

Home Oxygen Supplies and Ancillary Services, VACHS, San Juan, PR

**Home Oxygen Use
Mechanical Ventilation Safety and Clinical Alarms
Assessment and Instruction Form**

Ventilator in use Serial # _____
Back-up Ventilator Serial # _____

Preventive Maintenance due date _____
Preventive Maintenance due date _____

Safety/Clinical Alarms Items	Yes	No	NA	Corrective Action Implemented
Mechanical ventilator settings adjusted according to physicians order: Mode: Control___ AC___ SIMV___ VT___ RR___/min FiO2___ PEEP___cmH2O I time___ Sensitivity___ Low/High pressure alarm limits				
Alarms on mechanical & back up ventilator sound when machine is tested and/or emergency situation occurs:				
• Low Pressure Alarm				
• High pressure Alarm				
• Apnea Alarm				
• Inverse I:E Ratio Alarm				
• Increase Inspiratory Flow Alarm				
• Low Internal/External Battery Alarm				
• Reverse External Battery Connection Alarm				
• Power Failure Alarm				
• Power Source Alarm				
• Unit Malfunction Alarms				
• Alarms are audible				
Mechanical ventilator preventive maintenance up to date				
Electrical plugs have ground outlets				
“NO SMOKING” and “Oxygen in Use” signs posted in entrance to home.				
Fire extinguisher available and functioning properly.				
Oxygen tanks stored upright in holder, OR laying flat on floor AND not covered by ANY items.				
Proper air circulation around oxygen concentrator.				
Patient/Caregiver knows how to change from concentrator to tank (vice versa).				
HOP Representative identifies risks associated with long-term oxygen use such as open flames, smoking, etc. in the vicinity of oxygen equipment.				
Patient and Caregiver(s) are encouraged to report concerns to patient safety issues (e.g. equipment malfunction, equipment supplies, etc.).				
Patient and Caregiver(s) were provided the opportunity to ask and respond to questions related to mechanical ventilation troubleshooting and safety issues.				

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HOME OXYGEN USE FOLLOW-UP SAFETY ITEMS

Home Oxygen Use Safety Assessment

Verification that the veteran has been instructed to test all smoke alarms monthly. Veteran and family or cohabitants are given educational materials regarding the hazards of smoking and using an open flame near oxygen.

**Home Oxygen Program
Safety Assessment and Instruction Form
(Identified patient smoking while O2 in use)**

Patient Name: _____

Last 4 digit of SS# _____

(Outcomes)

Goals	(Outcomes)		Corrective Action Implemented / Comments
	Yes	No	
<ul style="list-style-type: none"> • Patient and Caregiver(s) DO NOT smoke • If patient smokes is (s)he enrolled in the Tobacco Cessation Program • Does patient follow prescribed treatment • Is progress evident (Reduction in cigarette use, Safety Rule compliance, Tobacco Cessation Program, etc.) 	____	____	
Smoke alarms present: (If yes) <ul style="list-style-type: none"> • Appropriate location • Alarms sound when tested • Patient instructed to verify smoke alarm monthly 	____	____	Recommend to purchase smoke detectors ____
Electrical plugs have ground outlets			
Proper air circulation around oxygen concentrator.			
Oxygen tanks stored upright in holder, OR laying flat on floor AND not covered by ANY items.			
“NO SMOKING” and “Oxygen in Use” signs posted in entrance to home.			
Fire extinguisher available and functioning properly.			Recommend to purchase fire extinguisher ____
Fire Evacuation Plan: <ul style="list-style-type: none"> • Patient and Caregiver(s) are provided with educational material • Patient and Caregiver(s) provide feedback on home Fire Evacuation Plan. • Two escape routes are present to evacuate the residence recommended. 	____	____	
Patient capable of correctly applying nasal cannula.			
Patient/Caregiver knows how to change from concentrator to tank.			

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Patient knows how to remove cannula, shut off the oxygen supply and wait for oxygen to dissipate prior to smoking. (Wait time approx. 5 min). Patient can't smoke in the room must go outside.			
HOP Representative identifies risks associated with long-term oxygen therapy such as open flames, smoking material present and/or open flame near the vicinity of oxygen equipment.			
Patient and Caregiver(s) are encouraged to report concerns to patient safety issues (e.g. equipment malfunction, equipment supplies, etc.).			
Patient correctly verbalizes prescribed liter flow.			
Patient and Caregiver(s) were provided the opportunity to ask and respond to questions related to the "NO SMOKING" Policy.			
Alarm on concentrator sounds when machine is turned on.			
If patient is smoking: <ul style="list-style-type: none"> No oxygen is running AND Patient is a minimum 10' from equipment 	___	___	
If patient is smoking within 10' of running oxygen: <ul style="list-style-type: none"> Immediately turn off oxygen Review hazards of smoking w/oxygen Document the event in patient record Notify the appropriate providers in accordance w/Directive 2006-021 	___	___	
Additional Notes and Comments:			
Other Providers Contacted as result of this visit: Yes ___ No ___			
I certify that I have received orientation and educational material regarding the hazards of smoking. I fully understand the "NO SMOKING" assessment presented by the VA Caribbean Healthcare System Home Oxygen Program Representative.			
Respiratory Therapist / Tech. Signature:	Patient Signature:		Date: mm / dd / yy
Print Name:	Print Patients' Name:	SS # _____	DOB: mm / dd / yy

Reference:
VHA Directive 2006-021
2010 Home Care National Patient Safety Goals

Home Oxygen Use Fall Risk Assessment
Performance Improvement Monitor