



BONNIE CONE CLASSICAL ACADEMY

Request for Medical Documentation – Oxygen Administration

Dear Parent/Guardian,

Date: _____

Attached are forms for your child for the upcoming school year. The forms attached are:

1. Oxygen Administration Care Plan, to be filled out by the licensed health care provider.
2. Activity Restriction to be filled out by parent if no restrictions, to be filled out by licensed health care provider if there are restrictions.
3. Health Care Provider Authorization form for oxygen saturation monitoring, and oxygen administration via nasal cannula or mask, to be filled out by your licensed health care provider.
4. List of supplies needed to appropriately care for your child.

Please contact the health office if your child requires prescription or over the counter medication during the school day, and the appropriate forms will be sent.

If your child requires oxygen via trach, please contact the health office immediately, as additional information will be needed.

A meeting will be set up for the start of the school year for training regarding your child's health care needs. All completed forms and supplies needed for the care of your child must be brought to school at that time.

Feel free to contact your school health office with any questions.

Student's Name: _____

Health Staff: _____

School Name: _____

Phone Number: _____

Thank you,

Health Department,



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OXYGEN ADMINISTRATION CARE PLAN

Name _____ Birthdate _____ School _____

To Be Completed by Health Care Provider:

Student's medical diagnosis: _____

Indications for oxygen administration: _____

Oxygen Administration System: Low Flow Oxygen System High Flow Oxygen System

Delivery system: Compressed Gas Liquid Oxygen Oxygen Concentrator Other: _____

Oxygen to be Administered via: Nasal Cannula Face Mask Other _____

When student's oxygen saturation level is: _____ or lower, begin oxygen administration at: _____ Liters

Can increase oxygen to: _____

Until oxygen saturation level is: _____

Target oxygen saturation level is: _____

Notify Parents when: _____

Call EMS when: _____

Other recommendations: _____

Date to be discontinued: _____

I am aware that the parent/guardian will train the staff/unlicensed personnel to administer oxygen.

Healthcare Provider Signature _____ Phone # _____ Date: _____

Physician's Stamp Here

**This form is invalid unless stamped and signed by the healthcare provider*

I agree with the above care plan and to provide necessary equipment/supplies properly labeled for use in school. I give permission for the staff to communicate directly with the healthcare provider named above regarding this care plan. I will notify the school of changes in procedure or provider.

Parent/Guardian Signature _____ Phone # _____ Date: _____



BONNIE CONE CLASSICAL ACADEMY

ACTIVITY RESTRICTION

Name: _____ Date of Birth: _____ Grade: _____

Diagnosis: _____

Restrictions from Physical Education and/or recess in excess of 5 days require a healthcare provider's written documentation. In addition, students with certain medical conditions will require a healthcare provider's written documentation.

- May participate in P.E. / sports / recess.
- May NOT participate in P.E. / sports / recess until: _____
- May participate in P.E. / sports / recess with the following restrictions (please check all that apply):
 - No running
 - No jumping
 - No swimming
 - No climbing
 - No lifting > ____ lbs.
- Indoor activity only when temperature is above _____ degrees.
- No Activity Restrictions through Student's Graduation Year _____ unless otherwise informed by the student's current Health Care Provider.

Please list any other restrictions not listed above: _____

These restrictions may change due to changes in his/her status, and you will be notified of any changes

Healthcare Provider Signature _____ **Date** _____

Phone Number _____

I give consent for the exchange of information regarding my child's activity restrictions.

Parent/Guardian Signature _____ **Date** _____



BONNIE CONE CLASSICAL ACADEMY

HEALTHCARE PROVIDER ORDER FOR PRESCRIBED SERVICES (HPS)

Name _____ Birthdate _____ School _____

1. Condition to be treated _____

2. Prescribed Service _____

3. Check One:

_____ I have reviewed and approved the attached standardized procedures as written.

_____ I have reviewed and approved the attached standardized procedures with my modifications.

_____ I have attached my recommendations for standardized procedures.

4. Precautions, possible adverse effects, and recommended interventions: _____

5. Time schedule and/or indications for Procedure during school hours:

Healthcare Provider Name _____ Telephone _____

Healthcare Provider Signature _____ Date _____

1. I agree with the above procedure and to provide necessary equipment /supplies properly labeled for use in school. The District and District Personnel will assume no responsibility for the proper maintenance or delivery of the special equipment necessary for this procedure.

2. I specifically request that this procedure be administered by trained members of the school staff.

3. I understand that this procedure may be performed by unlicensed assistive personnel.

4. I will train the staff/unlicensed assistive personnel to administer the procedure prescribed.

5. I will notify the school if the procedure changes, and will get verification of this in writing from the healthcare provider.

6. I grant permission for the school staff to communicate directly with the above named healthcare provider, in regards to any questions or concerns regarding this procedure.

Parent/Guardian Signature _____ Date _____

Phone _____



BONNIE CONE CLASSICAL ACADEMY

Procedure for Pulse Oximetry

1. Verify procedure is prescribed for student.
2. Assemble equipment:
 - a. Pulse oximeter
3. Wash hands.
4. Position student seated upright.
5. Turn on pulse oximeter and observe light on inside of probe.
6. Place probe on desired site. When there is stable reading, ensure the heart rate on the oximeter approximates the students pulse as determined by palpation.
7. Follow student's Individualized Plan of Care.
8. Record results on log sheet.

Adapted from Supporting Students with Special Health Care Needs: Guidelines and Procedures for Schools, Third Edition, edited by Stephanie M. Porter, Patricia A. Branowicki, & Judith S. Palfrey. (2014, Paul H. Brookes Publishing Co., Inc.)



BONNIE CONE CLASSICAL ACADEMY

Procedure for Oxygen Administration via Nasal Cannula

1. Verify seven rights of medication administration via licensed health care provider orders.
Verify procedure is prescribed for student
2. Assemble equipment:
 - a. Oxygen source
 - b. Cannula and tubing
 - c. Humidity source, if needed
 - d. Adapter for connecting tubing
 - e. Scissors
3. Wash hands.
4. Attach cannula tubing to oxygen source securely.
5. Set liter flow on the flow meter as prescribed by the physician. Turn on the oxygen source.
6. Check cannula prongs to make sure that oxygen is coming out.
7. Insert prongs into student's nose. Make sure both prongs are in the nostrils.
8. Loop tubing over each ear and under the chin. Secure by sliding the clasp up under the chin.
9. Follow student's Individualized Plan of Care.
10. Record oxygen administration on log

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Procedure for Oxygen Administration via Mask

1. Verify seven rights of medication administration via licensed health care provider orders.
Verify procedure is prescribed for student.
2. Assemble equipment:
 - a. Oxygen source
 - b. Mask and tubing
3. Wash hands.
4. Attach mask tubing to oxygen source securely.
5. Set liter flow on the flow meter as prescribed by the physician. Turn on the oxygen source.
6. Check mask to make sure that oxygen is coming out.
7. Place mask over student's nose and mouth.
8. Ensure tubing is free of kinks or bends and oxygen is freely flowing through tubing.
9. Follow student's Individualized Plan of Care.
10. Record oxygen administration on log sheet.

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Oxygen Administration Supplies

1. Oxygen Tank and Cart to transfer tank around campus
2. Oxygen tubing
3. Oxygen Mask or Nasal Cannula
4. Pulse Oximeter