

DOWNEY UNIFIED SCHOOL DISTRICT

Health Care Provider Authorization:

School Year: _____

Student Name: _____ Date of Birth: _____ School: _____

Supplemental Oxygen Administration at School

DIAGNOSIS: _____

- 1.
- 2.

Specific instructions for use of portable oxygen:

Liters per minute: _____ **via:** _____

- Nasal cannula
- Mask
- Tracheostomy collar

Times for use:

- Continuous Use
- While sleeping/ nap time
- Other _____

Will the oxygen need to be titrated while at school?

No Yes If yes, when: _____

Signs and symptoms for emergency use of oxygen:

Initiate oxygen when the following signs and symptoms are present:

- Pale
- Shortness of Breath
- Cyanosis (skin that turns a blue/gray shade)
- Other (Specify): _____

Additional comments (i.e. storage, safety precautions, etc...): _____

Pulse Oximeter

Student's **NORMAL BASELINE** oxygen saturation is _____%

Indication of when to use pulse oximeter:

Please indicate when student should have oxygen saturation checked with a pulse oximeter (check all that apply and if PRN)

provide SPECIFIC guidelines under other:

- Before every breathing treatment
- After every breathing treatment
- When signs of respiratory distress (specify symptoms): _____
- Other (specify): _____

Recommended Preventative Measures or Interventions

(Check all that apply):

- Encourage student to assume position of comfort
- Administer Nebulizer treatment (see asthma care plan)
- Use inhaler (see asthma care plan/medication form)
- Encourage slow, deep, even breaths
- If O2 sats are between _____% & _____% call parent**
- If O2 sats are below _____% call EMS (911)**

PLEASE COMPLETE BOTH SIDES OF THIS FORM. Form must be signed by Health Care Provider and Parent/Guardian

DOWNEY UNIFIED SCHOOL DISTRICT

Health Care Provider Authorization Supplemental Oxygen and/or Pulse Oximeter

School Year: _____

Student Name: _____ Date of Birth: _____ School: _____

EMERGENCY PLAN OF ACTION

If status does not improve after oxygen has been administered, adhere to the following guidelines:

- Call 911 (EMS) if skin color becomes pale, cyanotic (bluish), or student has other signs of respiratory distress (difficulty breathing, gasping, etc.)
- Notify school personnel trained in CPR/first aid to respond and initiate CPR if needed prior to EMS arrival.
- Contact parent/guardian or emergency contact immediately.
- If EMS is called the student must be transported via EMS to emergency facility, or parent/guardian must sign release with EMS then parent/guardian assumes responsibility for student. The student may not return to school that day.
- When student is transported via EMS, a DUSD administrator or assigned staff member must ride with student unless parent and/or emergency contact accompanies them. Also, if EMS is called, you must notify parent/guardian immediately.
- **If student requires medical treatment while on the bus, the driver will contact 911 (EMS).**

Form must be signed and stamped by health care provider and parent/guardian.

If you have any questions please call (562) 469-6589 or Fax completed form to (562) 469-7119.

Please check one:

- I authorize D.U.S.D. to provide care per standardized school district policy and procedure
- Please provide your fax # if you would like a copy of this policy and procedure: Fax # _____
- My recommendations or orders for this procedure are attached.

Healthcare Provider Printed Name

Health Care Provider's Signature

Date

Signature of Parent/Guardian

Phone #

Date



Office Stamp - REQUIRED