

## OXYGEN SYSTEMS - INSTRUCTION CHECKLIST

|   |                                    |                              |
|---|------------------------------------|------------------------------|
| <b>PATIENT</b> _____  | <b>INDIVIDUAL INSTRUCTED</b> _____ |                              |
| <b>OXYGEN SYSTEM (MAKE/MODEL):</b> _____  | <b>BACK-UP/PORTABLE</b> _____      |                              |
| <b>SUPPLIES PROVIDED:</b> _____   |                                    |                              |
| <input type="checkbox"/> Oxygen is a drug. Use ONLY as directed by your physician.  |                                    |                              |
| <input type="checkbox"/> Treatment Guidelines explained _____ LPM _____ hours/day.  |                                    |                              |
| <input type="checkbox"/> Oxygen is a non-flammable gas. It will not explode. However, it will accelerate combustion.  |                                    |                              |
| <input type="checkbox"/> Do not use near flames or heat source. Do not smoke when using oxygen. Use in well ventilated room.  |                                    |                              |
| <input type="checkbox"/> Smoke detectors present. <input type="checkbox"/> Smoke detectors not present; risks explained.  |                                    |                              |
| <input type="checkbox"/> Written instructions provided to customer on the safe operation and maintenance of system.   |                                    |                              |
| <input type="checkbox"/> Patient/Caregiver has demonstrated understanding and ability to operate equipment properly.  |                                    |                              |
| <input type="checkbox"/> Patient Rights/Responsibilities have been discussed with patient/caregiver. Written copies provided.   |                                    |                              |
| <input type="checkbox"/> Patient/Caregiver informed of 24-hour availability for emergency maintenance or replacement of equipment. Examplecompany telephone number provided.  |                                    |                              |
| <input type="checkbox"/> Advised to formulate a Fire Evacuation Plan. <input type="checkbox"/> Review Examplecompany Disaster Response Plan.  |                                    |                              |
| <input type="checkbox"/> <b>CONCENTRATOR</b>  |                                    |                              |
| <input type="checkbox"/> Placement - near patient area, minimum 1 foot clearance.   |                                    |                              |
| <input type="checkbox"/> Electrical Safety - <input type="checkbox"/> Outlet grounded <input type="checkbox"/> Outlet grounded - maintained.  |                                    |                              |
| <input type="checkbox"/> Safety Instructions - Do not overload circuit with other high wattage items (air conditioner, heater etc.) - do not use extension cords.   |                                    |                              |
| <input type="checkbox"/> Demonstrate Unit - plug into outlet, turn on power, verify settings - LPM setting & reading - humidifier (if used), tubing & cannula.  |                                    |                              |
| <input type="checkbox"/> Cleaning & Maintenance - clean humidifier every other day: refill as needed with distilled water - clean filter twice weekly - change cannula at least twice monthly - change tubing monthly or as needed - dust unit.                           |                                    |                              |
| <input type="checkbox"/> Return demonstration by Patient/Caregiver.   |                                    |                              |
| <input type="checkbox"/> <b>TANK OXYGEN</b> <input type="checkbox"/> <b>HEAVY DUTY</b> <input type="checkbox"/> <b>PORTABLE</b>   |                                    |                              |
| <input type="checkbox"/> Placement - not in traffic area - stable or level floor  |                                    |                              |
| <input type="checkbox"/> Safety instructions - secure in the upright position - do not tip - use proper technique to move cylinders - caution used when changing regulators - slow opening & closing valves completely.   |                                    |                              |
| <input type="checkbox"/> Demonstrate Stationary Unit - attach cannula - open valve slowly - LPM setting & reading - read contents - humidifier (if used) - tubing & cannula.  |                                    |                              |
| <input type="checkbox"/> Cleaning & Maintenance - clean humidifier every other day: refill as needed with distilled water - change cannula at least twice monthly - change tubing monthly or as needed.   |                                    |                              |
| <input type="checkbox"/> Return demonstration by Patient/Caregiver.   |                                    |                              |
| <input type="checkbox"/> Explained delivery schedule.   |                                    |                              |
| <input type="checkbox"/> <b>LIQUID OXYGEN</b> <input type="checkbox"/> <b>PORTABLE</b>  |                                    |                              |
| <input type="checkbox"/> Placement - close to patient area - away from heat, sparks or flames.  |                                    |                              |
| <input type="checkbox"/> Safety Instructions - liquid oxygen is extremely cold and can cause burns to skin and eyes - should avoid contact - do not tip portable unit.  |                                    |                              |
| <input type="checkbox"/> Demonstrate Stationary Unit - LPM setting & reading, - read contents (FULL/EMPTY indicator) - humidifier (if used) - tubing & cannula - venting.   |                                    |                              |
| <input type="checkbox"/> Demonstrate Portable Unit - contents gauge and usage time.   |                                    |                              |
| <input type="checkbox"/> Cleaning & Maintenance - empty condensation collector daily - clean humidifier every other day: refill as needed with distilled water - change cannula at least twice monthly - change tubing monthly or as needed.                              |                                    |                              |
| <input type="checkbox"/> Return Demonstration by Patient/Caregiver.   |                                    |                              |
| <input type="checkbox"/> Explained delivery schedule.   |                                    |                              |
| <b>NOTE TO PATIENT/CAREGIVER:</b> You have been instructed in the proper use of this equipment. Your physician has ordered this equipment and the specific parameters for its use. Examplecompany makes no claim concerning the effectiveness of its therapeutic results. |                                    |                              |
| <b>COMMENTS:</b>  |                                    |                              |
|   |                                    |                              |
| _____   | _____                              | _____                        |
| Patient/Caregiver Signature   | Date                               | Examplecompany Rep Signature |

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