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| **Evaluation Tool for ‘Individual-Specific’ Oxygen Therapy** |
| **Name of Individual:** |

Individual-Specific Oxygen Therapy Training Guidelines

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|  | **Training Components of Equipment and Procedure** | **Comments** |
| **At the conclusion of this training, the Certified staff:** | | |
| 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. |  |

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| **Individual-Specific Training Documentation:**  The ‘Individual-Specific’ training must be completed by a Qualified Trainer. |
| **This form may be used for multiple Certified staff.** |

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| **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: |
| **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: |
| **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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| 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 **identified individual**. | |
| Certified Staff’s Printed  Name: | Trainer’s Printed Name: |
| Certified Staff’s Signature: | Trainer’s Signature: |
| Date: | Trainer’s Contact  Information: |
| **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 **identified individual**. | |
| Certified Staff’s Printed  Name: | Trainer’s Printed Name: |
| Certified Staff’s Signature: | Trainer’s Signature: |
| Date: | Trainer’s Contact  Information: |
| **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 **identified individual**. | |
| Certified Staff’s Printed  Name: | Trainer’s Printed Name: |
| Certified Staff’s Signature: | Trainer’s Signature: |
| Date: | Trainer’s Contact  Information: |
| **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 **identified individual**. | |
| Certified Staff’s Printed  Name: | Trainer’s Printed Name: |
| Certified Staff’s Signature: | Trainer’s Signature: |
| Date: | Trainer’s Contact  Information: |
| **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 **identified individual**. | |
| Certified Staff’s Printed  Name: | Trainer’s Printed Name: |
| Certified Staff’s Signature: | Trainer’s Signature: |
| Date: | Trainer’s Contact  Information: |
| **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 **identified individual**. | |
| Certified Staff’s Printed  Name: | Trainer’s Printed Name: |
| Certified Staff’s Signature: | Trainer’s Signature: |
| Date: | Trainer’s Contact  Information: |
| **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 **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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