

School \_\_\_\_\_

School Year: \_\_\_\_\_

# PHYSICIAN ORDER FOR OXYGEN ADMINISTRATION & PULSE OXIMETRY

(or attach your agency's standard orders)

**STUDENT'S NAME:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**OXYGEN TO BE ADMINISTERED:**  Yes  No  
 Continuously  During Transit on Bus  When sleeping or in recumbent position  
 As needed to maintain pulse oximetry reading of: \_\_\_\_\_%

**AMOUNT OF OXYGEN:** \_\_\_\_\_ **ROUTE:** \_\_\_\_\_  
 Nasal Cannula  Mask  Trach Collar

**HUMIDIFIED:**  Yes  No

**PULSE OXIMETRY READINGS ORDERED:**  Yes  No **FREQUENCY:** \_\_\_\_\_

**IF PULSE OXIMETRY ORDERED, CALL PARENT IF O2 Sat BELOW:** \_\_\_\_\_%

**Additional Instructions:** \_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_  
(Physician's Signature) \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Telephone Number \_\_\_\_\_  
(Physician's Name - Printed)

## PARENT/GUARDIAN STATEMENT

I, the undersigned Parent/Guardian of \_\_\_\_\_, authorize a **trained staff member or nurse to administer** the above oxygen to my student per Physician instructions. I agree to furnish the necessary prescribed oxygen/equipment, and agree to notify the School Nurse immediately of any changes. I agree to pick up any unused oxygen/equipment within two weeks of the last day of use. I hereby agree to release and hold the school staff free and harmless for any claims, demands, or suits for damages from any injury or complication that may result from such treatment. I have read this Consent and understand all its terms. I sign it voluntarily and with full knowledge of its significance.

I agree to notify the School Nurse immediately if there is any change in my student's status or Physician's orders. The School Nurse reserves the right to monitor the student periodically throughout the year.

X \_\_\_\_\_  
(Parent/Guardian Signature) \_\_\_\_\_ Date \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_ **RN Date:** \_\_\_\_\_