

**Kauri Sue Hamilton School**  
**Physician Order for Oral and Nasal Suctioning**

To be completed by the students physician and parent and returned to Kauri Sue Hamilton School: Fax (801) 587-8521



STUDENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

Indication: Student is unable to clear their airway of excessive mucus and secretions sufficiently and will need oxygen monitoring and oral or nasal suctioning as needed. Encourage coughing and position change prior to suctioning.

- Oral and nasal suctioning may be performed by a licensed nurse, or other staff trained by a licensed nurse, if a student is having difficulty clearing secretions independently.

**Suctioning while at school (check all that apply):**

- Nasal suctioning with bulb syringe or nasal aspirator tip only may be used to remove secretions within the nares.
- Oral suctioning using a Yankauer tip or soft tip catheter, may be performed to remove secretions within the oral cavity, to the back of the teeth only.

Check oxygen saturation level with an oximeter before and after procedure.

- If oxygen saturation level is 90% or above on room air after suctioning, continue to monitor at school.
- If oxygen saturation level is < 90% on room air after suctioning, or respiratory distress is observed, oxygen will be administered as needed. The Nursing team and parents will then decide the appropriateness of EMS notification.

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Statement**

- I, Parent/Guardian of \_\_\_\_\_, hereby request the School Nurse or trained staff member to administer the above procedure(s). I agree to furnish all suctioning equipment, tubing and other supplies necessary for the administration of the service/procedure listed above. **I agree to notify the School Nurse of any change made regarding suctioning.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

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