



PHYSICIAN/PARENT REQUEST FOR ADMINISTRATION SPECIAL PROCEDURE BY SCHOOL PERSONNEL: TRACHEOSTOMY (Trach) TUBE SUCTION & TUBE CHANGE

Special health care procedures may be administered at school by school personnel when such prescribed treatments must be administered during the school day and schedules cannot be adjusted to be given before or after school.

THIS INFORMATION IS CURRENT UNTIL NEW OR UPDATED INFORMATION IS RECEIVED OR FOR ONE CALENDAR YEAR FROM DATE OR UPDATE OF REQUEST.

- 1. Name of Pupil Birth Date
2. Address School
3. Condition for which prescribed treatment is required: ICD 10 Code
4. Trach tube type Trach tube size
5. Suction trach tube as needed using premeasured technique
6. Use sterile normal saline dosettes prior to suctioning if indicated: yes no
7. Reinsert or change trach tube as needed to maintain patent airway using same size or half size smaller trach tube
8. Precautions, unfavorable reactions:
9. Other instructions (if indicated):
10. Date of Request Date of Termination
Physician's Name (printed) Signature
Physician's Address Telephone Number

BY FILED IN NURSE'S OFFICE ON

We (I), the undersigned, the parents/guardians of request the above medication or procedure be administered to our (my) child. We (I) authorize, as needed, the sharing of information related to my child's health between the school nurse (or designee) and the health care provider listed above.

Nosotros, los padres/los tutores de solicitamos que el medicamento o procedimiento anterior se administre a nuestro (mi) hijo. Nosotros (yo) autorizamos según sea necesario el intercambio de información relacionada con la salud de mi hijo entre la enfermera de la escuela (o su designado) y el proveedor de atención médica mencionado anteriormente.

Name Relationship Telephone Home Business
Name Relationship Telephone Home Business

MEDICATION OR SPECIAL PROCEDURE RECORD ADMINISTRATION

(This record is used by non-Health Services personnel administering medication/special procedures during the school day or field trips.)

Student's Name _____ Grade _____ School _____ School Year _____

Medication/Procedure _____ Dosage _____ Time(s) _____

After administering medication/special procedure, initial in the appropriate space. Use a separate form for each medication or procedure. Medications or special procedures that will be current for the next school year are to be kept in the Medication Notebook. Record the medication or procedure in the student's electronic health record daily. If indicated place a copy in the student's special education Individual Education Plan.

Codes: A = Absent, X = No School, M = Missed, N = No Medication, R = Refused *Shaded area in date box is for medication count.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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Name _____	Initials _____	Name _____	Initials _____	Disposition: _____	Date _____
_____	_____	_____	_____	Medication/procedure discontinued _____	
_____	_____	_____	_____	Medication/special equipment returned to parents _____	
_____	_____	_____	_____	Medication disposal _____	