Cherokee County School District

SUCTIONING ACTION PLAN

STUDENT____ D.O.B.____________________

SCHOOL ____________________________ TEACHER ____________________ GRADE ________

PARENT/LEGAL GUARDIAN____

PHONE: HOME ______________________________ MOBILE ___________________________

Medical Diagnosis____

Reason for Suctioning____

Suction Order____

Nebulizer Order____

Usual Indications for Suctioning____

Pulse Oximetry Order/Parameters____

Respiratory Distress signs:

- Pulling at clothes
- Agitation
- Cyanosis
- Noisy breathing
- Respirations Over ______________ / Minute

- ☐ Suction Machine
- ☐ Connection Tube
- ☐ Bulb Syringe
- ☐ Suction Wall Plug
- ☐ Gloves
- ☐ Suction Tip
- ☐ Suction Catheter ______ French (3)
- ☐ K-Y Jelly
- ☐ Large Plastic Ziplock Bag
- ☐ Small Plastic Bottle of Water

(Parent will provide supplies/equipment)

Bus Rider ____________ Car Rider ____________

I, ____, authorize the physician's office to release confidential information about my child.

_______________________________________ _______________________
Parent / Legal Guardian's Signature Date

_______________________________________ _______________________
Physician's Signature Date

_______________________________________ _______________________
Physician's Printed Name Physician's Phone Number