

DAILY SUCTIONING CHECKLIST

Student Name _____

Inspect the suction machine and supplies daily. Check off each appropriate item as inspected. After you complete each daily inspection enter any applicable remarks and initial. If student is absent, write "Absent" in Comments column on appropriate day. The person administering specialized health care is responsible for care of equipment and shall perform inspection as stated above.

DATE	SIGNATURE

HEALTH CARE ASSISTANT SIGNATURE

DATE	SIGNATURE	INITIAL

Month/Year (mm/yy): _____	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
Date (dd): _____																				

SUCTION MACHINE																				
Plug /Outlet																				
Tube Connections Tight																				
Clean Collection Bottle																				
Clean Catheter (attached or available)																				
Manual Suction Device																				
SUPPLIES																				
Catheters of appropriate size																				
Paper/Plastic Cups (non-waxed)																				
Sterile Saline/Water (Bottled or Distilled)																				
Normal Saline Ampules																				
Personal Protective Equipment																				
Tissue/Gauze																				
Resuscitation Bag with Adapter																				
Water Soluble Lubricant																				
Replacement Trach Set (of prescribed size) with twill ties or Velcro collar																				
Blunt Scissors																				
Initials																				

Comments