills Checklist
Chest Physiotherapy**

Student’s Name _____ School _____ Grade _____

Person Trained / Position _____ Instructor _____

Procedure Guidelines: Must be individualized for student	Demonstrate/ Explain	Practice	Proficient Return Demonstration	Comments/ Instructor Initial/Staff initial
This procedure is very individualized. Ask parents to assist with checklist if this must be taught.				

Checklist content approved by parent/guardian _____ Date _____

I feel comfortable performing this procedure: I feel this procedure is being performed proficiently:

Staff Signature / Date

Staff Signature / Date



**Skills Checklist
Clean Intermittent Catheterization (Female)**

Student's Name _____ School _____ Grade _____
 Person trained/position _____ Instructor _____

Procedure Guidelines: Must be individualized for student	Dates			Comments/ Instructor Initial/Staff Initial
	Demonstrate/ Explain	Practice	Proficient Return Demonstration	
Interprets order correctly, identifies student's ability to participate in procedure				
Provides privacy for student				
Identifies and gathers supplies needed				
Positions student correctly, knowledgeable of body parts				
Washes hands, puts on gloves				
Lubricates catheter w/water-based lubricant and places on clean surface near student				
Opens labia majora and minora, cleans inner folds & meatus from front to back 3 times, using each swab only once, and discarding				
Grasps catheter 3-4" from tip, has urine receptacle ready				
Inserts well-lubricated catheter into urethra until urine flow begins				
Advances catheter gently ½" more				
Allows urine to flow by gravity into receptacle or toilet				
If ordered, gently presses bladder to help empty				
Pinches catheter and withdraws slowly when urine flow stops, cleans perineal area				
Measures and records urine volume if ordered				
Removes gloves and washes hands				
Assists student with dressing and washing hands				
Cleans and stores equipment				
Documents procedure and observations				
Reports any changes to family/ nurse				
Identifies possible problems and appropriate actions				

Checklist content approved by parent/guardian _____ Date _____
 Signature _____

I feel comfortable performing this procedure.

I feel this procedure is being performed proficiently.

 Staff Signature/Date

 Instructor Signature/Date



**Skills Checklist
Clean Intermittent Catheterization (Male)**

Student's Name _____ School _____ Grade _____
Person trained/position _____ Instructor _____

Procedure Guidelines: Must be individualized for student	Dates			Comments/ Instructor Initial/Staff Initial
	Demonstrate/ Explain	Practice	Proficient Return Demonstration	
Interprets order correctly, identifies student's ability to participate in procedure				
Identifies and gathers supplies needed				
Provides privacy for student				
Positions student correctly, knowledgeable of body parts				
Washes hands, puts on gloves				
Lubricates catheter w/water-based lubricant and places on clean surface				
Holds penis, retract foreskin if uncircumcised, cleans meatus and glans three times, using each swab only once				
Grasps catheter 4" from tip, has urine receptacle ready				
Inserts well-lubricated catheter with consistent gentle pressure—Never force				
Allows urine to flow by gravity into receptacle or toilet				
If ordered, gently press bladder to help empty				
Pinches catheter and withdraws slowly when urine flow stops				
If not circumcised, pulls foreskin over glans, cleans perineal area				
Measures and records urine volume if ordered				
Removes gloves and washes hands				
Assists student with dressing and washing hands				
Cleans and stores equipment				
Documents procedure and observations				
Reports any changes to family/ nurse				
Identifies possible problems and appropriate actions				

Checklist content approved by parent/guardian _____ Date _____
Signature

I feel comfortable performing this procedure.

I feel this procedure is being performed proficiently.

Staff Signature/Date

Instructor Signature/Date



Skills Checklist
Gastrostomy Feeding through G-button or G-tube (Bolus Method)

Student's Name _____ School _____ Grade _____
Person trained/position _____ Instructor _____

Procedure Guidelines: Must be individualized for student	Dates			Comments/ Instructor Initial/Staff Initial
	Demonstrate/ Explain	Practice	Proficient Return Demonstration	
Interprets order correctly, identifies student's ability to participate in procedure				
Identifies and gathers supplies needed				
Positions student correctly and encourages participation				
Washes hands and puts on gloves				
Identifies student's gastrostomy apparatus (g-tube or g-button)				
Removes plug from tube/button				
Follows order for aspiration, measurement of stomach contents				
Clamps off tube or attaches adaptor if needed, attaches syringe w/o plunger				
Pours room temp. formula into syringe				
Releases clamp, adjusts flow by height of syringe above the level of the stomach for feeding time ordered				
Adds formula before empty, to complete ordered amount/ time				
Engages student during procedure				
Flushes tube as ordered				
Clamps tubing, removes syringe, closes clamp, reinserts cap/plug				
Applies dressing if ordered, check tube security				
Removes gloves, washes hands, and assists student to do the same				
Follows orders for position and activity after feeding				
Cleans equipment, stores supplies and formula as required				
Documents feeding, residual amount, student tolerance				
Reports any changes to family/ nurse				
Identifies possible problems and appropriate actions				

Checklist content approved by parent/guardian _____ Date _____
Signature _____

I feel comfortable performing this procedure.

I feel this procedure is being performed proficiently.

Staff Signature/Date _____

Instructor Signature/Date _____



**Skills Checklist
Oxygen Administration**

Student’s Name _____ School _____ Grade _____

Person trained/position _____ Instructor _____

Procedure Guidelines: Must be individualized for student	Dates			Comments/ Instructor Initial/Staff Initial
	Demonstrate/ Explain	Practice	Proficient Return Demonstration	
States oxygen safety precautions				
Identifies and gathers supplies needed				
A prominent “OXYGEN IN USE” sign should be displayed in the room and in the hallway outside the room (check with local fire department about other postings needed)				
Notify the nearest fire department if a student will be using supplemental oxygen in the school setting				
Positions student correctly and encourages participation				
Washes hands				
Prepares tank and regulator				
Turns on tank and checks pressure				
Estimates amount of time tank will last				
Connects delivery device and humidifier (if needed) to tank				
Adjusts flow to prescribed level (LPM), checks delivery device				
Provides oxygen to student, as ordered (nasal cannula, mask or trach collar)				
Monitors pressure (PSI), flow rate, time while in use				
Monitors student for signs of hypoxia during administration				
When no longer needed, turns off tank, then flowmeter				
Removes delivery device from student				
Stores tank safely				
Washes hands				
Documents procedure				
Reports any changes to family/nurse				

Checklist content approved by parent/guardian _____ Date _____

Signature

I feel comfortable performing this procedure.

I feel this procedure is being performed proficiently.

Staff Signature/Date

Instructor Signature/Date



Skills Checklist
Tracheal Suctioning – Sterile Technique

Student’s Name _____ School _____ Grade _____
Person trained/position _____ Instructor _____

Procedure Guidelines: Must be individualized for student	Dates			Comments/ Instructor Initial/Staff Initial
	Demonstrate/ Explain	Practice	Proficient Return Demonstration	
Identifies student’s ability to participate in procedure				
Interprets order, has knowledge of respiratory distress, concept of clean/sterile technique				
Identifies and gathers supplies needed-Turns on suction machine and checks function				
Positions student correctly, reassures as needed				
Washes hands				
Opens package, removes catheter				
If gloves are included, opens kit using sterile technique				
Removes gloves from kit, holding inside of cuff, pulls gloves on				
Picks up catheter, attaches end to suction tubing				
Only uses resuscitator bag with suction if MD orders				
Inserts catheter into trach tube, applying suction only on way back out. Go ONLY as far as the length of the trach tube				
Applies suction by putting thumb on suction adaptor				
Twirls catheter as it is pulled out, leaving in no more than 4 seconds				
Only if secretions are thick, places 4-6 saline drops in trach tube as ordered, then suction				
Repeats until secretions are removed				
Disposes of supplies appropriately, rinses suction tubing with tap water				
Washes hands and assists child to do the same				
Documents procedure and observations				
Reports any changes to family/ nurse				
Identifies possible problems and appropriate actions				

Checklist content approved by parent/guardian _____ Date _____
Signature _____

I feel comfortable performing this procedure.

I feel this procedure is being performed proficiently.



Special Healthcare Procedures Record

Student: _____ Grade: _____ School: _____

Special Procedure: _____

After special procedure, record time and initials in appropriate block. Codes: A=absent O=no school

AUGUST					SEPTEMBER					OCTOBER				
M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
1st					1st					1st				
2 nd					2 nd					2 nd				
3 rd					3 rd					3 rd				
4 th					4 th					4 th				
5th					5th					5th				

NOVEMBER					DECEMBER					JANUARY				
M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
1st					1st					1st				
2 nd					2 nd					2 nd				
3 rd					3 rd					3 rd				
4 th					4 th					4 th				
5th					5th					5th				

FEBRUARY					MARCH					APRIL				
M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
1st					1st					1st				
2 nd					2 nd					2 nd				
3 rd					3 rd					3 rd				
4 th					4 th					4 th				
5th					5th					5th				

MAY					JUNE					JULY				
M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
1st					1st					1st				
2 nd					2 nd					2 nd				
3 rd					3 rd					3 rd				
4 th					4 th					4 th				
5th					5th					5th				

INITIAL/ SIGNATURE:

_____/_____ _____/_____ _____/_____