

Shepherd Home Health Care, Inc.

Oxygen Safety Assessment and Education Form

Review each item below and indicate any teaching provided on the lines as appropriate. Submit original to office and leave a copy in the home folder.

1. Oxygen signs are posted: YES NO

If NO, what action taken: _____

2. There are smoking materials in the home: YES NO

If YES, Patient or CG instructed as follows: _____

3. There are potential sources for open flames: YES NO

(examples: gas stove, candles, fireplace, etc.)

Sources identified: _____

Patient/CG instructed as follows: _____

4. There are functioning smoke detectors in the home: YES NO

If YES how were they checked: _____

If No, Patient/CG instructed as follows: _____

5. Oxygen tanks stored safely (racked or lying down in a ventilated space): YES NO

Patient/CG instructed as follows: _____

6. Oxygen concentrator located in a ventilated space: YES NO

IF NO, Patient/CG instructed as follows: _____

Staff Member Signature: _____ Date: _____

Patient Signature: _____ Date: _____