

**NORTH CAROLINA BOARD OF NURSING
NURSE AIDE II TRAINING MODULE**

MODULE 2: Oxygen Therapy – Set Up and Monitoring Flow Rate

SPECIAL DIRECTIONS OR NOTATIONS:

- NA II may not initiate administration or change flow rates on clients. Only licensed nurses (RN and LPN) may perform this activity (requires appropriate assessment and evaluation of client tolerance for and response to treatment). Disconnecting and reconnecting oxygen sources at the same liter flow is not considered initiating administration. (For example: The NAII has assisted the client out of bed and the O2 had to be disconnected for movement. The NAII may reconnect the O2 at the same flow rate as directed by the licensed nurse)
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
6 hours	<p>Identify three (3) sources of supplemental oxygen</p> <p>Identify at least three (3) oxygen delivery devices</p> <p>Discuss safety precautions necessary when clients are receiving oxygen therapy</p> <p>List equipment needed to set up an oxygen system using:</p> <ol style="list-style-type: none"> a. wall oxygen b. cylinder oxygen c. oxygen concentrator <p>List equipment needed for delivery devices:</p> <ol style="list-style-type: none"> a. Nasal cannula b. Face mask c. Trachea collar <p>Discuss the activities related to care of the client receiving oxygen therapy</p>	<p>A. Oxygen sources</p> <ol style="list-style-type: none"> 1. Wall oxygen 2. Cylinder oxygen 3. Oxygen concentrator <p>B. Delivery devices:</p> <ol style="list-style-type: none"> 1. Simple nasal cannula 2. Simple face mask 3. Trachea collar <p>C. Safety precautions</p> <p>D. Set up procedure</p> <ol style="list-style-type: none"> 1. Equipment <ol style="list-style-type: none"> a. Wall outlet b. Oxygen cylinder c. Oxygen concentrator 2. Delivery devices <ol style="list-style-type: none"> a. Nasal cannula b. Face mask c. Trachea collar 3. Setting liter flow rate <p>E. Client care activities</p> <ol style="list-style-type: none"> 1. Reading flow rates 2. Setting flow rate as directed by licensed nurse 3. Adjusting delivery device for client comfort 4. Care of oxygen set up 5. Information to be reported to licensed nurse 	<p>Lecture/discussion</p> <p>Laboratory demonstration and return demonstration of procedure for setting up oxygen using:</p> <ol style="list-style-type: none"> a. wall outlet source b. cylinder source <p>Laboratory demonstration and return demonstration of procedure for setting up oxygen administration by:</p> <ol style="list-style-type: none"> a. Nasal cannula b. Face mask c. Tracheal collar d. Oxygen Concentrator <p>Laboratory demonstration and return demonstration of procedure for reading flow rate on flow meter</p> <p>Demonstration and return demonstration of procedure for setting flow rate on flow meter as directed by nurse</p>	<p>Written test</p> <p>Skills Checklist Competency Evaluation in Clinical Setting</p>

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SKILLS CHECKLIST COMPETENCY EVALUATION

SKILL MODULE 2: OXYGEN THERAPY - SET UP AND MONITORING FLOW RATE

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COMPETENCY STATEMENT: Demonstrates operation of oxygen equipment as directed by nurse.

Demonstrates:

- Setting up oxygen equipment properly
- Accurately reading of oxygen flow rate in client room
- Proper placement of oxygen device on client
- Setting flow rate accurately as directed by nurse

CRITERIA:

1. Gathers necessary supplies and equipment
2. Obtains directions from the licensed nurse regarding:
 - a. type of oxygen set up
 - b. type of delivery device
3. Assembles equipment:
 - a. flow meter
 - b. humidifier
 - c. tubing
 - d. delivery device
4. Adjusts fit of device for client comfort and proper placement following initiation of therapy by licensed nurse
5. Reads flow rate set by licensed nurse
6. Reports information to licensed nurse
7. Documents information

This entire activity has been properly performed, without prompting and without assistance, by

(Name of student)

RN INSTRUCTOR:

Name/Date	
Select One	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

Name/Date	
Select One	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: _____ Date _____