

**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, <b>OR</b> laying flat on floor <b>AND</b> not covered by <b>ANY</b> 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.				

\_\_\_\_\_

██████████

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

**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# \_\_\_\_\_

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

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

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 <b>"NO SMOKING"</b> Policy.			
Alarm on concentrator sounds when machine is turned on.			
If patient is smoking: <ul style="list-style-type: none"> <li>No oxygen is running <b>AND</b></li> <li>Patient is a minimum 10' from equipment</li> </ul>	____ ____	____ ____	
If patient is smoking within 10' of running oxygen: <ul style="list-style-type: none"> <li>Immediately turn off oxygen</li> <li>Review hazards of smoking w/oxygen</li> <li>Document the event in patient record</li> <li>Notify the appropriate providers in accordance w/Directive 2006-021</li> </ul>	____ ____ ____ ____	____ ____ ____ ____	
Additional Notes and Comments:			
Other Providers Contacted as result of this visit: Yes ____ No ____			
<b>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.</b>			
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**