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Based on Children and Youth Assisted by Medical Technology in Educational Settings (2nd ed.) ©1997 Paul H. Brookes Publishing Co., Baltimore The Children's Hospital Denver School Health Program Denver, Colorado 2009

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TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM - Manual Resuscitator Bag with Tracheostomy

School/

Delegatee:

Birth

Name

Student/Child Date: Center Date/ **Procedure:** RN Follow Up/ Supervision Plan / Comments $\sqrt{}$ = acceptable performance Initial Review procedure Additional on-site training provided.

Supervision plan (minimum annually) date: _ HCP accessible and current Continue delegation Competent performance of procedure(s) per specific guidelines ☐Confidentiality ☐Documentation ■Withdraw delegation RN notification of change in status Child/student tolerating procedure well Review procedure Additional on-site training provided. HCP accessible
Competent performance
Confidentiality
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