San Joaquin County Office of Education
Mick Founts, Superintendent of Schools

Pomona Unified School District
Special Education - Nursing
Daily Log – Oxygen Administration

Student:	DOB:	School/Teacher/Grade:
Order Date: From _____, 20___ to _____, 20___		
Authorized Healthcare Provider:		Phone: Fax:
School Nurse:		Phone:

DOCUMENTATION DIRECTIONS - Person administering specialized physical healthcare service shall:
1) Enter on chart date and times care is provided and 2) Initial in columns provided.

- School Nurse and designated qualified staff should include identifying signatures below only one time.
- If student is absent, note date and write across columns. If pupil is present but a daily procedure is not done, indicate in column and explain reason on comment sheet.
- Nurse supervising the procedure signs in "Signature" spaces.

Date	Start Time	End Time	LPM Flow rate	Oxygen level per tank gauge	Student's response	Initials

Supervising Nurse Print Name/Date

School Nurse Print Name/Date

Health Assistant Print Name/Date

Supervising Nurse Sign Name/Date

School Nurse Sign Name/Date

Health Assistant Sign Name/Date

**** - Requires Documentation in Comments Section***

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Student:	DOB:	Teacher:

Date	Comments Note additional information about oxygen administration, oxygen equipment management (e.g., humidification device tasks, change of oxygen tank, refill of liquid oxygen thermos, change of oxygen tubing), equipment problems, reason for calling school nurse and/or parent and outcome, other observation/actions taken.	Initials

Supervising Nurse Print Name/Date

School Nurse Print Name/Date

Health Assistant Print Name/Date

Supervising Nurse Sign Name/Date

School Nurse Sign Name/Date

Health Assistant Sign Name/Date

**** - Requires Documentation in Comments Section***

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