

Hyperbaric Medicine Service

Authorized Use of Prohibited Materials

Patient Name: _____

A risk assessment has been discussed and the material(s) are considered medically necessary for this patient.
 NFPA 99 14.3.1.5.4.4

√	MATERIAL	DESCRIPTION	MODIFICATION (if any)
√	<i>Example: Velcro</i>	Attached to essential material: wrist restraint	Tape over each face of Velcro
√	<i>Example: Petroleum or Oil Based Topical or Impregnated Dressing</i>	Petroleum/hydrocarbon off-gassing and readiness to ignite with spark; potential concern	Wrap completely with 100%cotton towel
√	<i>Example: Pacemaker or Intrathecal Pump</i>	Brand, Model and Serial # called into manufacturer to determine efficacy under pressure	ECG monitor patient during treatment
√	<i>Example: Implanted Cardiac Defibrillator</i>	Theoretical risk of spark ignition through skin upon defibrillation	Cardiology referral to determine deactivation with magnet during treatment
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		

HYPERBARIC PHYSICIAN

In my capacity as Attending Hyperbaric Physician, I, (print name) _____ authorize the use of the material(s) listed above during hyperbaric oxygen therapy for the following schedule:

- Today's treatment(s) only
 Initial treatment only
 All treatments
 Other (specify): _____

Hyperbaric Physician Signature Date/Time

SAFETY DIRECTOR

In my capacity as Hyperbaric Safety Director, I, (print name) _____

Concur with the above authorization
 Do not concur with the above authorization

Hyperbaric Safety Director Signature Date/Time