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Clinical Handbook

Respiratory Therapy Program

Student Name: (Print) _____ Clinical Site: _____

Course Code: 1832L 2833L 2834L 2835L 2836L (Please circle appropriate rotation).

Semester: _____ Term: _____ Date of Term: (From)_____(To)_____

Professor's Name: _____

This handbook contains program specific information vital to your educational experience. It is expected that all Respiratory Care students adhere to the policies and procedures, and complete all proficiencies contained in this handbook.

Introduction

The staff of Florida National University welcomes you to your clinical rotation in respiratory care. Knowing that knowledge is important, your involvement in this clinical experience will shape your future as a respiratory care practitioner. It is imperative that you actively participate and immerse yourself in this clinical practicum. Your requirements will include extensive reading, individual assignments, group projects, and demonstrate an array of clinical proficiencies throughout the clinical rotation. In addition to these requirements, you are expected to demonstrate promptness, professionalism and an attire befitting of the profession that you are about to embark. On behalf of the entire Respiratory Therapy faculty, I would like to thank you for accepting this challenge and the opportunity to be part of this experience as a respiratory therapy student.

Respectfully:

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Program Director, Respiratory Therapy
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Respiratory Therapy Program Mission

The mission is to prepare competent, qualified Registered Respiratory Therapist professionals who will enhance the quality of healthcare in their community. This will involve preparing individuals who have scientific and clinical knowledge, skills in applying the knowledge and understanding the human condition to differentiate among the various components of effective respiratory care including leadership, community involvement and a committed to respect a culture that values diversity.

Program Goal

The goal of this program is to provide academic and clinical opportunities through excellence in teaching and practicum to achieve competent Respiratory Therapists. The program strives to impart cognitive (knowledgeable), psychomotor (skills), and affective (behavior) learning domains that establishes comprehensive learning, innovation and development, and a philosophy that focuses on the needs of each student.

Respiratory Therapist General Duties

- Set up and operate devices such as mechanical ventilators, therapeutic gas administration apparatus, environmental control systems, and aerosol generators, following specified parameters of treatment.
- Provide emergency care, including artificial respiration, external cardiac massage, and assistance with cardiopulmonary resuscitation.
- Determine the requirements for treatment, such as type, method, and duration of therapy; precautions to take; and medication and dosages compatible with physicians' orders.
- Monitor patient's physiological responses to therapy, such as vital signs, arterial blood gases, and blood chemistry changes, and consult with physician if adverse reactions occur.
- Read prescription, measure arterial blood gases, and review patient information to assess patient condition.
- Work as part of a team of physicians, nurses and other health care professionals to manage patient care.
- Enforce safety rules and ensure careful adherence to physicians' orders.
- Maintain charts that contain patients' pertinent identification and therapy information.
- Inspect, clean, test, and maintain respiratory therapy equipment to ensure equipment is functioning safely and efficiently, ordering repairs when necessary.
- Educate patients and their families about their conditions and teach appropriate disease management techniques, such as breathing exercises and the use of medications and respiratory equipment.

In addition to performing respiratory care procedures, respiratory therapists are involved in clinical decision-making and patient education. The scope of practice for respiratory therapy includes, but is not limited to the:

- Acquiring and evaluation of clinical data
- Assessment of the cardiopulmonary status of patients
- Assisting and implementation of prescribed diagnostic studies such as arterial puncture and analysis, pulmonary function testing, and polysomnography
- Evaluation of data to assess the appropriateness of prescribed respiratory care
- Establishment of therapeutic goals for patients with cardiopulmonary disease
- Contribution, development, and modification of respiratory care plans
- Establishment of case management initiatives for patients with cardiopulmonary and related diseases
- Initiation of prescribed respiratory care treatments, evaluating and monitoring patient responses to such therapy and modifying the prescribed therapy to achieve the desired therapeutic objectives
- Recommendation, initiation and administration of prescribed pulmonary rehabilitation
- Promotion and continued support of patient, family, and community education
- Promotion and continued support of cardiopulmonary wellness, disease prevention, and disease management
- Participation of life support activities as required; and promoting evidence-based medicine; research; and clinical practice guidelines
- Familiarization of the various “Clinical Standards and Guidelines” presented by organization such as the American Association of Respiratory Care (AARC), American Thoracic Society (ATS), University of Chest Physician (CCP) and other nationally known organizations

Fundamental Materials for Achieving Competency

Below you will find a list of essentials items that each student must obtain:

Materials:

- Stethoscope
- Uniform per University Standard (baby blue scrubs with school logo, white lab coat with FNC logo or patch and white shoes, FNC photo identification)
- Black pen
- Pharmacology cards
- Bandage Scissors
- Calculator(battery powered)
- Clipboard/Pocket notebook
- Watch with second hand or digital
- Required reading material(clinical handbook, textbooks)

AARC Statement of Ethics and Professional Conduct[1]

In accordance with the "position statement," AARC Statement of Ethics, and Professional Conduct from the American Association for Respiratory Care, "the conduct of the professional activities of all Respiratory Therapist's shall be bound by the following ethical and professional principles[1]." Therefore, Respiratory Therapists shall:

- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- Seek educational opportunities to improve and maintain their professional competence and document their participation accurately.
- Perform only those procedures or functions in which they are individually competent and which are within their scope of accepted and responsible practice.
- Respect and protect the legal and personal rights of patients, including the right to privacy, informed consent, and refusal of treatment.
- Divulge no protected information regarding any patient or family unless disclosure is required for the responsible performance of duty authorized by the patient and/or family, or required by law.
- Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- Promote disease prevention and wellness.
- Refuse to participate in illegal or unethical acts.
- Refuse to conceal, and will report, the illegal, unethical, fraudulent, or incompetent acts of others.
- Follow sound scientific procedures and ethical principles in research.
- Comply with state or federal laws that govern and relate to their practice.
- Avoid any form of conduct that is fraudulent or creates a conflict of interest, and shall follow the principles of ethical business behavior.
- Promote health care delivery through improvement of the access, efficacy, and cost of patient care.
- Encourage and promote appropriate stewardship of resources.

Effective 12/94
Revised 12/07
Revised 07/09
Revised 10/11

[1] AARC Statement of Ethics and Professional Conduct http://www.aarc.org/resources/position_statements/ethics.html

Policies and Processes by which Students May Perform Clinical Work while Enrolled in the Program: Essential Functions / Core Performance Standards

Specific health, physical and technical requirements are require from of all candidates challenging the Respiratory Therapy program. The clinical practicum requires that each student be capable of demonstrating the following functions. The area of concern are defined by gross and fine motor abilities, physical strength and endurance, mobility, hearing, visual, tactile, smell, reading, arithmetic, emotional stability, analytical and critical thinking, interpersonal and communicative skills. Each student must carefully review the following descriptions and acknowledge their full understanding of these requirements. **In accordance with the American with Disabilities Act (ADA), the Respiratory Therapy Program at Florida National University acts in accordance with all the standards. The attached *Essential Functions/Core Performance Standards Worksheet* provides the framework and categories that relate to an individual's functional ability, activities/attributes, and to any limitations/deficits of functional abilities that may exist.** The Respiratory Therapy Program shall implement these standards in combination with the professional scope of practice, job analysis, and expert consultation to make decisions related to the ability of the respiratory therapy student to perform the essential functions of respiratory care.

Essential Functions / Core Performance Standards

1. Gross motor ability	**1.1** Move within confined spaces **1.2** Sit and maintain balance **1.3** Stand and maintain balance **1.4** Reach above shoulders **1.5** Reach below waist	**Skills:** Grasp, hold, and read small instruments such as volume measuring devices. Lift medication vials to eyes to read. Record patient data in record or change the settings on equipment by turning knob and observes change(s). Squeeze suction catheter button. Squeeze medication vials to empty. Write in patient chart.
2. Fine motor ability	**2.1** Pickup objects with hands **2.2** Grasp small objects with hands **2.3** Write clearly and neatly with pen or pencil **2.4** Type on a keyboard **2.5** Pinch/squeeze or pick up objects **2.6** Twist knobs with hands **2.7** Possess manual dexterity for sterility and infection control purposes.	**Skills:** Change equipment settings above head and below waist. Function in an ICU environment by moving about in an ICU room in order to perform procedures on the patient. Student must also read patient chart, equipment settings, and/or equipment displays. Sit or stand to record findings.
3. Physical Endurance	**3.1**Stand at client's side during procedure **3.2** Sustain repetitive movements **3.3** Maintain physical tolerance (continue tasks throughout a shift) **3.4** Work and complete tasks at a reasonable pace	**Skills:** Bend to change equipment settings on floor, at knee level, waist level, chest level, eye level, or above head. Gather equipment and manually resuscitate patient. Make rapid adjustments if needed to ensure patient safety. Make way to patient room if an emergency is called using stairs. Turn to change settings on monitor while standing at patient bedside
4. Physical Strength	**4.1** Lift 25 pounds **4.2** Carry equipment/supplies **4.3** Squeeze with hands (e.g., use of a manual resuscitator) **4.4** Able to push/roll 60 pounds **4.5** Move heavy object weighing from 10-50 pounds by using upper body strength.	**Skills:** Procedures such as CPT and CPR require that you stand, move, and perform repetitive procedures on patients throughout the day. Repeat this procedure periodically throughout a shift.

5. Mobility	**5.1** Twist **5.2** Bend **5.3** Stoop/squat **5.4** Move quickly **5.5** Walk and climb ladders/stools/stairs	**Skills:** Help patient up in bed and from stretcher to bed and back. Carry medications, pulse oximeter, stethoscope, or other equipment to patient room. Push ventilator or other heavy equipment from respiratory care department to patient room. Lift equipment from bed height to shelf height above chest level.
6. Hearing	**6.1** Hear normal and different speaking level sounds **6.2** Hear audible alarms **6.3** Hear telephones **6.4** Hear sounds with stethoscope(e.g., lungs and heart sounds)	**Skills:** Hear audible alarms such as a ventilator alarm. Hear overhead pages to call for emergency assistance. Listen to heart sounds to determine if heart is beating. Determine the intensity and quality of patient breath sounds in order to help determine a diagnosis. Listen to patient breath sounds to determine if patient is breathing.
7. Visual	**7.1** Distinguish color **7.2** Distinguish color intensity **7.3** See emergency lights/lamps **7.4** See object up to 20 inches away **7.5** Use peripheral vision **7.6** Visually assess clients	**Skills:** Confirm settings visually such as with ventilator display. Read patient chart to determine correct therapy. Read settings on monitors and other equipment. Visually assess patient color to assess for hypoxia or any changes in patient condition.
8. Tactile	**8.1** Detect environmental temperature **8.2** Detect temperature **8.3** Feel the differences in sizes, shapes (e.g. palpate artery/vein) **8.4** Feel vibrations (e.g. pulses)	**Skills:** Assess patient by feeling for pulse, temperature, tactile fremitus, edema, subcutaneous emphysema.
9. Smell	**9.1** Detect odors from client **9.2** Detect smoke **9.3** Detect gas or noxious smells (e.g. gas leak or smoke)	**Skills:** Assess for unusual odors originating from the patient or environment requiring attention.
10. Reading	**10.1** Read and interpret physicians' orders **10.2** Read and understand written documents **10.3** Read very fine or small print	**Skills:** Read and interpret physician orders and or physician, therapist, and nurse's notes. Read from a computer monitor screen. Gather data accurately, and in a reasonable amount of time to ensure safe and effective patient care relative to other caregivers.
11. Arithmetic	**11.1** Calibrate equipment **11.2** Compute fractions **11.3** Convert numbers to metric **11.4** Count rates (e.g. pulses, breathing rate) **11.5** Tell time and measure time (duration) **11.6** Perform basic arithmetic functions add, subtract, multiply, divide **11.7** Read and understand columns of writing (e.g. flow sheets) **11.8** Read digital displays and graphic printouts **11.9** Read graphs (e.g. vital sign sheets, ventilator flow	**Skills:** Read and interpret patient graphics charts and graphic displays. Perform basic arithmetic functions in order to calculate minute ventilation, convert temperature, correctly place graduated tubing, and other functions.

	11.10 Read measurement marks **11.11** Record numbers (chart observed parameters) **11.12** Use a calculator **11.13** Use measuring tools (e.g. thermometer, NIF, Peak Flow, VC)	
12. Emotional Stability	**12.1** Establish therapeutic boundaries **12.2** Provide client with appropriate emotional support **12.3** Adapt to changing environment/stress **12.4** Deal with the unexpected (e.g. emergency situations, trauma) **12.5** Perform multiple responsibilities concurrently **12.6** Show appropriate compassion through communications	**Skills:** Provide for safe patient care despite a rapidly changing and intensely emotional environment. Perform multiple tasks concurrently such as delivering medication or oxygen in one room while performing an arterial blood gas in another (in an emergency room or general floor environment). Maintain enough composure to provide for safe effective patient care despite crisis circumstances.
13. Analytical Thinking	**13.1** Evaluate outcomes **13.2** Prioritize tasks **13.3** Problem solve **13.4** Process information **13.5** Transfer/extrapolate knowledge from one situation to another **13.6** Use long and short term memory	**Skills:** Evaluate priorities and different sources of diagnostic information to help arrive at a patient diagnosis. Appropriately evaluate data in order to notify physician and nurses when necessary.
14. Critical Thinking	**14.1** Identify cause-effect relationships **14.2** Plan/control activities for others **14.3** Synthesize knowledge and skills **14.4** Sequence information	**Skills:** Evaluate priorities and different sources of diagnostic information to help arrive at a patient diagnosis and treatment plan.
15. Interpersonal	**15.1** Respect differences in clients **15.2** Establish rapport with clients and co-workers **15.3** Work effectively with physicians, staff, clients and their families	**Skills:** Communicate effectively under any circumstance (courteous or offensive) with patients, families, doctors, nurses and other staff in order to meet therapeutic goals for the patient.
16. Communication	**16.1** Convey information through writing **16.2** Explain procedure(s) **16.3** Give oral reports **16.4** Speak clearly and distinctly **16.5** Speak on the telephone	**Skills:** Communicate effectively and appropriately with doctors, nurses, patients, family, and other staff in order to provide for most effective and efficient patient care.

Student/Applicant Declaration on Essential Functions and Submission of Health Form

_____
Printed Name

I have read the description of Essential Functions/Core Performance Standards for the Respiratory Care Program. A practicing physician or relevant practitioner has completed a health form that provides the results from a physical examination, laboratory test, and immunization records. Therefore, I acknowledge that I am able to perform, or will be able to learn to perform, all of the functions listed.

_____ _____
Signature Date

Print and return this completed page, immediately, to the Respiratory Therapy Program Director.

Clinical Requirements and Evaluation during Clinical Externship

There is a Dress Code Requirement for all clinical rotation / practicum's due to of the environment in which a health care provider practices. Each student must adhere to the following guidelines to ensure his/her safety and the safety of the patients within the facility. The dress code states that:

1. The student is expected to dress in appropriate attire for all clinical sessions as outlined below:
   - **1.1** The uniform consists of mostly white closed-toe and heel leather shoes, blue scrubs with the school logo inscribed, plain white tee shirts worn under the scrub top and a white long-sleeved hip-length lab coat that contains a respiratory therapy student patch on the left sleeve.
   - **1.2** The Florida National University and hospital issued picture ID must appear in a visible part of the uniform at all times in the classroom or clinical setting.
   - **1.3** The uniform should always be clean and wrinkle free and the shoes and shoelaces free of a dirty appearance.

2. When in uniform, jewelry must be kept to a minimum
   - **2.1** Earrings may not exceed one pair and must be small earrings for safety and aesthetic reasons.
   - **2.2** Limiting finger rings to plain wedding bands is an accepted practice
   - **2.3** Bracelets, necklaces, nose, tongue rings, or decorative pins are acceptable in the clinical settings

3. When in uniform your fingernails are important.
   - **3.1** Nails are to be kept short al all times and if nail polish is used it should be a natural colored polish.
   - **3.2** The use of acrylic, decorative, or false nails increases the possibility harboring bacterial and fungal infections. Therefore, the use of these aesthetic does not comply with this dress code.
   - **3.3** The cuticles and area underneath the nail tips must be free of dirt or oil.

4. Hair must be clean and pulled back from the face in a manner that prevents it from falling over the shoulders or contaminate sterile fields while in uniform.
   - **4.1** Facial hairs need to be well groomed.

5. Cosmetics and fragrances while in uniform.
   - **5.1** Perfumes or highly scented personal products are not be used because the fumes can cause breathing difficulties to most patients.
   - **5.2** While in uniform, the student's personal hygiene must be clean and free from body odor.

6. No smoking or gum chewing during clinical/practicum time
   - **6.1** Most hospitals establish a smoke-free environment to within 250 feet of the hospital grounds.

7. Eating, and/or drinking is allowed only in designated areas while at clinical/practicum.

8. The hospital and/or the University reserve the right to require any student who is not correctly dressed to leave the hospital.

Clinical Policies

1. Make sure your clinical instructor knows where you are during clinical time, and if your assignment has changed from its original arrangement, you must notify them accordingly.
2. Before leaving your clinical site, notify your clinical instructor and make sure that he/she dismisses you from the clinical site and is aware of any incomplete assignments.
3. Each student must attend a meeting related to advances in the field of respiratory therapy or medicine conducted by a physician or expert. Examples of this may include physician rounds, invasive and non-invasive procedures, seminars, or formally structured meetings conducted during your clinical rotation This mandatory requirement is an excellent opportunity to enhance your learning activity. Notify your clinical instructor so they may include other students to these same educational opportunities. This is your responsibility and a courtesy to your fellow classmates. Contact with any specific physician should included activities that are measurable and in direct relationship to the subject matter.
4. The notice of privacy practices is a document that explains the confidentiality of patients and that all information is strictly confidential. Breach of confidentiality will result in disciplinary action.
5. Students may not conduct personal telephone calls or texting during clinical hours.
6. You should notify your clinical instructor if you become ill during your clinical time to consider the appropriate medical attention and a course of action. You will have to make up all clinical time missed by making the necessary arrangements with your instructor. You are responsible for costs incurred during treatment.
7. **Students will perform the psychomotor skills required of a respiratory therapist. Required proficiency check-off evaluations will be used as an evaluation and grading guide for the psychomotor and cognitive skills during these and all clinical/laboratories sessions**. In addition, being punctual and actively participating each time is required. Dress code is essential as part of your affective behavior documentation. You must bring your school utensils such as stethoscope, textbooks, notebook, calculator, blunt/bandage scissors, black pen and school / hospital ID. Please refer to the list of "fundamental materials listed in this clinical handbook.
8. In order to 'pass' any proficiency, the student must consistently perform the objective according to the accepted procedure standard. Each student must then continue to provide evidence of a 'passing' performance on objectives previously passed. Students, who are not capable of re-demonstrating these safe performances, may be re-assessed, suspended, or possibility termination from the clinical course and/or program.
9. Student's who consistently have trouble with their clinical skills must go to the campus lab for remediation. Students failing to master any specific skill and or arrange to complete the necessary hours of clinical time will require academic advisement and may be required to withdraw from the course.
10. **Each student must verbally communicate any tasks performed during their clinical rotation.** This includes but may not be limited to, patient diagnosis, history and physical, diagnostic testing, therapy outcomes and prognosis. In addition, you will have to complete a daily **Clinical Activity Log** that provides a detailed description of your clinical observations and activities for that particular day.

Respiratory Clinical/Practicum I, II, III, IV, and V: All students must pass the clinical performance evaluations, practical exam, (all inclusive learning domains cognitive, psychomotor, and affective behaviors) and clinical case study analysis with the percentage of 75 ("C") or above. Failure to achieve this threshold will require that the student repeat the practicum before advancing to any subsequent level.

Respiratory Clinical I: Objectives

Patient Assessment: Advanced Skills

Unit **ONE** A & B:

Objectives:

Upon completion of this section, the student will be able to:

1. Describe the significance of measuring body temperatures, ranges, differences in degrees Fahrenheit and Celsius for all patient populations, and causes.
2. Explain the significance of the pulse; understand the normal ranges for adults and children; causes of abnormal pulses and how rhythm and strength play an important role.
3. Describe how to assess the work of breathing.
4. Describe various factors that influence blood pressure such as pumping mechanism, resistance elasticity, and viscosity of the cardiovascular system.
5. Describe systolic and diastolic blood pressure, ranges, causes of hemodynamic stability and instability.
6. Define and identify sound characteristics and the physical properties when distinctive conditions affect sound conduction and transmission.
7. Identify the most common types of stethoscopes including their advantages and disadvantages.
8. Determine and describe the various respiratory terminologies, rates, patterns, and ranges.
    a. Identify the four major classifications of normal breath sounds and their characteristics, location, and theory of sound production by performing auscultation.
    b. Identify the four major classification of abnormal breath sounds and their characteristics, location, and theory of sound production by performing auscultation.
9. Describe and identify the anatomical landmarks of the chest.
10. Explain and apply the physical assessment techniques of inspection, palpation, and percussion of the chest.
11. Differentiate among tones and changes in air versus tissue densities such as hyper-resonance, resonance, dullness, and flatness.
12. Differentiate various spinal abnormalities and their effects on respiratory structures.
13. Describe the appearance of digital clubbing and the significance these changes cause.
14. Describe and differentiate between the various abnormalities of the sternum.
15. Implement the appropriate medical charting that documents the assessment procedures performed on each patient.
16. Apply infection control guidelines and standards associated with equipment and procedures, according to OSHA regulations and CDC guidelines.
17. Administer, evaluate, and recommend a pharmacology regimen to a patient.

Unit **One (A)**: **Patient Assessment**

Competency: Perform a comprehensive patient assessment for a given patient

Rationale: The Respiratory Therapist must be able to recognize, interpret, and perform patient assessment procedures that will lead to appropriate therapeutic recommendations such as administering therapy in an effective manner, evaluate progress and to recognize adverse reactions to therapy.

Completion date: _____

1. _____ The student accurately locates the corresponding medical chart, obtains, and interprets (normal and abnormal) information relative to the case.
2. _____ Gathers' the pertinent *Subjective* information on a given patient.
3. _____ Gathers' the pertinent *Objective* information on a given patient.
4. _____ Utilize the collected information from steps #3 and 4 to interpret and develop an *Analysis* (assessment) on the patient.
5. _____ Demonstrates an ability to incorporate s*ubjective, objective,* and a*ssessment techniques* to develop a *plan.*
6. _____ Applies' the seven decision-making steps **(Therapeutic Decision Making)** to formulate a respiratory care treatment plan.

Patient Assessment: **Therapeutic Decision Making**

1. Recognize problems 1._____
   a) Knowledge of normal situation(s)
   b) Trigger of abnormal situation(s)
2. Define problem(s) 2. _____
   a) Gather appropriate information (subjective and objective)
   b) Analyze and interpret information
   c) Draw conclusions
3. Specify patient goal(s)/therapeutic objective(s) 3._____
   a) Return patient to normal –OR-
   b) Return patient to baseline, if chronic condition
4. Develop modality alternatives to meet goal(s) 4._____
   a) Match goal(s) of therapeutic modalities to goal(s) specified in Step#3 [2]
5. Select modalities 5._____
   a) Determine availability
   b) Evaluate benefit versus risk(s)[3]
6. Implement decision(s) 6._____
   a) Follow applicable laws
   b) Follow hospital and department policies and procedures (*protocols)*
7. Evaluate patient 7._____
   a) Gather appropriate information
   b) Evaluate for adverse reaction(s)
   c) Evaluate for change in patient status after intervention
      1) Goal(s) accomplished
      2) Acceptable progress toward goal(s)
      3) Unacceptable, but some progress
      4) Movement away from goal(s)

      [if '1' then D/C therapy; if '2', '3', or '4', return to step #2]

Comments: ✓ acceptable ⃠ omitted ☒ unacceptable ☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

[2] (*See* AARC Clinical Practice Guidelines)
[3] Risks (e.g. time, cost, pain, morbidity, mortality)

Unit **Two (A)**: **Medical Gas Therapy**

Competency: Evaluate, recommend, and administer the appropriate oxygen therapy for a given patient

Rationale: Oxygen is a prescribed drug commonly administered to patients in requiring emergency life support, pulmonary disability, and post-operative states that have or may develop cardiopulmonary complications. Administration of oxygen and other medical gases is one of the main duties of the Respiratory Therapist; hence, a thorough understanding of the goals, indications, contraindications, and hazards is necessary. The Respiratory Therapist must be able to evaluate (assessment of need), recommend (appropriateness of modality), and administer (accurately dispense) all medical gas modalities. Administering oxygen therapy also compels providers of health care providers to recognize adverse reactions to therapy.

Completion date:_____

The student is able to locate oxygen zone valves and demonstrate the role of the Respiratory Therapist in a mock fire drill.

1. _____ The student administers oxygen therapy as prescribed by a physician's or their assistant.
2. _____ The student is able to demonstrate the use of oxygen analyzers.
3. _____ The student is able to demonstrate the use of a pulse oximeter.
4. _____ The student is able to demonstrate the use of an oxygen cylinder with their regulator.
5. _____ The student is able to evaluate and recommend the oxygen therapy for a given patient.
6. _____ The student applies the seven decision-making steps **(Therapeutic Decision Making)** to formulate a respiratory care treatment plan.

Medical Gas Therapy: **Oxygen Therapy**

1. **Patient Medical Record Review and Data Evaluation** 1._____
   a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)
   c) Collects and evaluates information obtained in "b"
2. **Equipment and Patient Preparation**
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Troubleshoot equipment when indicated
   d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   e) Uses two patient identifiers and introduces self and corresponding department
   f) Explains purpose and objectives of the procedure and confirms patient understanding
   g) Educates patient on the safety of the modality
3. **Assessment and Implementation** 2. _____
   a) Positions patient for procedure
   b) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
   c) Attaches therapeutic modality(device) to oxygen adapter or humidifier
   d) Adjusts flow-meter to prescribed or appropriate liter flow
   e) Verifies oxygen flow or concentration to prescribed modality
   f) Positions the interface properly and comfortably on patient's face
   g) Confirms fit and verifies patient comfort
   h) Assesses effectiveness of therapy and/or makes necessary adjustments
4. **Follow-up** 3._____
   a) Ensures patient comfort and safety
   b) Disposes of infectious waste and washes hands and/or applies disinfectant
   c) Records pertinent patient data in chart or departmental records
   d) Disconnects and turns unit off if not a continuous modality.
   e) Replaces previous modalities and ensures stability of oxygenation parameters
   f) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable ☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Oxygen Supply Systems

Unit **TWO**:

Objectives:

Upon completion of this section, the student will be able to:

1. Identify the contents of medical gas cylinders
2. Identify the markings on a medical gas cylinder as defined by the Department of Transportation (DOT)
3. Differentiate between the American Standard Safety System (ASSS) index for large cylinders, the Diameter Index Safety System (DISS) and the Pin Index Safety System (PISS) for small cylinders.
4. Demonstrate the safe handling, transport, and storage of medical gas cylinders.
5. Describe the two main types of valves found on “E” and “H” medical gas cylinders and their functions.
6. Identify the components of a bulk liquid system.
7. Identify the components of a reserve system.
8. Operate and troubleshoot an air compressor.
9. Identify the components of a single-stage and a multistage regulator.
10. Identify the components of a bourdon gauge regulator.
11. Identify the components of a Thorpe tube flowmeter.
12. Differentiate between a pressure-compensated and a non-pressure compensated flowmeter.
13. Calculate the duration of flow of a cylinder.
14. Set up and safely operate a blender.
15. Locate and identify zone valves in a healthcare facility.
16. Identify and safely use wall outlet quick-connect systems.
17. Describe the safety features within an oxygen piping system.
18. Discuss the purpose of a zone valve and a station outlet.
19. Understand the characteristics of a small and large liquid oxygen reservoir and the advantages and disadvantages of each.
20. Differentiate between types of concentrators available.
21. Describe the principles of operation.
22. Describe how liter flow affects the output (concentration) during operation.

Oxygen Therapy Administration

Unit **TWO**:

Objectives:

Upon completion of this section, the student will be able to:

1. Identify and assemble various oxygen delivery devices, such as the nasal cannula, high-flow nasal cannula, simple mask, partial re-breathing mask, non-re-breathing mask, high-flow non-re-breathing mask and air entrainment (Venturi) masks.
2. Classify each oxygen delivery device as high-flow or low-flow.
3. Estimate the FIO_2 for an oxygen delivery device, given the operating flow rate.
4. Given a patient scenario, select and administer the appropriate oxygen device.
5. Demonstrate effective communication skills needed for patient-practitioner interaction.
6. Calculate inspiratory flow demands and total flows delivered for a given FIO_2, using air-to-oxygen mixing ratios.
7. Assess a patient for response to oxygen therapy.
8. Identify and correct common problems with oxygen delivery devices.

Oxygen Therapy: **Therapeutic Decision Making**

1. Recognize problems	1._____
a) Knowledge of normal situation(s)	
b) Trigger of abnormal situation(s)	
2. Define problem(s)	2. _____
a) Gather appropriate information (subjective and objective)	
b) Analyze and interpret information	
c) Draw conclusions	
3. Specify patient goal(s)/therapeutic objective(s)	3._____
a) Return patient to normal –OR-	
b) Return patient to baseline, if chronic condition	
4. Develop modality alternatives to meet goal(s)	4._____
a) Match goal(s) of therapeutic modalities to goal(s) specified in Step#3 [4]	
5. Select modalities	5._____
a) Determine availability	
b) Evaluate benefit versus risk(s)[5]	
6. Implement decision(s)	6._____
a) Follow applicable laws	
b) Follow hospital and department policies and procedures (*protocols)*	
7. Evaluate patient	7._____
a) Gather appropriate information	
b) Evaluate for adverse reaction(s)	
c) Evaluate for change in patient status after intervention	
1) Goal(s) accomplished	
2) Acceptable progress toward goal(s)	
3) Unacceptable, but some progress	
4) Movement away from goal(s)	
[if '1' then D/C therapy; if '2', '3', or '4', return to step #2]	

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable ☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

[4] (*See* AARC Clinical Practice Guidelines)
[5] Risks (e.g. time, cost, pain, morbidity, mortality)

Neonatal/Pediatric Respiratory Care: **OXYGEN HOOD**

1. **Patient Medical Record Review and Data Evaluation** 1._____
   a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)
   c) Collects and evaluates information obtained in "b"
2. **Equipment and Patient Preparation** 2._____
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Troubleshoot equipment when indicated
   d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   e) Uses two patient identifiers
   f) Applies gauze or soft covering to opening of hood (neck area) to minimize entrainment of air
   g) Prepares vacuum pressure in the event it becomes necessary to perform a suctioning procedure (see protocol).
   h) Ensures emergency oxygenation device is available\
3. **Assessment and Implementation** 3._____
   a) Verifies no relative or absolute contraindications exist, modifies procedure accordingly
   b) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
   c) Attaches nebulizer or humidifier to blender or flow meters
   d) Fills with sterile water if not prefilled or sets up continuous feed system
   e) Attaches servo-controlled heater and plugs into electrical outlet; sets temperature 32°-37°C
   f) Adjusts Blender or nebulizer to prescribed FIO2 or adjusts liter flow > 7Lpm
   g) Attaches large-bore tubing to nebulizer outlet and oxygen hood inlet, uses water drainage bag
   h) Inserts temperature probe in appropriate location
   i) Places infant in the oxygen hood and loosely seals around the neck
   j) Analyzes FI02 at infants mouth
   k) Allows for warm-up time and adjusts heater if necessary to ensure neutral thermal environment
   l) Assesses oxygenation and ventilation
4. **Follow-up** 4. _____
   a) Ensures patient comfort and safety and adjusts FIO_2 to maintain prescribed parameter (SaO_2 /CBG's / ABG's) at an appropriate level
   b) Disposes of infectious waste and washes hands and/or applies disinfectant
   c) Records pertinent patient data in chart or departmental records
   d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan
   e) Places cap or unplugs analyzer when not in use

Oxygen Analyzer

Unit **TWO**:

Objectives:

Upon completion of this section, the student will be able to:

1. Describe the proper use of an oxygen analyzer
2. Given a specific oxygen analyzer, identify its component parts.
3. Calibrate an oxygen analyzer to room air and 100% oxygen.
4. Analyze the FIO_2 on a given oxygen delivery system.
5. Describe the effects of moisture buildup and pressure on the measured FIO_2.
6. Describe the differentiating oxygen percentages measureable within different enclosures.

Oxygen Analysis: **Oxygen Therapy**

1. **Patient Medical Record Review and Data Evaluation** 1._____
   a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)
   c) Collects and evaluates information obtained in "b"
2. **Equipment and Patient Preparation** 2. _____
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Troubleshoot equipment when indicated
   d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   e) Uses two patient identifiers and introduces self and corresponding department
   f) Explains purpose and objectives of the procedure and confirms patient understanding
   g) Educates patient on the safety of the modality if applicable
   h) Positions patient for procedure
3. **Implementation and Assessment** 3. _____
   a) Assembles oxygen delivery device to be analyzed
   b) Assembles additional oxygen flow meter and attaches nipple adaptor
   c) Secures oxygen connecting tubing to the adaptor
   d) Exposes sensor to room air to establish baseline (low cal) and adjust accordingly.
   e) Exposes sensor to 100% source gas to establish second point (high cal) and adjust accordingly
   f) Analyze desired oxygen source then allows analyzer reading to stabilize
   g) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
   h) The FIO_2 is adjusted according to lab result, the physician orders, weaning protocols, or any combinations of these elements.
4. **Follow-up** 4. _____
   a) Ensures patient comfort and safety
   b) Disposes of infectious waste and washes hands and/or applies disinfectant
   c) Records pertinent patient data in chart or departmental records
   d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable ☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Oxygen Saturation Monitoring **(Pulse Oximetry)**

1. **Patient Medical Record Review and Data Evaluation** 1._____
   a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)
   c) Collects and evaluates information obtained in "b"
2. **Equipment and Patient Preparation** 2._____
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Troubleshoot equipment when indicated
   d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   e) Uses two patient identifiers and introduces self and corresponding department
   f) Explains purpose and objectives of the procedure and confirms patient understanding
   g) Educates patient on the safety of the modality if applicable
   h) Positions patient for procedure
3. **Implementation and Assessment** 3. _____
   a) Positions patient for procedure
   b) Assesses patient by measuring the patient's pulse rate manually and/or by ECG monitor(if applicable)
   c) Confirms the FIO_2 and/or modality settings in the patient's room
   d) Turns on the oximeter and verifies alarm settings
   e) Selects a site for the probe application/cleans site and attach probe to the selected site and secures
   f) Allows for proper stabilization
   g) Observes the pulse rate on the pulse oximeter and correlates it with the manually measure rate
   h) Records the pulse rate, oxygen saturation, respiratory rate
4. **Follow-up** 4. _____
   a) Ensures patient comfort and safety
   b) Disposes of infectious waste and washes hands and/or applies disinfectant
   c) Disconnects and turns unit off if not a continuous pulse oximeter monitoring
   d) Records pertinent patient data in chart or departmental records
   e) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan

Comments: ✓ acceptable ⊘ omitted ☒ unacceptable ☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Gas Pressure and Flow Regulation: **Tanks and Regulator Set-up**

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1. Gas Pressure and Flow Regulation 1._____

a) Identifies and verifies contents of cylinder primarily by the information listed on the label and color as a secondary indication

b) Identifies and interprets marking on cylinder

c) Identify the safety systems on large and small cylinders, wall outlet, regulators, and flow-meter(s)

d) Selects the proper regulator and flow-meter for large and small cylinders or the correct quick connect for a wall outlet

e) Observes proper handling, transportation, and storage of cylinder techniques

f) Performs proper 'cracking' of cylinder (alerts bystanders)

g) Verifies presence of “metal rimmed washer” seals on 'E' cylinder regulators

h) Properly connects regulator to cylinder (corrects any leaks)

i) Properly opens cylinder valve for gas delivery (reads cylinder pressure correctly)

j) Identifies type of flow-meter (compensated versus non-compensated)

k) Connects flow-meter correctly to wall outlet

l) Adjusts liter flow

2. Follow-up 2. _____

a) Determines length of duration of cylinder

b) Closes cylinder valve and bleeds pressure from regulator

c) Removes regulator from cylinder

d) Stores cylinder properly

e) Discusses hazards associated with cylinder and regulator

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable ☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Unit **Three (A)**: **Humidity and Aerosol Therapy**

Competency: Evaluate, recommend, and administer the appropriate humidification/aerosol therapy for a given patient.

Rationale: In respiratory therapy, humidity and aerosol therapy play an intricate role in the management of many patients with acute or chronic diseases and/or conditions. There are a vast number of types and brands of devices used in conjunction with oxygen therapy, bronchial hygiene, mechanical ventilation, and home care. The Respiratory Therapist must be competent in both the selection of equipment and the application of humidity and aerosol therapy. This will enable therapists to evaluate, recommend, and administer the appropriate modality in order to make appropriate therapeutic recommendations. Appropriate recommendations in the evaluation and administration of therapy provide an important and fundamental basis to recognize adverse reactions to therapy.

Completion date: _____

Evaluate and recommend the humidity/aerosol therapy plan for a given condition or disease.

1. _____ Administer humidity/aerosol therapy in accordance with a given physicians order.
2. _____ Demonstrate the use of a Small Volume Nebulizer (SVN), Bland Aerosol Nebulizer (BAN) or any other specialized nebulizer relative to a disease or condition.
3. _____ Demonstrate the use of a Metered Dose Inhaler (MDI), Dry Powder Inhaler (PDI) or any other specialized nebulizer relative to a disease or condition
4. _____ Apply the seven decision-making steps **(Therapeutic Decision Making)** to formulate a respiratory care treatment plan.

Aerosol Medication Delivery: **SVN, BAN, or other specialty nebulizers**

1. **Patient Medical Record Review and Data Evaluation** 1._____
   a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)
   c) Collects and evaluates information obtained in "b"
2. **Equipment and Patient Preparation** 2._____
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Troubleshoot equipment when indicated
   d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   e) Uses two patient identifiers and introduces self and corresponding department
   f) Explains purpose and objectives of the procedure and confirms patient understanding
   g) Educates patient on the safety of the modality
3. **Assessment and Implementation** 3._____
   a) Positions patient for procedure
   b) Selects appropriate aerosol generator and delivery device to achieve therapeutic objectives
   c) Determines **best** medication delivery method **(SVN, BAN, or other specialty nebulizer)**
   d) Checks label and verifies correct medication, dosage and expiration date
   e) Prepares medications per physician's orders
   f) Determines most appropriate patient interface to achieve therapeutic goals (mouthpiece, T-piece, tracheostomy collar, ventilator in-line adapter)

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable ☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Humidity Devices

Unit **TWO**:

Objectives:

Upon completion of this section, the student will be able to:

1. Define humidity and aerosol.
2. Discuss factors that can affect humidity.
3. Discuss the applications in a clinical and home setting.
4. Identify the components of the heat and moisture exchanger (HME) and bubble and wick humidifiers.
5. Differentiate between the types of humidifiers, including their clinical uses, advantages, and disadvantages.
6. Assemble and operate the various types of humidifiers.
7. Perform monitoring, maintenance, and troubleshooting techniques.
8. Discuss the various features of all modality types.
9. Discuss the principles of operation among all types of humidity and aerosol therapy.
10. Relate, according to AARC clinical practice guidelines, the proper amount of humidification required for patients with artificial airways.

Aerosol Generators

Unit **TWO (A)**:

Objectives:

Upon completion of this section, the student will be able to:

1. Differentiate between the types of aerosol generators by operating principles.
2. Select and apply the appropriate aerosol delivery device based on a specific clinical situation.
3. Discuss the limitations of each type of aerosol delivery device.
4. List the hazards and complications associated with aerosol delivery.
5. Apply, demonstrate, and confirm the necessary communication skills needed to explain the appropriate application of an aerosol device to a patient.
6. Apply and demonstrate medical charting skills necessary for the therapeutic application of an aerosol delivery device.
7. Apply infection control guidelines and standards associated with aerosol delivery equipment and procedures, according to OSHA regulations and CDC guidelines.

Aerosol and Medication Therapy

Unit **TWO (B)**:

Objectives:

Upon completion of this section, the student will be able to:

1. Select and use the various aerosol delivery and adjunctive devices for all clinical situations.
2. Discuss the indications, advantages, disadvantages, limitations, contraindications, and hazards of each type of aerosol delivery device and method used during the delivery of medication.
3. Perform patient assessment, and monitor and evaluate the patient's response during each phase (before, during, and after) of administering aerosolized medication(s).
4. Obtain a sputum specimen for analysis using sputum induction techniques.
5. Chart an aerosol medication treatment.
6. Practice communication skills needed for the administration of an aerosol medication treatment.
7. Apply infection control guidelines and standards associated with equipment and procedures used for aerosol medication delivery, according to OSHA regulations and CDC guidelines.

Aerosol Medication Delivery: **Therapeutic Decision Making**

1. Recognize problems	1._____
a) Knowledge of normal situation(s)	
b) Trigger of abnormal situation(s)	
2. Define problem(s)	2. _____
a) Gather appropriate information (subjective and objective)	
b) Analyze and interpret information	
c) Draw conclusions	
3. Specify patient goal(s)/therapeutic objective(s)	3._____
a) Return patient to normal –OR-	
b) Return patient to baseline, if chronic condition	
4. Develop modality alternatives to meet goal(s)	4._____
a) Match goal(s) of therapeutic modalities to goal(s) specified in Step#3 [6]	
5. Select modalities	5._____
a) Determine availability	
b) Evaluate benefit versus risk(s)[7]	
6. Implement decision(s)	6._____
a) Follow applicable laws	
b) Follow hospital and department policies and procedures (*protocols)*	
7. Evaluate patient	7._____
a) Gather appropriate information	
b) Evaluate for adverse reaction(s)	
c) Evaluate for change in patient status after intervention	
1) Goal(s) accomplished	
2) Acceptable progress toward goal(s)	
3) Unacceptable, but some progress	
4) Movement away from goal(s)	
[if '1' then D/C therapy; if '2', '3', or '4', return to step #2]	

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable ☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

[6] (*See* AARC Clinical Practice Guidelines)
[7] Risks (e.g. time, cost, pain, morbidity, mortality)

Bronchial Hygiene

Unit **Three (A)**:

Competency: Evaluate, recommend, and administer the appropriate Bronchial Hygiene protocol for a given condition or disease.

Rationale: Bronchial Hygiene is a non-invasive therapeutic technique designed to improve gas exchange by helping to mobilize and remove secretions. Chest Physical Therapy (CPT) is a bronchial hygiene technique that incorporates postural drainage, percussion, and/or vibration delivered with a specific frequency and rhythm in the management of many patients with diverse diseases and/or conditions. CPT is not a stand-alone therapeutic intervention but rather a modality that incorporates a variety of devices used in conjunction to help those with difficulty mobilize secretions. The Respiratory Therapist must be competent in the technique, selection of adjunct equipment in order to make appropriate therapeutic recommendations not limited to administer therapy in the most effective manner, but to evaluate progress and to recognize adverse reactions to therapy.

Completion date:_____

1. _____ Perform the following pulmonary hygiene techniques: chest physical therapy (CPT), postural drainage (PD), vibrations, percussion in accordance with a given physicians order.
2. _____ Demonstrate Directed Cough, Pursed Lip Breathing, Diaphragmatic Breathing, PEP Therapy and any other specialized bronchial hygiene technique.
3. _____ Evaluate and recommend the appropriate chest physical therapy (CPT) program for a given patient.
4. _____ Apply the seven decision-making steps **(Therapeutic Decision Making)** to formulate a respiratory care treatment plan.

Adjunct Techniques for Bronchial Hygiene

Unit **THREE (B)**:

Objectives:

Upon completion of this section, the student will be able to:

1. Instruct and monitor a patient on coughing, splinting, and pursed-lip breathing.
2. Practice directed cough and manually assisted cough techniques to improve cough effectiveness according to AARC clinical practice guidelines.
3. Perform vibratory PEP therapy according to AARC clinical practice guidelines.
4. Instruct and monitor a patient while performing diaphragmatic, thoracic expansion, and relaxation breathing exercises.
5. Perform inspiratory muscle-training techniques.

Bronchial Hygiene: Chest Physiotherapy

Unit **THREE (C)**:

Objectives:

Upon completion of this section, the student will be able to:

1. Describe why bronchial hygiene therapy is an important aspect of respiratory care.
2. Identify each lobe and segment of the lungs and the corresponding bronchi on a lung model.
3. Properly position and perform postural drainage, percussion, and vibration techniques for all lungs lobes and segments.
4. After reviewing x-ray reports and assessing physical examination results, perform chest physical therapy techniques to the appropriate lobes and segments.

Bronchial Hygiene: **Chest Physiotherapy or other specialty bronchial hygiene techniques**

1. **Patient Medical Record Review and Data Evaluation** 1._____
   a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)
   c) Collects and evaluates information obtained in "b"
2. **Equipment and Patient Preparation** 2._____
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Troubleshoot equipment when indicated
   d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   e) Uses two patient identifiers and introduces self and corresponding department
   f) Explains purpose and objectives of the procedure and determines patient ability to perform procedure and follow directions.
   g) Educates patient on the safety of the modality
3. **Assessment and Implementation** 3._____
   a) Positions patient for procedure
   b) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
   c) Positions patient for procedure
   d) Determines lobes and segments to be drained by assessing CXR, progress notes, and breath sounds
   e) Verifies no relative or absolute contraindications exist, modifies procedure accordingly
   f) Correctly positions patient for segments to be drained
   g) Performs percussion in correct locations with appropriate techniques
   h) Performs expiratory vibration with pressure appropriate to patient tolerance
   i) Assesses adequate ventilation, oxygenation and vital signs during procedure
   j) Encourages and assists patient cough; notes sputum production
   k) Repositions patient prior to departure
   l) Collects sputum, labels, and sends to lab if indicated

4. _____
4. **Follow-up**
   a) Ensures patient comfort and safety
   b) Disposes of infectious waste and washes hands and/or applies disinfectant
   c) Records pertinent patient data in chart or departmental records
   d) Notifies appropriate personnel and makes the necessary recommendations and or modifies the patient care plan

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable ☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Bronchial Hygiene: **Directed Cough or other specialty bronchial hygiene techniques**

1. **Patient Medical Record Review and Data Evaluation** 1._____
   a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)
   c) Collects and evaluates information obtained in "b"
2. **Equipment and Patient Preparation** 2._____
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Troubleshoot equipment when indicated
   d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   e) Uses two patient identifiers and introduces self and corresponding department
   f) Explains purpose and objectives of the procedure and determines patient ability to perform procedure and follow directions.
   g) Educates patient on the safety of the modality
3. **Assessment and Implementation** 3._____
   a) Positions patient for procedure
   b) Instructs patient in vibratory PEP therapy (repeat as needed)
   c) Instructs patient in effective use of diaphragm and cough
   d) Assures forceful contraction of abdominal muscles
   e) Instruct patient the patient serial coughing techniques
   f) Instructs patient on forced expiratory technique (FET), or huffing
   g) Provides manually assisted cough
   h) Applies pressure to the lateral thoracic cage coordinated with the patient's cough effort
   i) With tracheostomy, provides manually assisted deep inspiration utilizing a manual resuscitator bag in conjunction with manually assisted cough techniques (quad cough)
   j) Repeats procedures as indicated/tolerated and re-assesses adequate ventilation, oxygenation and vital signs during procedure
   k) Collects sputum, labels, and sends to lab if indicated

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable ☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Aerosol Delivery: **SPUTUM INDUCTION**

---

1. Equipment and Patient Preparation 1._____

a) Verifies, interprets and evaluates physician's orders or protocol

b) Examines chart for any other patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results)

c) Washes hands or applies disinfectant

d) Selects, obtains, assembles equipment correctly, verifies function (Troubleshoot equipment if indicated)

e) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures as appropriate

f) Identifies patient, introduces self and department

g) Explains purpose of the procedure and confirms patient understanding

h) Determines patient ability to perform procedure and follow directions (if ventilator interface is used, follows procedure per protocol)

i) Selects appropriate aerosol generator and delivery device to achieve therapeutic objectives

2. Assessment and Implementation 2. _____

a) Selects the proper equipment for obtaining a sputum sample: **A) USN, B) Bland aerosol, C) Other aerosol**

b) Positions patient for procedure

c) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)

d) Administers the therapy: **Instructs patient in the proper coughing techniques**

e) Instruct patient to expectorate into the sterile sputum cup

f) Ensures that the sample is from the lungs and not naso/oropharynx

g) Monitors vital signs throughout procedure

h) Labels the sample accurately and properly according to facility policy

i) Places the sample in biohazard bag according to facility policy

j) Ensures that the proper laboratory request form is completed

k) Ensures that the sample is sent to the laboratory

l) Terminates treatment if significant adverse reaction occurs

3. Follow-up 3._____

a) Ensures patient comfort and safety

b) Disposes of infectious waste and washes hands and/or applies disinfectant

c) Records pertinent patient data in chart or departmental records

d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable ☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Unit **Four (A)**: **Pharmacology**

Competency: Administer, evaluate, and recommend the pharmacology regimen for a patient

Rationale: The Respiratory Therapist must be able to administer and evaluate the patients' pharmacology regimen, and interpret physician's orders in order to make appropriate therapeutic recommendations not limited to administer therapy in the most effective manner, but to evaluate progress and to recognize adverse reactions to therapy.

Completion date : _____

1. _____ Administer the following medications in accordance with a physician's order.
   - **a)** acetylcysteine (Mucomyst)
   - **b)** albuterol (Proventil)
   - **c)** aminophylline (Aminophylline)
   - **d)** atropine sulfate (Atropine)
   - **e)** beclomethasone (Vanceril)
   - **f)** bitolterol
   - **g)** budesonide (Pulmicort)
   - **h)** budesonide + formoterol (Symbicort)
   - **i)** cromolyn sodium (Intal)
   - **j)** epinephrine
   - **k)** flunisolide (Aerobid, Aerobid M)
   - **l)** fluticasone (Flovent)
   - **m)** fluticasone + salmeterol (Advair)
   - **n)** hypertonic saline
   - **o)** hypotonic saline
   - **p)** ipratropium bromide (Atrovent)
   - **q)** ipratropium bromide + albuterol (DuoNeb or Combivent)
   - **r)** isoetharine (Bronkosol)
   - **s)** levalbuterol (Xopenex)
   - **t)** metaproterenol (Alupent)
   - **u)** montelukast (Singulair)
   - **v)** nedocromil (Tilade)
   - **w)** nicotrol patch (Nicoderm CQ)
   - **x)** normal saline
   - **y)** pentamidine (Nebupent)
   - **z)** pirbuterol (Maxair)
   - **aa)** prednisone (Deltasone)
   - **bb)** racemic epinephrine (Vaponefrin)
   - **cc)** ribavirin (Virazole)
   - **dd)** salmeterol (Serevent)
   - **ee)** theophylline (Theo-Dur)
   - **ff)** tiotropium (Spiriva)
   - **gg)** tobramycin (Tobi)
   - **hh)** triamcinolone (Azmacort)
   - **ii)** varenicline (Chantix)
   - **jj)** xylocaine (Lidocaine)
   - **kk)** zafirlukast (Accolate)
2. _____ Evaluate and recommend the pharmacology regimen for a patient based on previous knowledge of the pharmacology agents mode of action, mode of delivery, onset, indications, contraindications, drug interaction, side effects, adverse reactions, dosage (adult & pediatric).
3. _____ Apply the seven decision-making steps **(Therapeutic Decision Making)** to formulate a respiratory care treatment plan.

1. Recognize problems a) Knowledge of normal situation(s) b) Trigger of abnormal situation(s)	1._____
2. Define problem(s) a) Gather appropriate information (subjective and objective) b) Analyze and interpret information c) Draw conclusions	2. _____
3. Specify patient goal(s)/therapeutic objective(s) a) Return patient to normal –OR- b) Return patient to baseline, if chronic condition	3._____
4. Develop modality alternatives to meet goal(s) a) Match goal(s) of therapeutic modalities to goal(s) specified in Step#3 [8]	4._____
5. Select modalities a) Determine availability b) Evaluate benefit versus risk(s)[9]	5._____
6. Implement decision(s) a) Follow applicable laws b) Follow hospital and department policies and procedures (*protocols)*	6._____
7. Evaluate patient a) Gather appropriate information b) Evaluate for adverse reaction(s) c) Evaluate for change in patient status after intervention 1) Goal(s) accomplished 2) Acceptable progress toward goal(s) 3) Unacceptable, but some progress 4) Movement away from goal(s) [if '1' then D/C therapy; if '2', '3', or '4', return to step #2]	7._____

Comments: ✓ acceptable ⃠ omitted ☒ unacceptable ☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

[8] (*See* AARC Clinical Practice Guidelines)
[9] Risks (e.g. time, cost, pain, morbidity, mortality)

Unit **Five (A)**: **Airway Management**

Competency: Evaluate, recommend, and administer an appropriate airway management for a given patient.

Rationale: A patent airway is essential for human life and it is the responsibility of the Respiratory Therapist to maintain and care for that airway. A number of companies manufacture a variety of artificial airways designed to help remove secretions. You are likely to encounter artificial airways for relief of airway obstruction, facilitation of bronchial hygiene and prolonged mechanical ventilation. The Respiratory Therapist must be competent in this technique, including the appropriate selection of equipment to help mobilize secretions. Competency is a function of each person's ability to evaluate, recommend and administer the appropriate therapeutic recommendations and recognize adverse reactions to therapy.

Completion date : _____

Demonstrate competency in the management of artificial airways by completing the following tasks in accordance with a given physicians order.

1. _____ Demonstrate proper insertion of nasopharyngeal airway (NPA)
2. _____ Demonstrate proper insertion of oropharyngeal airway (OPA)
3. _____ Evaluate and recommend the appropriate size for a given patient.
4. _____ Demonstrate proper insertion of endotracheal tube via oral or nasal route.
5. _____ Apply the seven decision-making steps **(Therapeutic Decision Making)** to formulate a respiratory care treatment plan.

Airway Management: **ORAL (Endotracheal) INTUBATION**

1. **Patient Medical Record Review and Data Evaluation** 1._____
   a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)
   c) Collects and evaluates information obtained in "b"
2. **Equipment and Patient Preparation** 2._____
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Troubleshoot equipment when indicated
   d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   e) Uses two patient identifiers and introduces self and corresponding department
   f) Explains purpose and objectives of the procedure and determines patient ability to understand procedure (if applicable) and follow directions.
   g) Adjusts vacuum pressure to age -appropriate level
   h) Ensures oxygenation device is available
3. **Assessment and Implementation** 3. _____
   a) Verifies no relative or absolute contraindications exist, modifies procedure accordingly
   b) Performs the following: 1) Selects appropriate laryngoscope blade and ETT size; 2) Test function of lamp; 3) Checks function of cuff; lubricates tube with water-soluble lubricant; 4) Inserts stylet into tube
   c) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
   a) Positions patient for procedure
   b) Inserts and manipulates blade appropriately; suctions if needed
   c) Pre-oxygenates / hyper inflates the patient
   d) Inserts ETT under direct visualization within 15 seconds
   e) Immediately ventilates following insertion Inflates cuff with maximum of 10cc of air
   f) Assesses adequate ventilation, oxygenation and vital signs during procedure
   g) Stabilizes ETT until secured with tape or ETT stabilizer
   h) Verifies ETT position by chest rise, auscultation, and capnometry
   i) Correctly secures ETT with tape or ETT stabilizer
4. **Follow-up** 4. _____
   a) Measure cuff volume / pressure
   b) Confirms tube position on chest x-ray
   c) Records pertinent patient data in chart or departmental records
   d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Airway Management: **TRACHEOSTOMY CARE**

1. **Patient Medical Record Review and Data Evaluation**
   a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)
   c) Collects and evaluates information obtained in "b"

1._____

2. **Equipment and Patient Preparation**
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Troubleshoot equipment when indicated
   d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   e) Uses two patient identifiers and introduces self and corresponding department
   f) Explains purpose and objectives of the procedure and determines patient ability to understand procedure (if applicable).
   g) Adjusts vacuum pressure to age -appropriate level
   h) Make certain that an oxygen device is available for the procedure.

2._____

3. **Assessment and Implementation**
   a) Verifies no relative or absolute contraindications exist, modifies procedure accordingly
   b) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
   c) Verifies size and type of airway
   d) Opens and prepares tracheostomy care kit, fills basin with hydrogen peroxide and sterile normal saline; applies sterile drape
   a) Suctions trachea
   b) Removes and discards old tracheostomy dressing
   c) Removes inner cannula; if disposable, replaces inner cannula with new one
   d) Scrubs inner cannula with peroxide; rinses with saline if non-disposable is being used
   e) Replace inner cannula; if disposable, replaces inner cannula with new one
   f) Cleans stoma site and exterior portions of the tube using peroxide, sterile cotton-tipped applicators, and pipe cleaners
   g) Replaces dressing with a sterile precut 4x4 gauze
   h) Removes old ties or commercial tube holder and replaces with clean ones
   i) Ensures tube is secured in proper position; verifies airway patency, ventilation, and oxygenation

3. _____

4. **Follow-up**
   a) Ensures patient comfort and safety; returns oxygen therapy to previous level; turns off suction gauge when finished
   b) Disposes of infectious waste and washes hands and/or applies disinfectant
   c) Records pertinent patient data in chart or departmental records
   d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan

4._____

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable

☐ pass ☐ repeat Score_____

Signatures: Student:_____ Instructor: _____ Date: _____

Airway Maintenance: **CUFF CAR**

1.	**Patient Medical Record Review and Data Evaluation**		
	a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record	1._____	
	b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)		
	c) Collects and evaluates information obtained in "b"		
2.	**Equipment and Patient Preparation**	2._____	
	a) Washes hands or applies disinfectant and demonstrates the use of gloves		
	b) Selects, obtains, assembles equipment correctly, and verifies function		
	c) Troubleshoot equipment when indicated		
	d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable		
	e) Uses two patient identifiers and introduces self and corresponding department		
	f) Explains purpose and objectives of the procedure and determines patient ability to understand procedure (if applicable) and follow directions.		
	g) Adjusts vacuum pressure to age -appropriate level		
	a) Ensures oxygenation device is available		
3.	**Assessment and Implementation**	3. _____	
	a) Verifies no relative or absolute contraindications exist, modifies procedure accordingly		
	b) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)		
	c) Verifies size, type, and position of airway		
	d) Stabilizes airway while removing fastenings		
	e) Performs mouth or stoma care		
	f) Moves tube to new location, right, left, or center if airway is an endotracheal tube.		
	g) Applies new ties/tape holder/ precut dressing (for the tracheostomy) as indicated		
	h) Verifies appropriate position by auscultation, tube markings, or subsequent x-rays.		
	i) Demonstrates cuff inflation to minimum occluding volume (MOV)		
	j) Demonstrates cuff pressure measurement using manometer and/or commercial cuff inflation device		
4.	**Follow-up**	4._____	
	a) Ensures patient comfort and safety; returns oxygen therapy to previous level; turns off suction gauge when finished		
	b) Disposes of infectious waste and washes hands and/or applies disinfectant		
	c) Records pertinent patient data in chart or departmental records		
	d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan		

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable

☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Airway Maintenance: **EXTUBATION**

1. Equipment and Patient Preparation

a) Verifies, interprets and evaluates physician's orders or protocol
b) Examines chart for any other patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results)
c) Washes hands or applies disinfectant
d) Selects, obtains, assembles equipment correctly, verifies function (Troubleshoot equipment if indicated)
e) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures as appropriate
f) Identifies patient, introduces self and department
g) Determines patient ability to perform procedure and follow directions (if ventilator interface is used, follows procedure per protocol)
h) Explains purpose of the procedure and confirms patient understanding
i) Adjusts vacuum pressure (for airway clearance/suctioning) to age -appropriate level
j) Ensures oxygenation device is available
k) Assembles and verifies function of oxygen and humidification device to be used post-extubation

1._____

2. Assessment and Implementation

a) Verifies no relative or absolute contraindications exist, modifies procedure accordingly
b) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
c) positions patient in a high Fowler's position
d) Suctions patient's endotracheal tube and pharyngeal area thoroughly
e) Deflates cuff and assesses cuff leak (>30% VT) and vocalization
f) Removes ET tube tape or securing device
g) Instructs patient to take maximum inspiration and removes tube at peak inspiration (or alternatively at maximal cough). NOTE: do not remove tube during suctioning.
h) Applies oxygen and humidification device
i) Reassesses patient to determine adequacy of spontaneous ventilation and airway patency; verifies comfort and attends needs
j) Encourages patient to cough; periodically reassesses

2. _____

3. Follow-up

a) Ensures patient comfort and safety; returns oxygen therapy to previous level; turns off suction gauge when finished
b) Disposes of infectious waste and washes hands and/or applies disinfectant
c) Records pertinent patient data in chart or departmental records
d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan
e) Recommends cool mist, steroids, or racemic epinephrine as indicated

3._____

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable

☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date:_____

Airway Maintenance: **ARTIFICIAL AIRWAY CARE**

1. **Patient Medical Record Review and Data Evaluation**
   a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)
   c) Collects and evaluates information obtained in "b"
2. **Equipment and Patient Preparation**
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Troubleshoot equipment when indicated
   d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   e) Uses two patient identifiers and introduces self and corresponding department
   f) Explains purpose and objectives of the procedure and determines patient ability to understand procedure (if applicable) and follow directions.
   g) Ensures oxygenation device is available
   h) Ensures emergency replacement airway of same size type is available at bedside
3. **Assessment and Implementation**
   a) Verifies that there are not relative or absolute contraindications existing and modifies the procedure accordingly.
   b) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
   c) Verifies no relative or absolute contraindications exist, modifies procedure accordingly
   d) Verifies size, type, and position of airway
   e) Performs mouth or stoma care
   e) Stabilizes airway while removing fastenings
   f) Cleans and dries patient's face; uses adhesive removal product
   g) Moves tube to new location (ETT) (right, left, or center)
   h) Re-inflates cuff with maximum volume of 10 mL
   i) Applies new ties/tape/commercial tube holder; applies tincture of benzoin or similar skin protection product if indicated
   j) Verifies appropriate position by auscultation and tube markings
   f) Demonstrates cuff inflation to minimum occluding volume (MOV) or minimum leak technique (MLT)
   g) Demonstrates cuff pressure measurement and adjusts to 20 mm Hg to minimize VAP
4. **Follow-up**
   a) Ensures patient comfort and safety; returns oxygen therapy to previous level; turns off suction gauge when finished
   b) Disposes of infectious waste and washes hands and/or applies disinfectant
   c) Records pertinent patient data in chart or departmental records
   d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan

1._____ 2._____ 3._____ 4._____

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable

☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Suctioning

Unit **THREE (D)**:

Objectives:

Upon completion of this section, the student will be able to:

1. Identify the various types of suction devices and accessories, including Yankauer (tonsillar) catheter, Coude or bronchitrach-L angle-tip endo-bronchial catheters, closed suction system devices (Ballard), and sputum traps.
2. Determine the proper suction catheter size for a given airway.
3. Demonstrate proper aseptic techniques such as donning of gloves, handling of the sterile contents of a suction kit and performing this therapeutic intervention.
4. Aseptically perform nasotracheal suctioning of an airway management trainer using appropriate personal protective equipment.
5. Perform endotracheal suctioning on an intubated patient or airway management trainer using appropriate personal protective equipment.
6. Perform tracheo-bronchial lavage during suctioning.
7. Collect a sputum specimen during suctioning.
8. Demonstrate the proper disposal of contaminated suction equipment.
9. Correlate the physical principles involved in suctioning, such as Poiseuille's law, to suction equipment and procedures.

Airway Management: **Suctioning**

1. **Patient Medical Record Review and Data Evaluation** 1._____
   a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)
   c) Collects and evaluates information obtained in "b"
2. **Equipment and Patient Preparation**
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Troubleshoot equipment when indicated
   d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   e) Uses two patient identifiers and introduces self and corresponding department
   f) Explains purpose and objectives of the procedure and determines patient ability to understand procedure (if applicable) and follow directions.
   g) Adjusts vacuum pressure to age -appropriate level
   h) Ensures oxygenation device is available
3. **Assessment and Implementation** 2. _____
   a) Verifies no relative or absolute contraindications exist, modifies procedure accordingly
   b) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
   c) Positions patient for procedure
   d) Pre-oxygenates / hyper-inflates the patient
   e) Lubricates nasal airway and inserts into patent naris
   f) Lubricates suction catheter and inserts catheter into nasal airway at appropriate distance
   g) Assesses adequate ventilation, oxygenation and vital signs during procedure
   h) Applies suction upon withdrawal (<10secs) with gentle rotation motion
   i) Re-oxygenates patient following aspiration (~1min)
   j) Repeat as necessary
   k) Monitors for adverse reactions and stops procedure if necessary
   l) Collects sputum, labels, and sends to lab if indicated
4. **Follow-up** 3._____
   j) Ensures patient comfort and safety; returns oxygen therapy to previous level; turns off suction gauge when finished
   k) Disposes of infectious waste and washes hands and/or applies disinfectant
   l) Records pertinent patient data in chart or departmental records
   m) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable ☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Airway Management/Suctioning: **Therapeutic Decision Making**

1. Recognize problems	1._____
a) Knowledge of normal situation(s)	
b) Trigger of abnormal situation(s)	
2. Define problem(s)	2. _____
a) Gather appropriate information (subjective and objective)	
b) Analyze and interpret information	
c) Draw conclusions	
3. Specify patient goal(s)/therapeutic objective(s)	3._____
a) Return patient to normal –OR-	
b) Return patient to baseline, if chronic condition	
4. Develop modality alternatives to meet goal(s)	4._____
a) Match goal(s) of therapeutic modalities to goal(s) specified in Step#3 [10]	
5. Select modalities	5._____
a) Determine availability	
b) Evaluate benefit versus risk(s)[11]	
6. Implement decision(s)	6._____
a) Follow applicable laws	
b) Follow hospital and department policies and procedures (*protocols)*	
7. Evaluate patient	7._____
j) Gather appropriate information	
k) Evaluate for adverse reaction(s)	
l) Evaluate for change in patient status after intervention	
1) Goal(s) accomplished	
2) Acceptable progress toward goal(s)	
3) Unacceptable, but some progress	
4) Movement away from goal(s)	
[if '1' then D/C therapy; if '2', '3', or '4', return to step #2]	

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable ☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

[10] (*See* AARC Clinical Practice Guidelines)
[11] Risks (e.g. time, cost, pain, morbidity, mortality)

8. Recognize problems a) Knowledge of normal situation(s) b) Trigger of abnormal situation(s)	8._____
9. Define problem(s) a) Gather appropriate information (subjective and objective) b) Analyze and interpret information c) Draw conclusions	9. _____
10. Specify patient goal(s)/therapeutic objective(s) a) Return patient to normal –OR- b) Return patient to baseline, if chronic condition	10._____
11. Develop modality alternatives to meet goal(s) a) Match goal(s) of therapeutic modalities to goal(s) specified in Step#3 [12]	11._____
12. Select modalities a) Determine availability b) Evaluate benefit versus risk(s)[13]	12._____
13. Implement decision(s) a) Follow applicable laws b) Follow hospital and department policies and procedures (*protocols)*	13._____
14. Evaluate patient m) Gather appropriate information n) Evaluate for adverse reaction(s) o) Evaluate for change in patient status after intervention 5) Goal(s) accomplished 6) Acceptable progress toward goal(s) 7) Unacceptable, but some progress 8) Movement away from goal(s) [if '1' then D/C therapy; if '2', '3', or '4', return to step #2]	14._____

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable ☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

[12] (*See* AARC Clinical Practice Guidelines)
[13] Risks (e.g. time, cost, pain, morbidity, mortality)

Noninvasive Blood Gas Monitoring: **PULSE OXIMETRY**

1. **Patient Medical Record Review and Data Evaluation** 1._____
   a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)
   c) Collects and evaluates information obtained in "b"
2. **Equipment and Patient Preparation** 2._____
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Troubleshoot equipment when indicated
   d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   e) Uses two patient identifiers and introduces self and corresponding department
   f) Explains purpose and objectives of the procedure and determines patient ability to understand procedure (if applicable) and follow directions.
   e) Adjusts limits, high and low of heart rate and $SPaO_2$ to age -appropriate level
   f) Ensures oxygenation device is available if findings are lower than established threshold.
   g) Visually inspects the power cord (if applicable) and probe cable for any frayed or exposed wires
3. **Assessment and Implementation** 3. _____
   a) Verifies no relative or absolute contraindications exist, modifies procedure accordingly
   b) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
   c) Assesses patient by measuring the patient's pulse rate manually and/or by verifying the heart rate displayed on ECG monitor
   d) Confirms the F1O2 and/or ventilator settings in the patient's room
   e) Turns on the oximeter and allows for the appropriate warm-up
   f) Selects a site for the probe application and checks for adequate perfusion; removes nail or artificial nails if necessary
   g) Cleans site and non-disposable probe with alcohol prep pad
   h) Attaches probe to the selected site and secures
   i) Allows for proper stabilization
   j) Observes the pulse rate on the oximeter and correlates it with the manually measured rate and/or ECG rate
   h) Records the pulse rate, saturation, respiratory rate, and pattern and determines appropriateness of FIO2 and/or ventilator settings to SPO_2 readings.
4. **Follow-up** 4._____
   a) Ensures patient comfort and safety; returns oxygen therapy to previous level; turns off suction gauge when finished
   b) Disposes of infectious waste and washes hands and/or applies disinfectant
   c) Records pertinent patient data in chart or departmental records
   d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan
   e) Disconnects and turns unit off if not a continuous monitoring situation
   f) Disinfects probe if non-disposable

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable

☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Noninvasive Blood Gas Monitoring: **CAPNOGRAPHY/CAPNOMETRY**

1. **Patient Medical Record Review and Data Evaluation**
   a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)
   c) Collects and evaluates information obtained in "b"

1._____

2. **Equipment and Patient Preparation**
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Troubleshoot equipment when indicated
   d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   e) Uses two patient identifiers and introduces self and corresponding department
   f) Explains purpose and objectives of the procedure and determines patient ability to understand procedure (if applicable) and follow directions.
   i) $ETCO_2$ limits adjusted (high and low) according to age-appropriate / specific levels on monitor
   j) Visually inspects the power cord (if applicable) and probe cable for any frayed or exposed
   k) Calibrates capnograph with 3% or 5% CO_2 gas if required by procedure manual

2._____

3. **Assessment and Implementation**
   a) Verifies no relative or absolute contraindications exist, modifies procedure accordingly
   b) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
   c) For colorimetric capnometer attaches to 15-mmETT adaptor and notes color changes and percent CO_2 range ***NOTE:*** most devices may be used up to 2 hours, do not discard after one measurement
   d) For spot check or continuous capnograph monitors, turns unit on and allows warm-up time
   e) Connects clean sampling sensor to patient's nose or in-line to ventilator circuit with proper adaptor
      1. Ensures that there is no excess pull on airway
      2. Records highest $Petco_2$ after 3 minutes and compares to recent $PaCO_2$
   f) Analyzes, documents or prints capnograph wave and reading if applicable and determines ventilatory status
   g) Calculates VD/VD ratio ($PaCO_2$ - Petco2/PaCO2) and approximate Dead space
   h) Interprets results

3. _____

4. **Follow-up**
   a) Disposes of infectious waste and washes hands and/or applies disinfectant
   b) Records pertinent patient data in chart or departmental records
   c) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan
   d) If continuous monitoring performed, checks sensor or sampling line and water trap for moisture or debris and clears or replaces if needed

4._____

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable

☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Noninvasive Blood Gas Monitoring: **TRANSCUTANEOUS MONITORING**

1. **Patient Medical Record Review and Data Evaluation**
   a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)
   c) Collects and evaluates information obtained in "b"

1._____

2. **Equipment and Patient Preparation**
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Troubleshoot equipment when indicated
   d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   e) Uses two patient identifiers and introduces self and corresponding department
   f) Explains purpose and objectives of the procedure and determines patient ability to understand procedure (if applicable) and follow directions.
   g) Pt_cO_2 limits adjusted (high and low) according to age-appropriate / specific levels on monitor
   h) Visually inspects the power cord (if applicable) and probe cable for any frayed or exposed
   i) Calibrates transcutaneous monitor as per procedure manual

2._____

3. **Assessment and Implementation**
   a) The patient's skin contour, texture, and placement of the PtcO are assessed.
   b) Assesses patient and confirms FIO2 and ventilator settings
   c) Selects an electrode site away from flat, boney areas, large veins, or thick skin
   d) Cleanses the selected site with an alcohol prep pad and dried it
   j) Adjusts the temperature to 43-45 degrees C as appropriate for patient's age
   k) Allows for equilibration
   l) Records the Ptcco2 and Ptco2 readings as applicable
   m) Reassesses patient and electrode site periodically; changes electrode placement every 2 to 6 hours as indicated

3._____

4 **Follow-up**
   a) The patients comfort and safety is assessed during the monitoring phase.
   b) Changes site every three to four hours or sooner if needed.
   b) Disposes of infectious waste and washes hands and/or applies disinfectant
   c) Records pertinent patient data in chart or electronic records
   d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan

4._____

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable

☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____Date: _____

Arterial Blood Gas Sampling: **ARTERIAL PUNCTURE**

1. **Patient Medical Record Review and Data Evaluation** 1._____
   a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep report the use of anticoagulants or existing coagulopathy and allergies to the use of local anesthetics)
   c) Collects and evaluates information obtained in "b"
   d) Confirms that the patient is on the correct oxygen delivery device, expected FIO_2 and or settings for their ventilator
2. **Equipment and Patient Preparation** 2._____
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Troubleshoot equipment when indicated
   d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   e) Uses two patient identifiers and introduces self and corresponding department
   f) Explains purpose and objectives of the procedure and determines patient ability to understand procedure (if applicable) and follow directions.
3. **Assessment and Implementation** 3. _____
   a) Verifies no relative or absolute contraindications exist, modifies procedure accordingly
   b) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
   c) Palpates pulse on both arms to determine the best puncture site, if possible
   d) Performs modified Allen's test; if negatives, repeats on other arm
   e) Prepares the puncture site by rubbing vigorously in circular motion away from puncture site with an antiseptic solution for at least 30 seconds; disinfects gloved fingers used for palpation
   f) Administers anesthetic if ordered
   g) Correctly performs the puncture:
      1. Sets the plunger on a self-venting syringe to obtain the desired amount of blood (enough for repeated analysis)
      2. Holds the syringe at 45-degree angle with the bevel of the needle up
      3. Slowly inserts needle between second and third skin fold on wrist and safely adjusts angle or direction of the needle if necessary
   h) Obtains sample, removes needle and immediately applies pressure with sterile gauze.
      1. Maintains pressure on the puncture site for a minimum of 3-5 minutes; ten minutes or longer if the patient has bleeding disorder or uses anticoagulants
      2. Checks puncture site for bleeding, swelling, discoloration, and return of pulse proximal and distal to puncture
   i) Corks needle with rubber stopper or automatic capping device
   j) Ensures anaerobic sample; removes air bubbles with venting device or according to OSHA guidelines
4. **Follow-up** 4._____
   a) Ensures patient comfort and safety; returns oxygen therapy to previous level(s).
   b) Disposes of infectious waste and washes hands and/or applies disinfectant
   c) Records pertinent patient data in chart or departmental records
   d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan
   e) Labels sample; places in iced, sealed biohazard container for transport
   f) Documents date, time, F_1O_2, puncture site, Allen's test results, oxygen and ventilatory settings (if applicable, and therapist signature
   g) Cleans any blood spills with sodium hypochlorite (bleach) solution

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable

☐ pass ☐ repeat Score_____

Signatures: Student: _____Instructor: _____ Date: _____

Arterial Blood Gas Sampling: **ARTERIAL LINE SAMPLING**

1. **Patient Medical Record Review and Data Evaluation** — 1._____
   a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)
   c) Collects and evaluates information obtained in "b"
   d) Confirms requested procedure to correct patient, under precise oxygen delivery device, expected FIO_2, and or settings for their ventilator.
2. **Equipment and Patient Preparation** — 2._____
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Lubricates syringe with heparin to prevent coagulation of blood.
   d) Troubleshoot equipment when indicated
   e) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   f) Uses two patient identifiers and introduces self and corresponding department
   g) Explains purpose and objectives of the procedure and determines patient ability to understand procedure (if applicable) and follow directions.

3. **Assessment and Implementation** — 3. _____
   a) Verifies no relative or absolute contraindications exist, modifies procedure accordingly
   b) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
   c) Confirms oxygen and/or ventilator settings to be correct
   d) Observes cardiac monitor for shape and height of arterial waveform
   e) Identifies line/intraflow device
   f) Aspirates initial sample (waste) into syringe or other receptor (if applicable).
      1) Removes cap from stopcock hub and disinfects and places aseptically on clean gauze or drape 2) Attaches un-heparinized syringe on Luer-Lock hub 3) Places gauze under the stopcock while aspirating approximately 3-5 mL until flush solution removed and whole blood appears in syringe from the patient line 4)Turns stopcock off to syringe; removes syringe and disposes in sharps container
   g) Aspirates sample:
      1) Sets plunger of self-venting syringe for desired amount of blood (enough for repeat analysis)
      2) Secures heparinized syringe on Luer-Lock hub 3) Re-opens stopcock; collects sample 4)Turns stopcock off to syringe and removes syringe
   h) Caps syringe; removes air bubbles following OSHA guidelines
   i) Mixes and labels sample; places in sealed biohazard container; sends blood to be analyzed
   j) Maintains line:
      1) Using intraflow, with stopcock turned toward Luer-Lock, flushes the line intermittently to the patient for one pass of the screen 2) Turns stopcock off to the patient: places gauze under hub; pulls the intraflow to flush the stopcock hub 3) Turns the stopcock off to the Luer-Lock; disinfects hub and cap with alcohol and replaces cap on hub
   l) Checks waveform and verifies line function
4. **Follow-up** — 4. _____
   a) Ensures patient comfort and safety; returns oxygen therapy to previous level(s).
   b) Disposes of infectious waste and washes hands and/or applies disinfectant
   c) Records pertinent patient data in chart or departmental records
   d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan
   e) Labels sample; places in iced, sealed biohazard container for transport
   f) Documents date, time, F_1O_2, puncture site, oxygen and ventilatory settings (if applicable, and therapist signature
   g) Cleans any blood spills with sodium hypochlorite (bleach) solution

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable ☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Arterial Blood Gas Sampling: **CAPILLARY SAMPLING**

1. **Patient Medical Record Review and Data Evaluation**
   a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)
   c) Collects and evaluates information obtained in "b"
2. **Equipment and Patient Preparation**
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Troubleshoot equipment when indicated
   d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   e) Uses two patient identifiers and introduces self and corresponding department
   f) Explains purpose and objectives of the procedure and determines patient ability to understand procedure (if applicable) and follow directions.
3. **Assessment and Implementation**
   a) Verifies no relative or absolute contraindications exist, modifies procedure accordingly
   b) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
   c) Warms the heel for 5-10 minutes
   d) Evaluates effectiveness of warming before performing the puncture
   e) Selects the appropriate puncture zone (lateral or medial to calcaneus)
   f) Disinfects the puncture site
   g) Quickly punctures the appropriate site with the lancet, no deeper than 3 mm
   h) Ensures the free flow of blood and does not squeeze the heel
   i) Wipes away the first blood drop with a sterile gauze
   j) Draws the samples into a heparinized capillary tube
   k) Ensures no air bubbles are present
   l) Compresses the puncture site and applies adhesive bandage if required
   m) Seals one end of the capillary tube with a stopper
   n) Inserts mixing flea and places circular magnet over the tube
   o) Caps the other end
   p) Mixes the sample by sliding the magnet up and down the tube
   q) Labels sample according to facility policy
   r) Transports the sample to the laboratory according to facility policy, icing if necessary
   s) Removes the mixing flea prior to analysis
4. **Follow-up**
   a) Ensures patient comfort and safety and returns oxygen therapy to previous level if applicable
   b) Disposes of infectious waste and washes hands and/or applies disinfectant
   c) Records pertinent patient data in chart or departmental records
   d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan

1._____ 2._____ 3._____ 4._____

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable ☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Arterial Blood Gas Analysis and Maintenance: **ABG ANALYZER MAINTENANCE***

1. Equipment and Patient Preparation

a) Performs daily maintenance:
1) Checks fluid level of pH and flush
2) Checks cal and slope tanks and gas flow
3) checks levels of humidifiers
4) Empties Waste Bottle
5) Inserts daily cleaner

b) Calibrates blood gas analyzer
1) Obtains correct barometric pressure
2) Performs a two point calibration going from low-high buffer (pH) then from low gas-high gas (PCO_2 and PO_2)
3) using the following formula, calculates correct gas values: (PB – 47) x % gas in tank = mm Hg to be calibrated

c) Performs electrode maintenance (if applicable)
1) Every two weeks the pH reference PCO_2 and PO_2 membranes should be replaced, if applicable
A) Re-membranes according to procedure manual, if applicable, fills with electrolyte solution; cleans out chamber and places electrode back into machine,
B) PCO_2 :removes electrode from machine, empties solution, and removes membrane; cleans and re-membranes following procedure manual for the machine; fills with electrolyte solution; cleans out electrode chamber and places electrode back into machine,
C) PO_2 :removes from machine, empties solution, and removes membrane; cleans and re-membranes following procedure manual for the machine; fills with electrolyte solution,
D) Cleans out electrode chamber and places electrode back into machine
2) On most analyzers, electrode block needs to be replaced annually

d) Calibrates the machine prior to analyzing blood gas sample

e) Performs quality controls
1) Verifies lot numbers and expected ranges 2) Inserts three levels of quality control (acidosis, normal, alkalosis) 3) Corrects any errors and reruns if necessary

1._____

2. Follow-up

a) Documents preventive maintenance procedures

b) Produces Levy-Jennings plots

1) Able to identify Levy-Jennings plots that are in control, random error, shift, trend, and out of control

2. _____

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable

☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

*if made available by the institution

Blood Gas Interpretation and Calculations: **ARTERIAL BLOOD GAS INTERPRETATION**

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1. Equipment and Patient Preparation

a) Obtains and analyzes an arterial blood gas sample
b) Evaluates the pH
c) Evaluates the $PaCO_2$
d) Evaluates the HCO_3 –
e) Evaluates the BE
f) Interprets the acid-base status
g) Determines if any compensation is present
h) Evaluates the $Pa0_2$
i) Evaluates the $Sa0_2$
j) Interprets oxygenation status
k) Uses P-50 to determine if there is a shift in the oxygen dissociation curve
l) Determines $Ca0_2$
m) Calculates $P(A\text{-}a)DO_2$
n) Calculates the F_1O_2 Needed for desired $Pa0_2$

1._____

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable

☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Noninvasive Ventilation: **CPAP/BiPAP™ INITIATION (NON-INVASIVE VENTILATION)**

1. **Patient Medical Record Review and Data Evaluation** 1._____
   a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)
   c) Collects and evaluates information obtained in "b"
2. **Equipment and Patient Preparation** 2._____
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Troubleshoot equipment when indicated
   d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   e) Uses two patient identifiers and introduces self and corresponding department
   f) Explains purpose and objectives of the procedure and determines patient ability to understand procedure (if applicable) and follow directions.
   g) Prepares vacuum pressure in the event it becomes necessary to perform a suctioning procedure (see protocol).
   h) Ensures oxygenation device is available
   i) Identifies the circuit components of a continuous flow noninvasive circuit and assembles:
      1. 6-foot smooth bore tubing
      2. Exhalation port or mask with integrated exhalation port
      3. Proximal pressure tubing
      4. Interface
      5. Bacteria filter to machine outlet
   j) 6. Performs required leak test (if applicable)
3. **Assessment and Implementation** 3. _____
   a) Verifies no relative or absolute contraindications exist, modifies procedure accordingly
   b) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
   c) Differentiates between CPAP and BiPAP
   d) Turns the unit or system on and selects proper mode, pressures, ramp or rise time, F_1O_2, and timed inspiration
   e) Checks alarm function and sets alarms
   f) Positions patient and measures the patient for appropriate mask size
   g) Uses spaces to fill any gaps
   h) Attaches the mask to the hose
   i) Attaches the head straps to the patient's head; confirms proper fit comfort
   j) Evaluates waveforms to identify tidal volume, rate, pressures and flow, and air trapping or auto-PEEP
   k) Adjusts the pressure(s) (CPAP, IPAP, EPAP) to conform with the physician's order
   l) Reassesses vital signs, SpO_2, breath sounds and ventilatory status
   m) Determines how patient is tolerating the pressure; readjusts mask if necessary
   n) Evaluates for alternative interface if patient is not tolerating the mask
4. **Follow-up** 4._____
   a) Ensures patient comfort and safety; returns oxygen therapy to previous level; turns off suction gauge when finished
   b) Disposes of infectious waste and washes hands and/or applies disinfectant
   c) Records pertinent patient data in chart or departmental records
   d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable

☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Neonatal/Pediatric Respiratory Care: **NASAL CPAP INITIATION**

3. **Patient Medical Record Review and Data Evaluation**
   - d) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   - e) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)
   - f) Collects and evaluates information obtained in "b"

1._____

4. **Equipment and Patient Preparation**
   - i) Washes hands or applies disinfectant and demonstrates the use of gloves
   - j) Selects, obtains, assembles equipment correctly, and verifies function
   - k) Troubleshoot equipment when indicated
   - l) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   - m) Uses two patient identifiers and introduces self and corresponding department
   - n) Explains purpose and objectives of the procedure and determines patient ability to understand procedure (if applicable) and follow directions.
   - o) Prepares vacuum pressure in the event it becomes necessary to perform a suctioning procedure (see protocol).
   - p) Ensures oxygenation device is available
   - q) Identifies the circuit components of a continuous flow noninvasive circuit and assembles:
     1. 6-foot smooth bore tubing
     2. Exhalation port or mask with integrated exhalation port
     3. Proximal pressure tubing
     4. Interface
     5. Bacteria filter to machine outlet
   - r) 6. Performs required leak test (if applicable)

2._____

5. **Assessment and Implementation**
   - a) Verifies no relative or absolute contraindications exist, modifies procedure accordingly
   - b) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
   - c) Differentiates between CPAP and BiPAP
   - d) Turns the unit or system on and selects proper mode, pressures, ramp or rise time, $FI0_2$, and timed inspiration, if applicable.
   - e) Checks alarm function and sets alarms
   - f) Positions patient and measures the patient for appropriate nasal appliance
   - g) Uses spaces to fill any gaps
   - h) Attaches the nasal appliance to the hose
   - i) Attaches the head straps to the patient's head; confirms proper fit comfort
   - j) Evaluates waveforms to identify tidal volume, rate, pressures and flow, and air trapping or auto-PEEP
   - k) Adjusts the pressure(s) (CPAP, IPAP, EPAP) to conform with the physician's order
   - l) Reassesses vital signs, SpO_2, breath sounds and ventilatory status
   - m) Determines how patient is tolerating the pressure; readjusts nasal appliance if necessary
   - n) Evaluates for alternative interface if patient is not tolerating the nasal appliance

3. _____

6. **Follow-up**
   - a) Ensures patient comfort and safety; returns oxygen therapy to previous level; turns off suction gauge when finished
   - b) Disposes of infectious waste and washes hands and/or applies disinfectant
   - c) Records pertinent patient data in chart or departmental records
   - d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan

4._____

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable

☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Ventilator Initiation: **ADULT VENTILATOR INITIATION**

1. **Patient Medical Record Review and Data Evaluation**
   a) Verifies, interprets and evaluates physician's orders or protocol
   b) Examines chart for any other patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results)
   c) Collects and evaluates information obtained in "b"

1._____

2. **Equipment and Patient Preparation**
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Troubleshoot equipment when indicated
   d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   e) Uses two patient identifiers and introduces self and corresponding department
   f) Explains purpose and objectives of the procedure and determines patient ability to understand procedure (if applicable) and follow directions.
   g) Prepares vacuum pressure in the event it becomes necessary to perform a suctioning procedure (see protocol).
   h) Ensures oxygenation device is available
   i) Connects the ventilator to the appropriate emergency electrical outlet
   j) Connects the corresponding high-pressure hose(s) to the appropriate 50 psig gas source outlet
   k) Attaches the correct circuit, filters and humidification system as needed
   l) Turns the ventilator on and performs the required tests to verify proper ventilator operation.
   m) Perform any additional leak test and correct issues that verify ventilator function.

2._____

3. **Assessment and Implementation**
   a) Verifies no relative or absolute contraindications exist, modifies procedure accordingly
   b) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
   c) Assesses indications for mechanical ventilation; evaluates the patient by performing: 1) Vital signs, color, WOB, pulse oximetry, capnography 2) Physical assessment of the chest , 3) Auscultation 4) Airway size, type, placement, and patency 5) Suctioning
   d) Selects the initial ventilator settings according to order or protocol
   e) Sets initial alarm parameters
   f) Connects the patient to the ventilator and adjusts the following as needed: 1) Ventilator parameters and alarms 2) Sensitivity (pressure or flow trigger) 3) Mode 4) Rate/frequency 5) V_T/V_E 6) PIP/pressure support 7) Flow rate/I-time%/Flow Pattern/I:E ratio
   g) Analyzes and adjusts F_IO_2 as indicated
   h) Adjusts circuit humidification system
   i) Notes LOC, use of sedation, and paralytics
   j) Observes and interprets ventilator graphics
   k) Completes patient-system ventilator check

3. _____

4. **Follow-up**
   a) Ensures patient comfort and safety; returns oxygen therapy to previous level; turns off suction gauge when finished
   b) Disposes of infectious waste and washes hands and/or applies disinfectant
   c) Records pertinent patient data in chart or departmental records
   d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan

4._____

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable

☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Ventilator Initiation: **VENTILATOR CIRCUIT CHANGE**

1. Equipment and Patient Preparation

a) Verifies, interprets and evaluates need to perform task
b) Washes hands or applies disinfectant prior to performing task
c) Selects, obtains, assembles equipment correctly, verifies function (Troubleshoot equipment if Indicated)
d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures as appropriate
e) Identifies patient, introduces self and department when applicable
f) Determines patient ability to understand procedure and follow directions (staying still).
g) Ensures oxygenation device is available to assist ventilation during brief disconnect

1._____

2. Assessment and Implementation

a) Verifies no relative or absolute contraindications exist, modifies procedure accordingly
b) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
c) Assesses the patient and ventilator system prior to performing the circuit change
d) Ensures emergency equipment is available
e) Cleans outside surface of ventilator of dust and debris
f) Changes filters if needed
g) Has assistant, if available, manually ventilate the patient
h) Assembles the equipment as completely as possible
i) Places the other ends proximal to their corresponding connections on the ventilator
j) Silences the alarms
k) Adjusts the FI02 on the ventilator to hyper oxygenate the patient prior to disconnection (or manually hyper inflates as appropriate)
l) Quickly disconnects the circuit from the patient wye
m) Quickly disconnects the other circuit connections from the ventilator
n) Quickly attaches the ends of the new circuit to the corresponding connections on the ventilator
o) Rapidly assesses the circuit for leaks and assures ventilator function
p) Reconnects the patient to the ventilator circuit
q) Changes any ancillary equipment as indicated (HME, MDI, or SVN in-line adapter, in-line suction catheter)
r) Observes the pressure and exhaled volume readings; corrects for leaks if needed
s) Verifies alarm function
t) Readjusts the FI02 and resets the alarms

2._____

3. Follow-up

a) Ensures patient comfort and safety; returns oxygen therapy to previous level; turns off suction gauge when finished
b) Disposes of infectious waste and washes hands and/or applies disinfectant
c) Records pertinent patient data in chart or departmental records
d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan

3._____

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable

☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Patient-Ventilator System Care and Maintenance: **ADULT PATIENT-VENTILATOR SYSTEM CARE**

1. **Patient Medical Record Review and Data Evaluation** 1._____
   a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)
   c) Collects and evaluates information obtained in "b"
2. **Equipment and Patient Preparation** 2._____
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Troubleshoot equipment when indicated
   d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   e) Uses two patient identifiers and introduces self and corresponding department
   f) Explains purpose and objectives of the procedure and determines patient ability to understand procedure (if applicable) and follow directions.
3. **Assessment and Implementation** 3._____
   a) Verifies no relative or absolute contraindications exist, modifies procedure accordingly
   b) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
   c) Assesses patient by performing/observing
      1) Vital sign, 2) Physical examination of the chest 3) Auscultation 4) Airway placement and patency 5) Pulse oximetry 6) E_tCO_2 7) Hemodynamic Stability parameters 8) Subjective comfort level
   d) Assesses cuff inflation and adjusts if necessary
   e) Performs humidifier maintenance
   f) Analyzes F_IO_2
   g) Verifies all ventilator settings and adjusts if necessary
   h) Verifies all alarm settings and adjusts if necessary
   i) Assesses for weaning potential
   j) Evaluates waveforms to identify tidal volume, rate, pressures and flow, and air trapping or auto-PEEP
   k) Calculates EDC, C_{st}, and R_{aw}
   l) Reassesses vital signs, SpO_2, breath sounds and ventilatory status
   m) Determines how patient is tolerating the pressure; readjusts nasal appliance if necessary
   n) Evaluates for alternative interface if patient is not tolerating the nasal appliance

4. **Follow-up** 4. _____
   a) Ensures patient comfort and safety; returns oxygen therapy to previous level; turns off suction gauge when finished
   b) Disposes of infectious waste and washes hands and/or applies disinfectant
   c) Records pertinent patient data in chart or departmental records
   d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable

☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Discontinuation of Mechanical Ventilation: **VENTILATOR WEANING PROTOCOLS**

1. **Patient Medical Record Review and Data Evaluation**
   a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)
   c) Collects and evaluates information obtained in "b"

1._____

2. **Equipment and Patient Preparation**
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Troubleshoot equipment when indicated
   d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   e) Uses two patient identifiers and introduces self and corresponding department
   f) Explains purpose and objectives of the procedure and determines patient ability to understand procedure (if applicable) and follow directions.
   g) Prepares vacuum pressure in the event it becomes necessary to perform a suctioning procedure (see protocol).
   h) Ensures oxygenation device is available
   i) Adjusts vacuum pressure (for airway clearance/suctioning) to age -appropriate level as needed
   j) Ensures oxygenation device is available

2. _____

3. **Assessment and Implementation**
   a) Verifies no relative or absolute contraindications exist, modifies procedure accordingly
   b) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
   c) Assesses patient for weaning readiness
   d) Checks chart for: 1) Recent chest x-ray 2) Recent ABG 3) laboratory results of CBC and hematology 4) Adequate urinary output 5) Discontinuance of sedation
   e) Assesses the following parameters:
      1) Hemodynamic stability 2) Vital signs 3) Vital capacity, negative inspiratory force (NIF), or maximal inspiratory pressure (MIP)
   f) Determines patients ability to lift and hold head in an upright position
   g) Adjusts and selects the ventilator to an appropriate mode and settings for weaning
   h) Explains the procedure to the patient if applicable
   i) Implements weaning protocol based on facility policy
   j) Monitors patient tolerance of the weaning procedure:
      1) Adequacy of oxygenation 2) Adequacy of ventilation 3) Hemodynamic Stability
   k) Assesses subjective tolerance
   l) Readjusts ventilator settings as indicated by protocol
   m) Discontinues weaning if not tolerated and notifies RN and MD

4. **Follow-up**
   a) Ensures patient comfort and safety; returns oxygen therapy to previous level; turns off suction gauge when finished
   b) Disposes of infectious waste and washes hands and/or applies disinfectant
   c) Records pertinent patient data in chart or departmental records
   d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan

3._____

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable

☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Basic Chest X-Ray Interpretation: **CHEST X-RAY INTERPRETATION**

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1. Patient Medical Record Review and Data Evaluation 1._____

a) Examines chart for any other patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results)
b) Selects the correct film based on "need to know" information only.
c) Collects and evaluates information obtained in "b"

2. Assessment and Implementation 2._____

a) Obtains the chest x-ray film (actual film) or retrieves from PACS and verifies film identification
b) Inserts film onto view box with correct orientation and turns on view box light or retrieves from PACS
c) Identifies projection view of the film and patient position
d) Observes the entire film for symmetry and quality and indentifies:
1) Clavicles, scapulae, and ribs 2) Spinal column and thoracic vertebrae; midline visible 3) Lungs right and left 4) Costophrenic; notes if they are sharp, blurred (possible fluid) or less sharp (blunted) 5) Level of diaphragms; notes the rib level to determine if the film is good or poor inspiratory quality 6) Stomach air bubble 7) Breast shadows 8) Traces the outline of each rib noting the angle and any fractures or other abnormalities 9) Tracheal position 10) Identifies the carina and the main stem bronchi 11) Examines hila for size and position 12) Presence or absence of lung markings 13) Aortic knob and the heart shadow 14) Examines for silhouette sign 15) Measures and estimates the cardiothoracic ratio 16) Notes the presence and position of any artificial airways or catheters
e) States an overall impression of the film
f) Correlates the film with the clinical findings and interprets results

3. Follow-up 3._____

a) Ensures that the films or monitor (PACS) is stored or screen closed to protect patient disclosure when finished
b) Records pertinent patient data in chart or departmental records
d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable

☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Hemodynamic Monitoring: **HEMODYNAMIC MEASUREMENTS**

1. Equipment and Patient Preparation

a) Verifies, interprets and evaluates physician's orders or protocol
b) Examines chart for any other patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results)
c) Washes hands or applies disinfectant
d) Selects, obtains, assembles equipment correctly, verifies function (Troubleshoot equipment if Indicated)
e) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures as appropriate
f) Identifies patient, introduces self and department
g) Explains purpose of the procedure and confirms patient understanding and follow directions if necessary under any circumstance

1._____

2. Assessment and Implementation

a) Verifies no relative or absolute contraindications exist, modifies procedure accordingly
b) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
c) Identifies components of Swan-Ganz catheter:
1) Inflation lumen port 2) Distal lumen port 3) Proximal lumen port 4) Thermistor connection 5) Proximal lumen orifice 6) Balloon 7) Distal orifice
d) Identifies proper injectate site (proximal port)
e) Identifies pressure waves; states the normal pressure ranges for each:
1) CVP 2) RA 3) RV systolic 4) RV diastolic 5) PA systolic 6) PA diastolic 7) PAP mean 8) PWP
f) Corrects any malfunctions of pressure measuring system
g) Records cardiac output from monitor for a minimum of three injection within 10%
h) Averages three measurements
i) Interprets all data obtained

3. Follow-up

a) Ensures patient comfort and safety and returns all lines and monitoring parameters to previous levels when finished
b) Disposes of infectious waste and washes hands and/or applies disinfectant
c) Records pertinent patient data in chart or departmental records
d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan

23._____

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable

☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Chest Tube Drainage Systems: **CHEST DRAINAGE SYSTEM ASSEMBLY**

1. **Patient Medical Record Review and Data Evaluation**
   a) Verifies, interprets and evaluates physician's orders or protocol by reviewing data in the patient record
   b) Examines chart for relevant patient data/notes (diagnosis, medication, therapies, radiographs, laboratory results, hemodynamic, electrocardiograms, sleep reports.)
   c) Collects and evaluates information obtained in "b"

2. **Equipment and Patient Preparation**
   a) Washes hands or applies disinfectant and demonstrates the use of gloves
   b) Selects, obtains, assembles equipment correctly, and verifies function
   c) Troubleshoot equipment when indicated
   d) Applies personal protective equipment (PPE), observes standard precautions and transmission based isolation procedures when applicable
   e) Uses two patient identifiers and introduces self and corresponding department
   f) Explains purpose and objectives of the procedure and determines patient ability to understand procedure (if applicable) and follow directions.
   g) Prepares vacuum pressure
   h) Ensures emergency oxygenation device is available and ready for use
   i) Locks floor stand into place
   j) Instills sterile water into the control chamber to the required level (wet system)
   k) Connects the suction tubing to the suction source (if required)
   l) Sets the control dial to the desired suction setting (dry system)
   m) Adjusts vacuum pressure to the appropriate level
   n) Positions the chest drainage system in a manner that prevents injury to employees

3. Assessment and Implementation
   a) Verifies no relative or absolute contraindications exist, modifies procedure accordingly
   b) Assesses patient (vital signs, SpO_2, breath sounds, ventilatory status)
   c) Assesses the chest tube entry site
   d) Assesses all tubing
   e) Assesses the suction control chamber
   f) Assesses the water-seal chamber
   g) Assesses the collection chamber

4. Follow-up
   a) Ensures patient comfort and safety; returns oxygen therapy to previous level; turns off suction gauge when finished
   b) Disposes of infectious waste and washes hands and/or applies disinfectant
   c) Records pertinent patient data in chart or departmental records
   d) Notifies appropriate personnel and makes necessary recommendations and or modifications to the patient care plan

1._____ 2._____ 3._____ 4._____

Comments: ✓ acceptable ⦸ omitted ☒ unacceptable

☐ pass ☐ repeat Score_____

Signatures: Student: _____ Instructor: _____ Date: _____

Clinical Performance Evaluation

5 Independent: Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative.
4 Minimally Supervised: Few errors, able to self-correct; seeks guidance when appropriate
3 Competent: Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe.
2 Marginal: Below average; critical errors or problem areas noted; would benefit from remediation.
1 Dependent: Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful

PERFORMANCE CRITERIA	**SCORE**				
COGNITIVE DOMAIN					
Consistently displays knowledge, comprehension, and command of essential concepts	5	4	3	2	1
Demonstrates the relationship between theory and clinical practice	5	4	3	2	1
Able to select, review, apply, analyze, synthesize, interpret, and evaluate information; makes recommendations to modify care plan	5	4	3	2	1
Psychomotor Domain					
Selects, assembles, and verifies proper function and cleanliness of equipment; assures operation and corrects malfunctions	5	4	3	2	1
Minimal error, no critical errors; able to self-correct; performs all steps safely and accurately	5	4	3	2	1
Exhibits the required manual dexterity	5	4	3	2	1
Performs procedure in a reasonable time frame for clinical level	5	4	3	2	1
Applies and maintains aseptic technique and PPE as required	5	4	3	2	1
Maintains concise and accurate patient and clinical records	5	4	3	2	1
Reports promptly on patient status/needs to appropriate personnel	5	4	3	2	1
Affective Domain					
Exhibits courteous and pleasant demeanor; shows consideration and respect, honesty, and integrity	5	4	3	2	1
Communicates verbally and in writing clearly and concisely	5	4	3	2	1
Preserves confidentiality and adheres to all policies.	5	4	3	2	1
Follows directions, exhibits sound judgment, and seeks help when required	5	4	3	2	1
Demonstrates initiative, self-direction, responsibility, and accountability	5	4	3	2	1
TOTAL POINTS = /75= AVERAGE GRADE=					
___Pass: Satisfactory Performance					
Minimal Supervision Needed, may progress to next level, clinical time completed					
___FAIL: Unsatisfactory Performance					
Minor reevaluation only					
Needs additional Clinical practice before reevaluation					
Needs additional Laboratory practice before skills performed in clinical area					
Recommend Clinical Probation					
Evaluator(Print Name)_____Evaluator Sign_____ Date:					

Interpersonal Relations Evaluation

Name_____ Indicate Term: (Mid-Term Final ____)

PERFORMANCE CRITERIA

APPEARANCE **SCORE:** _____

1. The student portrays an unacceptable example of maintaining their uniform and personal appearance.
2. The student portrays a poor example of maintaining uniform and personal appearances. Frequently, inappropriate or excessive jewelry and body fragrances are noted.
3. The student portrays a satisfactory example of maintaining their uniform and personal appearances. Occasionally there are inappropriate or excessive jewelry and body fragrances.
4. The student portrays a good example of maintaining their uniform and personal appearance and does not use any inappropriate or excessive jewelry and body fragrances.
5. The student portrays an excellent example of maintaining their uniform and personal appearance and does not use any inappropriate or excessive jewelry and body fragrances

Comments:

ATTENDANCE **SCORE:** _____

1. The student is chronically absent despite an excusable or inexcusable reason.
2. The student is frequently absent despite an excusable or inexcusable reason.
3. The student is absent occasionally despite an excusable or inexcusable reason.
4. The student is rarely absent despite an excusable or inexcusable reason.
5. The student exhibits a perfect attendance.

Comments:

PROMPTNESS **SCORE:** _____

1. The student is chronically tardy despite an excusable or inexcusable reason.
2. The student is frequently tardy despite an excusable or inexcusable reason.
3. The student is occasionally tardy despite an excusable or inexcusable reason.
4. The student is rarely tardy despite an excusable or inexcusable reason.
5. The student is never tardy.

Comments:

PREPARATION **SCORE:** _____

1. The student is never prepared for activities and forgetful of their responsibilities.
2. The student is frequently unprepared. Rectifying situation requires additional time or effort that adversely affects the performance or outcome of tasks.
3. The student is usually prepared, may require additional time or effort to rectify issues without adversely affecting performance or outcome.
4. The student generally demonstrates preparedness. Issues of unpreparedness do not require rectifying in order to accomplish task or maintain the required standards.
5. The student always demonstrates preparedness for all activities.

Comments:

INITIATIVE **SCORE:** _____

1. The student generally lacks initiative, procrastinates, and frequently cannot complete their assigned tasks. Additionally, they require frequent direction and supervision to remedy issues of free time.
2. The student occasionally lacks initiative and requires occasional direction. Can complete work, but fails to seek out other activities during spare time.
3. The student demonstrates satisfactory initiative. Completes work comfortably and generally seeks out additional activities.
4. The student typically completes work comfortably and frequently ahead of time. Make use of free time to find additional appropriate activities relevant to their learning experience.
5. The student demonstrates exceptional initiative by completing their work, assists others, or finds other productive activities that are complementary to their learning experience.

Comments:

PRODUCTIVITY **SCORE:** _____

1. The student is chronically unproductive, extremely unorganized and/or requires considerable amounts of time to carry out tasks.
2. The student demonstrates a below average level of productivity. Generally requires additional time to complete assignments and a moderate amount of guidance.
3. The student demonstrates an average level of productivity. Generally completes tasks required of them in a reasonable length of time but lacks a certain level of organizational skills.
4. The student demonstrates above average levels of productivity. The completion of work is accurate in an acceptable amount of time given the nature of work/assignment given to complete.
5. The student demonstrates excellent productivity skills. They are highly organized and always finish the required tasks ahead of time correctly and provides assistance to others after completion of own tasks.

Comments:

COMMUNICATION SKILLS **SCORE: _____**

1. The student frequently gives inaccurate information, including extraneous information that makes the message unclear. Additionally, the student requires several explanations. Often uses inappropriate non-verbal signs.
2. The student usually gives inaccurate information including extraneous information that often confuses the message. They are rarely able to follow verbal instructions and often use very inappropriate non-verbal signs.
3. The student satisfactorily reports accurate and concise information. Verbal instructions often require occasional clarification most of the time and occasionally use non-verbal signs inappropriately.
4. The student generally reports accurately with occasional extraneous information. Understands the intent of verbal instructions and understand them. Explanations are generally clear and rarely use inappropriate non-verbal signs.
5. The student always reports accurately and very concisely by giving excellent explanations. Eager to understand, clarify, and follow the intent of verbal instructions. Gives excellent explanations and always uses appropriate non-verbal signs.

Comments:

COOPERATION **SCORE: _____**

1. The student is usually uncooperative with instructors, students, and other members of health care team. Additionally, is unable or unwilling to negotiate differences with others to resolve issues. Counseling is required often and is ineffective.
2. The student is occasionally uncooperative with instructors, students, and other members of the health care team. Occasionally the student is willing to negotiate differences with others to resolve issues after an appropriate amount of counseling occurs.
3. The student functions in a satisfactory manner regarding issues of cooperation with instructors, students, and other members of health care team. Negotiating crucial differences with others also occurs in a satisfactory manner.
4. The student generally acts cooperatively with instructors, students, and other members of health care team by negotiating most differences with others.
5. Always functions cooperatively with instructors, students, and other members of health team. Demonstrate highly effective negotiating skills with others.

Comments:

GENERAL ATTITUDE **SCORE: _____**

1. The student's general attitude fails to demonstrate a desire to perform, take initiatives and requires some form of advisement to correct attitude while in class.
2. The student's general attitude occasionally requires advisement due to emotional or behavioral issues compromising their responsibilities.
3. The student's attitude is neutral and treats their requirements as necessary without allowing any emotional or behavioral issues compromise their responsibilities.
4. The student's attitude is generally enthusiastic and demonstrates an interest in taking on additional tasks, demonstrates genuine interest in learning, and attitude frequently demonstrates enthusiasm in learning.
5. The student's attitude is always enthusiastic and demonstrates an interest in taking on additional tasks, always takes the initiative to excel and motivates others to learn.

Comments:

KNOWLEDGE **SCORE: _____**

1. The student lacks significant knowledge and fails to seek the appropriate assistance to conduct patient care safely.
2. The student lacks significant knowledge but seeks the appropriate assistance to conduct patient care safely.
3. The student satisfactorily performs within the scope of practice and seeks assistance appropriately.
4. The student has an appropriate knowledge base to perform within the scope of practice, seeks assistance, and actively assists others with lesser skills.
5. The student has all the necessary knowledge to perform within the scope of practice, rarely seeks assistance, and actively assists other with lesser skills.

Comments:

CHANGE **SCORE:** _____

1. The student is unable to change poor habits or inappropriate behavior after repeated counseling.
2. The student adapts to changes in habits reluctantly and requires additional counseling.
3. The student satisfactorily improves by self-evaluation and minimal counseling to accept and incorporate other methods.
4. The student is able to improve ways of accomplishing issues and initiates appropriate change within the scope of training without counseling.
5. The student never requires changes to the requirements of their actions.

Comments:

Additional Notes or Comments:

_____ _____

Student's signature Date Evaluator's signature Date

Clinical Progress Report

Hospital: _____ Indicate Term: 1832L 2833L 2834L 2835L 2836L

Unit___: _____ Final Score_____

Unit___: _____ Final Score_____

Unit___: _____ Final Score_____

Unit___: _____ Final Score_____

Unit___: _____ Final Score_____

Unit___: _____ Final Score_____

Unit___: _____ Final Score_____

CLINICAL COMPETENCIES (20%) _____

PROFESSIONALISM (10%) _____

CLINICAL COMPREHENSION (Mid-Term) (25%) _____

CLINICAL COMPREHENSION (Final) (35%) _____

CASE STUDY ANALYSIS (10%) _____

FINAL GRADE _____

COMMENTS:

Signatures: Student: _____Instructor's _____Date _____

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Respiratory Therapy Program

Daily Activities Log

Name: _____ Student ID: _____ Date: _____
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Facility: _____ Dates of Clinical Rotation: (1)_____(2)_____(3)_____
Instructor (Name / Credentials): _____

Mark the assigned are//tasks//experience during your clinical rotation:

__Patient assessment	__Oxygen administration	__Airway care
__Chest assessment	__ICU patient assessment	__Artificial airway ID & main
__Aerosol therapy	__Charting	__Body mechanics
__Skills lab	__Hyperbaric medicine	__Bronchoscopy
__General pharmacology	__Arterial blood gases-interpretation	__Chest tubes/drainage
__Drawing/preparing meds	__Respiratory pharmacology	__Critical care pharmacology
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__Mechanical vent//initiation	__Mechanical ventilation//modes	__Mechanical ventilation//changes
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__BiPAP	__CPT	__SVN therapy(SAN)
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Other: _____
PHYSICIAN CONTACT: Name: _____
TOPIC(S) _____ DURATION_____
Number of Patients Assigned: _____ Type of Patients: _____
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Respiratory Therapy Program

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STUDENT SIGNATURE: _____ DATE: _____

Name: _____ Student ID: _____ Date: _____
Clinic Course (Circle one) : RET 1832L RET 2833L RET 2834L RET 2835L RET 2836L
Facility: _____ Dates of Clinical Rotation: (1)_____(2)_____(3)_____
Instructor (Name / Credentials): _____

Mark the assigned are//tasks//experience during your clinical rotation:

__Patient assessment	__Oxygen administration	__Airway care
__Chest assessment	__ICU patient assessment	__Artificial airway ID & main
__Aerosol therapy	__Charting	__Body mechanics
__Skills lab	__Hyperbaric medicine	__Bronchoscopy
__General pharmacology	__Arterial blood gases-interpretation	__Chest tubes/drainage
__Drawing/preparing meds	__Respiratory pharmacology	__Critical care pharmacology
__Monitoring techniques	__Pulmonary pathophysiology	__General pathophysiology
__Aseptic techniques	__IPPB	__MDI/DPI therapy
__Mechanical vent//initiation	__Mechanical ventilation//modes	__Mechanical ventilation//changes
__Orientation	__CP R	__PFT lab
__BiPAP	__CPT	__SVN therapy(SAN)
__Hemodynamic monitoring	__Arterial blood gases-sampling	__Ventilator patient transport

Other: _____
PHYSICIAN CONTACT: Name: _____
TOPIC(S) _____ DURATION_____
Number of Patients Assigned: _____ Type of Patients: _____
Daily Activities

After completing your clinical day, spend a few moments reflecting on your experiences and observances and respond to the following questions. Be prepared to share your experiences with the other students. In addition, your activities as they relate to the clinical objectives

1. What was the ***most significant and important thing*** that you experienced today?
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STUDENT SIGNATURE: _____ DATE: _____

Respiratory Therapy Program

Daily Activities Log

Name: _____ Student ID: _____ Date: _____
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Florida National College
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Respiratory Therapy Program

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STUDENT SIGNATURE: _____ DATE: _____

Check List

__ Orientation
- __ Charting
- __ Body mechanics

__ Skills lab
- __ Aseptic techniques
- __ Oxygen administration
- __ Arterial blood gases- Interpretation
- __ Monitoring techniques
- __ Airway care
- __ Ventilator patient transport
- __ Patient Extubation/ Intubation (observation/attempt)
- __ Artificial airway ID & main
- __ Pulmonary pathophysiology

__ Patient assessment
- __ Pulse oximetry
- __ Arterial blood gases sampling
- __ Chest assessment
- __ ICU patient assessment
- __ Chest X-Ray Interpretation

__ Therapeutic Modalities
- __ SAN / SVN / Jet Neb
- __ MDI / DPI therapy
  - __General pharmacology
  - __ Drawing /preparing meds
- __ Respiratory pharmacology
- __ Critical care pharmacology
- __ General pathophysiology

__ Aerosol therapy
__ CPAP
__ BiPAP
__ CPT
__ IPPB
__ Mechanical ventilation / Modes
__ Mechanical ventilation initiation
__ Mechanical ventilation changes
__ Static / Dynamic Compliance Assessment
__ Bronchoscopy
__ Chest tubes/drainage
__ Hyperbaric medicine
__ CP R

__ Diagnostic Modalities
- __ PFT's
- __ Hemodynamic monitoring
- __ Bronchoscopy

__ Clinical Progress Report

__ Interpersonal Relations Evaluation
- __ Mid-Term
- __ Final

__ Clinical Performance Evaluation
__ Daily Logs
__ Case Studies

Student/Applicant Declaration on Essential Functions and Submission of Health Form

_____
Printed Name

I have read the description of Essential Functions/Core Performance Standards for the Respiratory Care Program.
A practicing physician or relevant practitioner has completed a health form that provides the results from a physical examination, laboratory test, and immunization records. Therefore, I acknowledge that I am able to perform, or will be able to learn to perform, all of the functions listed.

_____
_____
Signature
Date

Print and return this completed page, immediately, to the Respiratory Therapy Program Director.