



## 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 Nurse



## 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 Nurse

## 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.

**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 1/2" 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 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 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 \_\_\_\_\_

Dates				
Procedure Guidelines: Must be individualized for student	Demonstrate/ Explain	Practice	Proficient Return Demonstration	Comments/ Instructor Initial/Staff Initial
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





## 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

**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**



**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 <sup>nd</sup>					2 <sup>nd</sup>					2 <sup>nd</sup>				
3 <sup>rd</sup>					3 <sup>rd</sup>					3 <sup>rd</sup>				
4 <sup>th</sup>					4 <sup>th</sup>					4 <sup>th</sup>				
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 <sup>nd</sup>					2 <sup>nd</sup>					2 <sup>nd</sup>				
3 <sup>rd</sup>					3 <sup>rd</sup>					3 <sup>rd</sup>				
4 <sup>th</sup>					4 <sup>th</sup>					4 <sup>th</sup>				
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 <sup>nd</sup>					2 <sup>nd</sup>					2 <sup>nd</sup>				
3 <sup>rd</sup>					3 <sup>rd</sup>					3 <sup>rd</sup>				
4 <sup>th</sup>					4 <sup>th</sup>					4 <sup>th</sup>				
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 <sup>nd</sup>					2 <sup>nd</sup>					2 <sup>nd</sup>				
3 <sup>rd</sup>					3 <sup>rd</sup>					3 <sup>rd</sup>				
4 <sup>th</sup>					4 <sup>th</sup>					4 <sup>th</sup>				
5th					5th					5th				

**INITIAL/ SIGNATURE:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_