

CG F01 – Respiratory Aerosol Independence Form



This form is to be completed by the client’s treating clinician. It is used to determine if a person require assistance in the operation and cleaning of the Respiratory Aerosol Device (e.g. CPAP machine).

Client Name:

1. Does the person require assistance in attaching or removing the respiratory aerosol device/CPAP?

- No
- Yes. Please specify details:

2. Can the person independently:

- Clean the respiratory aerosol or CPAP device? Yes No
- Assemble the equipment? Yes No
- Operate the respiratory aerosol or CPAP device? Yes No

Please specify the details of what the person can and cannot do:

Name:

Signature

Designation

Date:

Provider ID (if applicable)

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Process Owner: Clinical Governance Consultant	Approved by: CEO	
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HEALTH CONDITION

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CLIENT NAME	
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ADDRESS	
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DATE PLAN PREPARED		REVIEW DUE	
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Plan prepared by		TITLE	
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Plan endorsed by (health professional)		TITLE Organisation	
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TRAINING REQUIRED BY ANNECTO STAFF	
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ANNECTO STAFF CURRENTLY TRAINED TO PERFORM REQUIRED TASKS / SUPPORTS	STAFF NAME	PROVIDER	DATE

<p>Assessment of Independence</p> <p><i>assess what areas of the procedure or process the person can do for themselves and document this information. If available, insert relevant information from another treating clinician (e.g. for a CPAP machine)</i></p>	
<p>Preparation</p> <p><i>document any preparation that needs to be done, for example, if the plan is about blood glucose level testing (BGL), this part will contain a list of the items required and how staff are to prepare the individual for the test.</i></p>	
<p>Steps Required</p> <p><i>describe the steps that staff take to implement the support required, for example, taking the sample and using the machine that assesses the BGL, and the safe clean up.</i></p>	
<p>Alerts, Risks & Management</p> <p><i>note any alerts specific to implementation of the procedure, for example, with BGL an alert that a particular reading requires immediate medical intervention.</i></p>	

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<p>Monitoring & Recording</p> <p><i>what is to be documented and where, for example with BGL the result and the time will need to be recorded</i></p>	
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<p>Signs or Symptoms</p> <p><i>how will we know that the individual needs to be reviewed earlier than planned – document any issue that the treating practitioner has noted as a trigger that the person needs the health condition or the management of the condition reviewed. For example, with BGL a particular test result may be the noted as a trigger to make an appointment for review.</i></p>	
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<p>Other</p> <p><i>note any other information that has not already been noted in the plan, for example, with BGL testing, checking that the testing is not done on the same spot to ensure the skin does not become damaged or inflamed.</i></p>	
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The Specific Health Management Plan must be endorsed by the relevant health professional providing guidance/instruction on management of the condition (e.g. Nurse, Occupational Therapist etc.)

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Endorsement of Specific Health Management Plan			
Health Professional Name			
Title / Role			
Organisation			
Signature		Date endorsed	/ /

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