

## Evaluation Tool for 'Individual-Specific' Oxygen Therapy

Name of Individual: \_\_\_\_\_

### Individual-Specific Oxygen Therapy Training Guidelines

|   | Training Components of Equipment and Procedure  | Comments |
|---|---|----------|
| <b>At the conclusion of this training, the Certified staff:</b> |   |          |
| 1.  | Knows the 'Individual-Specific' medical condition or diagnosis that is the indication for supplemental Oxygen administration.                                     |          |
| 2.  | Knows the 'Individual-Specific' adverse effects of Oxygen Therapy.  |          |
| 3.  | Knows the 'Individual-Specific Parameters' and instructions for follow-up (e.g., call to 911 or HCP) when Oxygen needs are outside of the established parameters. |          |
| 4.  | Knows emergency procedures to follow, including but not limited, to calling 911 and notification of the individual's Health Care Provider (HCP).                  |          |
| 5.  | Knows and demonstrates how to use a pulse oximeter (if ordered by the HCP).   |          |
| 6.  | Knows the 'Individual-Specific' Oxygen delivery system, including the delivery source, delivery equipment, and the delivery device.                               |          |
| 7.  | Knows the 'Individual-Specific' power source requirements and back-up power source procedures.  |          |
| 8.  | Knows and demonstrates how to operate 'Individual-Specific' Oxygen equipment.   |          |
| 9.  | Knows proper maintenance and storage of the 'Individual-Specific' Oxygen equipment.   |          |
| 10.   | Knows how Oxygen HCP Order and/or Protocol changes are communicated.  |          |
| 11.   | Knows Oxygen Supply Company contact information and reordering system.  |          |

**Individual-Specific Training Documentation:**  
 The 'Individual-Specific' training must be completed by a Qualified Trainer.

**This form may be used for multiple Certified staff.**

**1. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Oxygen to the identified individual.**

Certified Staff's Printed Name: \_\_\_\_\_ Trainer's Printed Name: \_\_\_\_\_

Certified Staff's Signature: \_\_\_\_\_ Trainer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Trainer's Contact Information: \_\_\_\_\_

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**2. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Oxygen to the identified individual.**

Certified Staff's Printed Name: \_\_\_\_\_ Trainer's Printed Name: \_\_\_\_\_

Certified Staff's Signature: \_\_\_\_\_ Trainer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Trainer's Contact Information: \_\_\_\_\_

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**3. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Oxygen to the identified individual.**

Certified Staff's Printed Name: \_\_\_\_\_ Trainer's Printed Name: \_\_\_\_\_

Certified Staff's Signature: \_\_\_\_\_ Trainer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Trainer's Contact Information: \_\_\_\_\_

|  |                                      |
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| <p>4. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Oxygen to the <b><u>identified individual</u></b>.</p>  |                                      |
| Certified Staff's Printed Name: _____  | Trainer's Printed Name: _____        |
| Certified Staff's Signature: _____   | Trainer's Signature: _____           |
| Date: _____  | Trainer's Contact Information: _____ |
| <p>5. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Oxygen to the <b><u>identified individual</u></b>.</p>  |                                      |
| Certified Staff's Printed Name: _____  | Trainer's Printed Name: _____        |
| Certified Staff's Signature: _____   | Trainer's Signature: _____           |
| Date: _____  | Trainer's Contact Information: _____ |
| <p>6. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Oxygen to the <b><u>identified individual</u></b>.</p>  |                                      |
| Certified Staff's Printed Name: _____  | Trainer's Printed Name: _____        |
| Certified Staff's Signature: _____   | Trainer's Signature: _____           |
| Date: _____  | Trainer's Contact Information: _____ |
| <p>7. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Oxygen to the <b><u>identified individual</u></b>.</p>  |                                      |
| Certified Staff's Printed Name: _____  | Trainer's Printed Name: _____        |
| Certified Staff's Signature: _____   | Trainer's Signature: _____           |
| Date: _____  | Trainer's Contact Information: _____ |
| <p>8. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Oxygen to the <b><u>identified individual</u></b>.</p>  |                                      |
| Certified Staff's Printed Name: _____  | Trainer's Printed Name: _____        |
| Certified Staff's Signature: _____   | Trainer's Signature: _____           |
| Date: _____  | Trainer's Contact Information: _____ |
| <p>9. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Oxygen to the <b><u>identified individual</u></b>.</p>  |                                      |
| Certified Staff's Printed Name: _____  | Trainer's Printed Name: _____        |
| Certified Staff's Signature: _____   | Trainer's Signature: _____           |
| Date: _____  | Trainer's Contact Information: _____ |
| <p>10. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Oxygen to the <b><u>identified individual</u></b>.</p> |                                      |
| Certified Staff's Printed Name: _____  | Trainer's Printed Name: _____        |
| Certified Staff's Signature: _____   | Trainer's Signature: _____           |
| Date: _____  | Trainer's Contact Information: _____ |