



MOCLI60720

Installation : _____

Dossier : _____

Nom, prénom : _____

Date de naissance : _____ ☐ F ☐ M
aaaa/mm/jj

NAM : _____ Exp. _____
aaaa/mm

Nom, prénom de la mère : _____

AT-HOME OXYGEN THERAPY PLAN DIRECTIVES FOR HEALTHCARE AIDES

IMPORTANT: It is prohibited to change the flow rate indicated in the oxygen therapy plan. If you think the user's condition is deteriorating, see the list of signs and symptoms and follow the instructions. Always follow safety instructions when using oxygen.

Oxygen equipment and accessories	Flow (L/min.) or position	Date yyyy-mm-dd	Init.	Stopped	
				Date yyyy-mm-dd	Init.
Flow rate at rest (Seated, still, stationary. Example: eating, watching television, playing bingo or cards, etc.)					
☐ Concentrator _____ ☐ Regular nasal cannula ☐ Mask ☐ Bubble humidifier ☐ Water trap ☐ Tubing (extension) ☐ _____ ☐ Portable concentrator _____ ☐ PULSE flow ☐ CONTINUOUS flow with flared tip nasal cannula ☐ Portable oxygen cylinder with : ☐ Oxygen conserving device _____ in pulse flow mode with flared tip nasal cannula ☐ Regulator with regular nasal cannula					
Flow rate on exertion (Activity that requires active movement or energy. Example: walking from room to room, getting dressed, taking a shower, going for a walk, exercising, playing beanbag toss, etc.)					
☐ Concentrator _____ ☐ Regular nasal cannula ☐ Mask ☐ Bubble humidifier ☐ Water trap ☐ Tubing (extension) ☐ _____ ☐ Portable concentrator _____ ☐ PULSE flow ☐ CONTINUOUS flow with flared tip nasal cannula ☐ Portable oxygen cylinder with : ☐ Oxygen conserving device _____ in pulse flow mode with flared tip nasal cannula ☐ Regulator with regular nasal cannula					
Flow rate during sleep (Sleeping at night or during a daytime nap)					
☐ Concentrator _____ ☐ Regular nasal cannula ☐ Mask ☐ Bubble humidifier ☐ Water trap ☐ Tubing (extension) ☐ CPAP or BIPAP with oxygen					
Oxygen break (pause) (Removal the nasal cannula or mask for a pre-determined period or during a specific activity)					

OTHER CARE ACTIVITIES AND INSTRUCTIONS	Date yyyy-mm-dd	Init.	Stopped			
			Date yyyy-mm-dd	Init.		
In case of a power failure or concentrator failure						
- Immediately use the emergency cylinder. Set the flow rate to: _____ L/Min. _____ L/Min. _____ L/Min. - If the person does not have an emergency cylinder, place the person in a semi-seated position of 35 degrees or more. Avoid lying down flat. - Other: _____						
			- Follow the instructions in the « Power outage emergency plan ». - Regularly verify the autonomy of cylinders and order as soon as there is less than 12 hours of autonomy.			
Each shift, monitor signs and symptoms						
- Increased shortness of breath - Cyanosis (blueish colour) of extremities and lips - Increased cough that lasts more than 24 hours - Change in secretions (sputum): Increase or change in color (darker), thickness, consistency, abundance for more than 24 hours - Difficulty breathing when sleeping - Unusual drowsiness - Unusual confusion - Significant fatigue (loss of energy) - Increased swelling in ankles and/or legs (more than usual) - Other: _____	Presence of 2 or more symptoms					
	- Immediately inform the respiratory therapist or nurse - In their absence, call 811 for assistance - In case of emergency, call 9-1-1 - Record the signs and symptoms observed and the interventions made in CLI-60560-Soin d'assistance activité vie quotidienne (AVQ) - Observation aide-soignant (Appendix 8).					
Each shift, verify that:						
- The concentrator is plugged in to an electrical outlet (if used); - The flowmeter is correctly set according to the activity; - The correct administration mode is selected; - The tubing is not compressed or bent. - The nasal cannula or mask is correctly positioned. - There is no redness at the contact points (ears, nose, mouth, neck).	- Record the observations and interventions made to fix a problem in CLI-60560-Soin d'assistance activité vie quotidienne (AVQ) - Observation aide-soignant (Appendix 8). - If interventions are frequently required to fix a problem, contact the respiratory therapist. - If you notice any redness at the contact points of the nasal cannula or mask, inform the respiratory therapist.					
Verify the autonomy of the oxygen cylinders						
☐ Quantity of full portable cylinders every: _____ ☐ Autonomy of emergency cylinders during and after each use, in anticipation of a storm, a planned power outage, during a power outage.	Record the verifications performed in BRU-90005 Maintenance and verification of oxygen equipment - Healthcare aide log					
Order or refill oxygen cylinders						
☐ The portable cylinders are preordered and delivered every: _____ <i>(If you need more cylinders than the ones included in the order, please call the respiratory therapist).</i>						
☐ The user ☐ A caregiver is responsible of ordering and filling of the cylinders <i>(Inform the respiratory therapist if the user or caregiver is late in placing orders or refilling cylinders).</i>						
☐ Order/fill the portable cylinders when there is less than 7 hours of autonomy remaining for all the cylinders. ☐ Order an emergency cylinder when there is less than 12 hours of autonomy remaining. Cylinders provided: Portable cylinders: _____mini _____D _____E Emergency cylinders: _____M _____E						
Clean the oxygen equipment and replace accessories						
- Clean oxygen equipment and replace accessories according to the frequency indicated in BRU-90005. - Follow usage and maintenance instructions in the user guides provided by the respiratory therapist.	Record the maintenance dates in BRU-90005 Maintenance and verification of oxygen equipment - Healthcare aide log					
SIGNATURE DU PROFESSIONNEL	TITRE	INITIALES	SIGNATURE DU PROFESSIONNEL	TITRE	INITIALES	