LOMA LINDA UNIVERSITY
School of Allied Health Professions

LOMA LINDA UNIVERSITY
School of Allied Health Professions
Department of Cardiopulmonary Sciences

B.S. Respiratory Therapy Program

Clinical Competency Book, 2013

Student Name:

_____

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This clinical competency book is designed based on the American Association of Respiratory Care Orientation and Competency Assurance Manual, 2nd Edition 2011.

Clinical Competency Notebook:

Notebooks are done electronically. Clinical Instructors and the Director of Clinical Education have access to a link to check each student data and completion of their competency. Student will be updated on which competency the have completed frequently.

PATIENT CONFIDENTIALITY

Students will see and hear confidential patient information. This may be personal, clinical, financial, and may be computerized, on paper copy, or oral in nature. Students who have access to confidential information are prohibited by law from disclosing such information in any un-authorized manner.

Patient information gathered during the course of the student's clinical experience must not leave the clinical site without prior authorization. Access by students to the medical record should be limited to pertinent areas only.

Breaches of patient confidentiality are subject to disciplinary action. This may involve removal from clinical site, a failing grade in the clinical rotation, or termination from the program. Additionally, both the clinical site and federal government may also levy monetary penalties if any laws were violated.

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Objective	Date	Location	S or U	Comments (If 1 or is applied).
Orientation				
Site: LLUMC				
Site: East Campus				
Site: VA Hospital				
Site: Totally Kids				
Site: Riverside regional				
Other:				
(Professionalism, communication, attendance)				
Arrive clinics on time.				
Dress professionally				
Demonstrate Interpersonal communication skills with staff.				
Demonstrate proactive practice.				
Demonstrate a proper patient introduction and interaction.				
Willingness to listen to others opinion and respond in a professional way.				
Pre-Patient settings				
Check the patient chart (History, orders, physical, progress notes).				
Gather and collect proper equipment for each procedure.				
Demonstrate correct and proper hand washing technique before any patient interaction.				
Patient setting:				
Obtain the following vital signs using proper technique: o Pulse, RR, Temp, BP.				

Objective	Date	Location	S or U	Comments
Identify the following during INSPECTION: a. Increased A-P diameter b. Use of accessory muscles c. Cyanosis d. Digital clubbing **e.** Jugular venous distension				
Identify the following during PALPATION: a. Decreased tactile fremitus b. Increased tactile fremitus c. Altered chest expansion Normal or abnormal tracheal position.				
Identify the following during AUSCULTATION: a. Normal breath sounds b. Fine crackle c. Coarse crackles d. Wheezes e. Stridor				
Identify the following during PERCUSSION: a. Hyperresonance b. Decreased/Dull resonance c. Normal resonance				

Objective	Date	Location	S or U	Comments
Demonstrate proper breath sounds technique with locating the following: a. Right Middle Lobe (RML) b. Left Upper Lobe (LUL) c. Right Upper Lobe (RUL) d. Right Lower Lobe (RLL) e. Left Lower Lobe (LLL)				
Isolation and Infection Control Procedures:				
Identify different types of Isolation procedures in patient care settings.				
Identify the purpose of the Negative pressure room and when is it used.				
Identify the purpose of the N-95 respirator, its indication, and proper usage technique.				
Identify how/where to dispose blood samples and body fluids after each procedure.				
Ensure that respiratory equipment's are clean/sterile before/after each procedure. (MDI, SVN, Suction catheter).				
Patient Assessment:				
Introduce self, department.				
Create good rapport communication with patients.				

Objective	Date	Location	S or U	Comments
Identify patient by using two methods (wristband ID, Birthdate)				
Perform and demonstrate proper vital signs technique (Pulse, Respiratory Rate, Blood Pressure, Temperature).				
Respect patient privacy.				
Wear gloves before any procedure.				
Explain procedure to patient and family.				
Observe and coach patient, if applicable, and terminate therapy if adverse reaction occurs.				
Obtain vital signs after each procedure.				
Evaluate and assure patient stability and safe before leaving the room.				
Wash hands after each procedure/patient interaction.				
Demonstrate proper charting method.				
Floor therapy				
IPPB treatment, If available.				
Demonstrate proper technique setting up and performing the following procedure:				
Nasal Cannula.				
Venturi Mask				
Continues Nebulizer (Mask or Trach mask).				
Non-Rebreather mask.				
Incentive Spirometer.				
Pulse Oximeter.				
Chest Physical Therapy (CPT) Manual or pneumatic.				

Objective	Date	Location	S or U	Comments
High Frequency Chest Wall Oscillator (The Vest).				
In-exufillator				
IPV				
Oral Suctioning.				
Nasotracheal Suctioning (NTS).				
Endotracheal Suctioning.				
Inline Suctioning.				
Medical Gas Therapy				
Demonstrate the correct procedure for installing a regulator or reducing valve for the following sized cylinders: a. E cylinder. b. H cylinder.				
Demonstrate the proper method to calculate the duration of gas remaining in a cylinder with a specified pressure and flow.				
Patient Evaluation				
Demonstrate a proper SOAP format.				
Present an adequate and proper patient report to the next shift.				

Objective	Date	Location	S or U	Comments
Airway care				
Demonstrate minimal leak technique				
Demonstrate minimal occlusive volume				
Suction patient via ETT or trach with catheter & glove				
Suction patient via ETT with inline suction catheter				
Use resuscitation bag to hyperoxygenate and nasally suction patient.				
Tape endotracheal tube in proper position.				
Identify endotracheal tube placement on chest x-ray.				

Special Procedures Competency Section:

- Each student has to complete at least eight check offs for each procedure. A full evaluation from the Clinical Instructor takes place on the 9th procedure to ensure that the student has achieved the required level for each competency.
- Failing the 9th competency check off will result in remediation of such competency. A detailed report from the clinical instructor will be issued to the student and the director of clinical education to ensure which steps have been missed in such competency. A review session will be administered to the student to help him/her be competent in such procedure. The review/remediation process is under the discretion of the program faculty and the director of clinical education.

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Date:_____	Clinical Site: _____	
Metered Dose Inhaler (MDI) Competency		
1	Check chart. (MD order, History & Physical, Progress Note)	S or U
2	Gather all appropriate equipment and medication	S or U
3	Wash hands. Put on gloves.	S or U
4	Introduce self to patient and family. Check patient ID band and second identifier. Explain procedure.	S or U
5	Position patient. Obtain heart rate, respiratory rate, breath sounds, pain assessment, peak flow if applicable, note patient appearance and work of breathing.	S or U
6	Demonstrate appropriate technique: Put MDI into aerochamber. Shake MDI. Actuate MDI. Inhale slowly. Hold breath. Exhale. Wait one minute. Repeat as ordered. Rinse mouth if medication contains a steroid.	S or U
7	Observe and coach patient technique or administer MDI as appropriate.	S or U
8	Observe patient during treatment. Terminate therapy if adverse reaction occurs.	S or U
9	Encourage the patient to cough if able. Instruct patient on splinting techniques. Suction if needed.	S or U
10	Obtain heart rate, respiratory rate, breath sounds, pain assessment, peak flow if applicable, note patient appearance and work of breathing.	S or U
11	Assure patient is stable and as comfortable as possible.	S or U
12	Wash hands.	S or U
13	Chart treatment.	S or U

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Date:_____	Site: _____	Times performed: _____
Medneb Competency		
1	Check chart. (MD order, History & Physical, Progress Note)	S or U
2	Gather all appropriate equipment and medication	S or U
3	Wash hands. Put on gloves.	S or U
4	Introduce self to patient and family. Check patient ID band and second identifier. Explain procedure.	S or U
5	Position patient. Obtain heart rate, respiratory rate, breath sounds, pain assessment, peak flow if applicable, note patient appearance and work of breathing.	S or U
6	Assemble medneb. Choose mouthpiece, mask, or inline adaptors. Add medication using aseptic technique. Instruct the patient to breathe through the mouth if able. Adjust flow rate to insure adequate medication aerosolization	S or U
7	Instruct patient to do an inspiratory breath hold every 1-2 minutes if able.	S or U
8	Observe patient during treatment. Terminate therapy if adverse reaction occurs.	S or U
9	Encourage the patient to cough if able. Instruct patient on splinting techniques. Suction if needed.	S or U
10	Obtain heart rate, respiratory rate, breath sounds, pain assessment, peak flow if applicable, note patient appearance and work of breathing.	S or U
11	Assure patient is stable and as comfortable as possible.	S or U
12	Wash hands.	S or U
13	Chart treatment.	S or U

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Date:_____	Site: _____	Times performed: _____
Oxygen Therapy Competency		
1	Check chart. (MD order, History & Physical, Progress Note)	S or U
2	Gather all appropriate equipment and medication	S or U
3	Wash hands. Put on gloves.	S or U
4	Introduce self to patient and family. Check patient ID band and second identifier. Explain procedure.	S or U
5	Position patient. Obtain heart rate, respiratory rate, breath sounds, pain assessment, peak flow if applicable, note patient appearance and work of breathing.	S or U
6	Connect flowmeter to wall outlet or tank. Connect humidifier (prn) nasal cannula or mask. Turn flowmeter to appropriate flow. Test for proper function. Attach oxygen device to patient.	S or U
7	Observe patient during treatment. Terminate therapy if adverse reaction occurs.	S or U
8	Obtain heart rate, respiratory rate, breath sounds, pain assessment, peak flow if applicable, note patient appearance and work of breathing.	S or U
9	Assure patient is stable and as comfortable as possible.	S or U
10	Wash hands.	S or U
11	Chart treatment.	S or U

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Date:_____	Site: _____	Times performed: _____
Suctioning Competency		
1	Check chart. (MD order, History & Physical, Progress Note)	S or U
2	Gather all appropriate equipment and medication	S or U
3	Wash hands. Put on gloves.	S or U
4	Introduce self to patient and family. Check patient ID band and second identifier. Explain procedure.	S or U
5	Position patient. Obtain heart rate, respiratory rate, breath sounds, pain assessment, peak flow if applicable, note patient appearance and work of breathing.	S or U
6	Oxygenate patient. Use aseptic technique. Lavage airway if needed. Lubricate catheter as needed. Advance catheter until resistance met. Withdraw catheter 1 cm. Apply suction for 10-15 seconds while withdrawing and rotating catheter. Discontinue if adverse reaction occurs.	S or U
7	Oxygenate patient. Assess need for further suctioning.	S or U
8	Properly dispose of equipment.	S or U
9	Obtain heart rate, respiratory rate, breath sounds, pain assessment, peak flow if applicable, note patient appearance and work of breathing.	S or U
10	Assure patient is stable and as comfortable as possible.	S or U
11	Wash hands.	S or U
12	Chart treatment.	S or U

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Date:_____	Site: _____	Times performed: _____
Dry Powder Inhaler (DPI) Competency		
1	Check chart. (MD order, History & Physical, Progress Note)	S or U
2	Gather all appropriate equipment and medication	S or U
3	Wash hands. Put on gloves.	S or U
4	Introduce self to patient and family. Check patient ID band and second identifier. Explain procedure.	S or U
5	Position patient. Obtain heart rate, respiratory rate, breath sounds, pain assessment, peak flow if applicable, note patient appearance and work of breathing.	S or U
6	Demonstrate appropriate technique: Exhale. Actuate DPI. Inhale rapidly. Hold breath. Exhale. Wait one minute. Repeat as ordered. Rinse mouth if medication contains a steroid.	S or U
7	Observe and coach patient technique .	S or U
8	Observe patient during treatment. Terminate therapy if adverse reaction occurs.	S or U
9	Encourage the patient to cough if able. Instruct patient on splinting techniques. Suction if needed.	S or U
10	Obtain heart rate, respiratory rate, breath sounds, pain assessment, peak flow if applicable, note patient appearance and work of breathing.	S or U
11	Assure patient is stable and as comfortable as possible.	S or U
12	Wash hands.	S or U
13	Chart treatment.	S or U

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Date:_____	Site: _____	Times performed: _____
Chest Physical Therapy (CPT) Competency		
1	Check chart. (MD order, History & Physical, Progress Note)	S or U
2	Gather all appropriate equipment and medication	S or U
3	Wash hands. Put on gloves.	S or U
4	Introduce self to patient and family. Check patient ID band and second identifier. Explain procedure.	S or U
5	Position patient. Obtain heart rate, respiratory rate, breath sounds, pain assessment, peak flow if applicable, note patient appearance and work of breathing.	S or U
6	Perform CPT using hand clapping, percussor or therapy vest as ordered.	S or U
7	Observe patient during treatment. Terminate therapy if adverse reaction occurs.	S or U
8	Encourage the patient to cough if able. Instruct patient on splinting techniques. Suction if needed.	S or U
9	Obtain heart rate, respiratory rate, breath sounds, pain assessment, peak flow if applicable, note patient appearance and work of breathing.	S or U
10	Assure patient is stable and as comfortable as possible.	S or U
11	Wash hands.	S or U
12	Chart treatment.	S or U

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Comments:

Critical Care Competency Section

The following competencies should be checked off starting the second year of the respiratory care program.

High Flow Humidification system	
Preliminary Steps	**S, U, or N/A**
Acquires requisition or report.	S or U
Obtains appropriate equipment and supplies according to Clinical Practice Guidelines.	S or U
Reviews medical records for precautions/complications.	S or U
Verifies physician order and assesses for appropriateness.	S or U
Ensures patient privacy, washes hands, and implements standard precautions.	S or U
Patient Interaction and Equipment Preparation	
Introduces self and identifies department.	S or U
Correctly identifies patient using two patient identifiers (wristband and birth date).	S or U
Explains procedure to patient and provides patient/family education. Confirms understanding.	S or U
Properly assembles equipment and tests equipment function prior to patient application.	S or U
Adds sterile water to humidifier, fill to appropriate level as marked on humidifier bottle, if applicable.	S or U
Explains the necessity for continuous oxygen therapy to patient.	S or U
Attaches humidifier bottle to flowmeter, concentrator, or cylinder and tightens until no leak with flow.	S or U
Atraumatically applies the device to the patient, ensuring a snug and comfortable fit.	S or U
Adjusts device to deliver prescribed high flow oxygen concentration (5-60 liters per minute).	S or U
Ensures total gas flowrate meets the patient's peak inspiratory flowrate, as appropriate.	S or U
Checks pressure relief pop off to insure high pressure release if occluded.	S or U
Obtains pulse oximetry measurement. Adjusts flow rate to maintain SpO2 per facility policy/protocol.	S or U
Reassures the patient and explains the fire hazards of oxygen to the patient.	S or U
Ensures that "No Smoking" signs are posted.	S or U
Discourages the use of products containing petroleum on or around facial area.	S or U
Obtains pulse oximetry/arterial blood gas following oxygen administration if needed per institution policy.	S or U
Patient Evaluation and Termination of Procedure	

Evaluates outcome by patient's physiologic response to oxygen therapy.	S or U
Modifies the procedure in a timely manner based upon patient response.	S or U
Adjusts oxygen therapy per institutional protocol.	S or U
Takes appropriate action for adverse reaction and notifies appropriate personnel.	S or U
Documentation and Records	
Appropriately documents procedure in medical record and completes charges.	S or U
Effectively communicates results and treatment to other members of the healthcare team.	S or U
Documents patient/family education.	S or U

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High Frequency Chest Wall Oscillation	
Preliminary Steps	
Acquires requisition or report.	S or U
Obtains appropriate equipment and supplies.	S or U
Reviews medical records for precautions/complications.	S or U
Verifies and assesses physician order for appropriateness.	S or U
Patient Interaction and Equipment Preparation	S or U
Introduces self and department.	
Correctly identifies patient using 2 patient identifiers (wristband and birthdate).	S or U
Explains procedure to patient /family and confirms patient understanding.	S or U
Assesses and provides appropriate age-specific/special needs modification to procedure.	S or U
Washes hands and uses Standard Precautions.	S or U
Properly assembles equipment and tests equipment function prior to patient application.	S or U
Positions patient in optimal position based upon patient response.	S or U
Evaluates patient for baseline status (breath sounds, pulse, sputum).	S or U
Selects correct sized vest wrap.	S or U
Places bladder portion of wrap over anterior thorax and inflatable portion under patient's arms.	S or U
Requests that patient take deep inspiration, and vest is secured with loop closure.	S or U
Connects air hoses to inflatable vest air hose ports and to pulse machine.	S or U
Plugs power cord into electrical outlet.	S or U
Selects initial settings: Pressure: initial between 1 and 4	S or U
Frequency : Initial between 10 and 15.	S or U
Instructs patient in use of pause device & activates treatment. Combines with aerosol therapy if ordered.	S or U
Patient Evaluation and Termination of Procedure	
Monitors patient response to treatment & requests cough after 5 minutes of therapy and periodically.	S or U
Appropriately adjusts settings based upon patient response.	S or U

Terminates therapy and stores the hoses and SPU in plastic bag. Labels bag with patient name.	S or U
Documentation and Records	
Completes documentation in patient record and documents patient education.	S or U
Enters appropriate charge for services.	S or U

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Comments:

Breath Actuated Nebulizer BAN	
Preliminary Steps	
Acquires requisition or report.	S or U
Obtains appropriate equipment and supplies according to Clinical Practice Guidelines.	S or U
Inspects medical records for precautions/complications. Verifies order, assesses for appropriateness.	S or U
Obtains prescribed medication using approved facility guidelines (electronic medication storage device).	S or U
Ensures patient privacy, washes hands and implements standard precautions.	S or U
Patient Interaction and Equipment Preparation	
Introduces self and identifies department.	S or U
Correctly identifies patient using two patient identifiers (wristband and birth date).	S or U
Interviews patient and obtains relevant history (home nebulizer use).	S or U
Explains procedure to patient and provides patient/family education, confirms understanding.	S or U
Performs baseline physiologic assessment (pulse, breath sounds, peak-flow, dyspnea rating).	S or U
Scans patient's arm band & medication barcode if using bedside identification and scanning system.	S or U
Properly assembles equipment and tests equipment function prior to patient application.	S or U
Has patient inhale and exhale several times to verity the movement of the green button.	S or U
If unable to trigger the device (hold the green button down during inhalation, release during exhalation).	S or U
Accurately prepares the prescribed medication and aseptically injects medication into delivery device.	S or U
Attach one end of supply tubing to the bottom of nebulizer & the other end to flow meter/compressor.	S or U
Set flow meter to 8 liters per minute. Inhale slowly & deeply; confirm green button in down position.	S or U
Exhale normally confirm green button returns to the up position indicating no aerosol is being produced.	S or U
Instructs patient not to place the lips over the exhalation valve on the bottom of the mouthpiece.	S or U

Encourages patient to hold each breath 3-5 sec. continue treatment until nebulizer begins to sputter.	S or U
Correctly identifies adverse response to medication. Adjusts therapy per institutional protocol.	S or U
Patient Evaluation and Termination of Procedure	
Monitors physiologic parameters before, during, and after treatment.	S or U
Assesses the therapeutic response to medication and outcomes of treatment.	S or U
Terminates treatment and encourages cough/deep breathing.	S or U
Takes appropriate action for adverse response and notifies appropriate personnel.	S or U
Documentation and Records	
Documents procedure and outcomes of therapy in medical record and completes charge.	S or U
Communicates results and treatment to other members of the healthcare team.	S or U
Documents patient/family education.	S or U

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Intrapulmonary Percussive Ventilation IPV	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies.	
Inspects medical records for precautions/complications.	
Verifies physician order or enters order from physician.	
Evaluates order for appropriateness with institutional protocol/policy.	
Patient Interaction and Equipment Preparation	
Introduces self and department.	
Correctly identifies patient using 2 patient identifiers (wristband and birthdate).	
Explains procedure to patient/family and confirms patient understanding.	
Assesses and provides appropriate age-specific/special needs modification to procedure.	
Washes hands and uses Standard Precautions.	
Positions patient in optimal position based upon patient condition.	
Evaluates patient for baseline physiologic status (breath sounds, pulse, sputum).	
Properly assembles the circuit and connects to 50 psi gas outlet.	
Accurately verifies, scans, and injects appropriate medication into nebulizer.	
Checks IPV equipment functions before using on a patient.	
Select Drive Pressure of 20 psi (starting pressure for new patient);Observe mouthpiece for dense mist.	
Turns percussion control knob full turns in both directions; observe for a change in percussive	
impact rates.	
Release percussion thumb button and turn master switch to off position.	
Connect mouthpiece of in-line adapter to Phasitron® to begin treatment.	
Turn master switch “on” and have patient start IPV by breathing mist for 1 minute.	
Instruct patient to get tight seal on mouthpiece, hold thumb button down for 10-15 seconds,	

during inspiratory and expiratory phase.	
Start percussive rate around 200 bpm, which is halfway between "easy and hard".	
Patient Evaluation and Termination of Procedure	
Adjust pressures while visualizing chest wiggle. Increases pressure until chest wiggle is evident.	
Corrects leaks around mouthpiece; ensures minimal cheek flapping if using mouthpiece.	
Evaluates effectiveness of treatment & appropriately modifies therapy based upon patient response.	
Documentation and Records	
Completes documentation and charges in patient record.	
Records procedure, patient/family education, and outcomes of treatment.	

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Adult CPAP	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies according to Clinical Practice Guidelines.	
Reviews medical records for precautions/complications.	
Verifies physician order and assesses for appropriateness.	
Ensures patient privacy, washes hands, and implements Standard Precautions.	
Patient Interaction and Equipment Preparation	
Introduces self and identifies department.	
Correctly identifies patient using two patient identifiers (wristband and birthdate).	
Interviews patient and obtains relevant history, if applicable (Home CPAP use).	
Explains procedure to patient/family and insures understanding.	
Properly assesses patient for appropriate mask type and size.	
Plugs machine into outlet with back-up power or generator supply in case of power failure.	
Sets up CPAP machine and assures compliance with pre-check tests per manufacturer.	
Attaches humidifier and adds sterile water to fill line if applicable to patient need.	
Attaches circuit to CPAP machine, post humidifier if applicable.	
Connect mask to circuit and assure carbon dioxide elimination port is not obstructed.	
Turns on CPAP machine and assures air flow through circuit.	
Adjust single level pressure to ordered settings.	
Perform pressure and leak test per departmental guidelines.	
Adjust FIO2 or add oxygen to system per ordered setting.	
Place mask on patient adjust headgear to maintain proper seal and comfortable fit.	
Assess for leaks and re-adjust as needed. Confirms time of CPAP use with patient.	
Set and test CPAP system alarms; Disconnect, High Pressure, Low Pressure etc.	
Patient Evaluation and Termination of Procedure	

Assure patient comfort and tolerance. Assess SpO2, heart rate, and breath sounds.	
Explain and assure patient understanding of CPAP mask removal if needed.	
Takes appropriate action for adverse response and notifies appropriate personnel.	
Documentation and Records	
Appropriately documents procedure in medical records and completes charge.	
Effectively communicates results and treatment to other members of the healthcare team.	
Documents patient/family education.	

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Adult Bi-PAP	
Preliminary Steps	
Acquires requisition or report and obtains appropriate equipment and supplies.	
Obtains appropriate equipment & supplies. Assess need for continuous SpO2 and ECG monitoring.	
Reviews medical records for precautions/complications.	
Verifies physician order and assesses for appropriateness according to Clinical Practice Guidelines.	
Ensures patient privacy, washes hands, and implements Standard Precautions.	
Patient Interaction and Equipment Preparation	
Introduces self and identifies department.	
Correctly identifies patient using two patient identifiers (wristband and birthdate).	
Interviews patient and obtains relevant history, if applicable (Home BiPAP use).	
Explains procedure to patient/family and insures understanding.	
Properly assesses patient for appropriate mask type and size.	
Plugs machine into outlet with back-up power or generator supply in case of power failure.	
Sets up BiPAP machine and assures compliance with pre-check tests per manufacturer.	
Attaches humidifier and adds sterile water to fill line if applicable to patient need.	
Attaches circuit to BiPAP machine, post humidifier if applicable.	
Connect mask to circuit and assure carbon dioxide elimination port is not obstructed.	
Turns on BiPAP machine and assures air flow through circuit.	
Adjust Inspiratory and expiratory pressures to ordered settings.	
Sets back-up respiratory rate, Insp. Time, Rise Time, and adjusts FiO2 as per order or protocol.	
Place mask on patient adjust headgear to maintain proper seal & comfortable fit. Assess for leaks.	
Set and test BiPAP system alarms; Disconnect, High Pressure, Low Pressure etc.	
Monitors effectiveness of therapy and adjust setting per institutional protocol.	
Patient Evaluation and Termination of Procedure	

Assure patient comfort and tolerance. Assess SPO2, Heart Rate, and Breath Sounds.	
Explain and assure patient understanding of BiPAP mask removal if needed.	
Takes appropriate action for adverse response and notifies appropriate personnel.	
Evaluate the need for arterial blood gas monitoring per institution protocol.	
Documentation and Records	
Appropriately documents procedure in medical records and completes charge.	
Effectively communicates results and treatment to other members of the healthcare team.	
Documents patient/family education.	

RCP Preceptor/Clinical Instructor Name:
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Date: _____

Unit/ Location: _____

Signature:
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Comments:

Mechanical Ventilator System Set-Up	
Preliminary Steps	
Washes hands.	
Acquires requisition/communication of ventilator set up.	
Ensures ventilator has been cleaned and all equipment processed per institutional protocol.	
Obtains appropriate equipment and supplies according to Clinical Practice Guidelines.	
Equipment Preparation	
Connects humidifier/heater & adds sterile water to appropriate fill level per manufacturer guidelines.	
Attaches heater wires and temperature probes if applicable for heater set-up.	
Properly assembles breathing circuit.	
If using heat moisture exchanger, instead of humidifier/heater system, place in line per manufacturer.	
Correctly attaches breathing circuit to ventilator and humidity/heater system if applicable.	
Inspects and connects electrical cord and/or pneumatic power.	
Ensures connection to gas outlet with no leaks noted in the system.	
Activates the ventilator.	
Adjusts the ventilator controls to preliminary settings per manufacturer recommendations.	
Performs an Operational Verification Procedure (OVP) as recommended by manufacturer.	
Correctly performs a ventilator Operational Verification Procedure per departmental policy.	
Determines the breathing circuit compression factor.	
Checks and documents operational function of all audible and visual alarms.	
Analyzes the fractional concentration of oxygen delivered.	
Ensures sterility of breathing circuit and ventilator per institutional guidelines.	
Documents the ventilator preparation per departmental policy.	
Verifies presence of equipment for patient connect.	

Ensures the presence of bag mask resuscitation device with gas connection outlet to flowmeter/regulator.	
Patient Evaluation and Termination of Procedure	
Ensures ventilator and circuit sterility while waiting for patient connect.	
Documentation and Records	
Documents ventilator system set up and OPV competition as recommended by the manufacturer.	
Informs healthcare team of appropriate ventilator function and system readiness for patient connect.	

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Comments:

Oral Endotracheal Intubation	
Preliminary Steps	
Acquires physician order, or requisition for Intubation/Responds to Cardiopulmonary crisis (Code Blue).	
Verifies physician order and assesses for appropriateness according to Clinical Practice Guidelines.	
Obtains appropriate equipment and supplies; suction, bag mask resuscitator, Intubation supplies.	
Reviews medical records for precautions/complications.	
Ensures patient privacy, washes hands, and implements standard precautions.	
Patient Interaction and Equipment Preparation	
Introduces self and identifies department.	
Correctly identifies patient using two patient identifiers (wristband and birth date).	
Explains procedure to patient and provides patient/family education. Confirm understanding.	
Prepares equipment; checks light on laryngoscope, cuff on Endotracheal tube, and inserts stylette.	
Positions patient in sniffing position or appropriate position based upon evaluation for cervical trauma.	
Manually opens airway; head tilt chin lift, or modified jaw thrust. Manipulates airway to assure patency.	
Opens mouth and teeth with a scissors maneuver. Removes all oral appliances (dentures).	
Places oropharyngeal airway in unconscious, sedated, or paralyzed patient with no gag reflex.	
Ensures ventilation with a bag mask resuscitator, preoxygenates with 100% FiO2 and appropriate flow.	
Applies cricoid pressure. Removes oropharyngeal airway.	
Holds laryngoscope in left hand, inserts blade on right side of patients oropharynx, controlling the tongue.	
Atraumatically exposes glottis with laryngoscope and visualizes vocal cords.	
Atraumatically inserts endotracheal tube through vocal cords, into trachea, and ensures depth of tube.	
Atraumatically removes laryngoscope blade, inflates endotracheal tube cuff in a timely manner.	
Provides manual ventilation/oxygenation between intubation attempts (30 seconds for each attempt).	

Confirms placement; bilateral chest movement, bilateral breath sounds, and exhaled CO2 with detector.	
Stabilizes endotracheal tube/and applies bite block if applicable. Notes depth and position of tube.	
Takes appropriate action for adverse response/complications to procedure.	
Patient Evaluation and Termination of Procedure	
Confirms placement; bilateral chest movement, bilateral breath sounds, & exhaled CO2 with detector.	
Ensures endotracheal intubation and position by capnography and chest radiograph.	
Documentation and Records	
Appropriately documents procedure in medical records and completes charge.	
Documents; complications, number of attempts, position and depth, verification methods and time.	
Effectively communicates results and treatment to other members of the healthcare team.	

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Extubation of Artificial Airway	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies; suction, bag mask resuscitator, Intubation supplies.	
Reviews medical records for precautions/complications.	
Verifies physician order and assesses for appropriateness according to Clinical Practice Guidelines.	
Ensures patient privacy, washes hands, and implements standard precautions.	
Patient Interaction and Equipment Preparation	
Introduces self and identifies department.	
Correctly identifies patient using two patient identifiers (wristband and birth date).	
Explains procedure to patient and provides patient/family education. Confirm understanding.	
Properly assembles post extubation equipment and ensures suction.	
Prepares oxygen delivery system at appropriate flow and FiO2.	
Maintains head of the bed in up right position, greater than 45 degrees, or per institutional protocol.	
Preoxygenates and hyperinflates patient.	
Suctions artificial airway, oropharynx, and subglottic secretions above the airway cuff.	
Verifies presence of cough reflexes during suctioning.	
Deflates artificial airway cuff to ensure air leak.	
Oxygenates & hyperinflates patient with manual bag connected to 100% oxygen. Ensure adequate flow.	
Deflates cuff during compression of manual bag to prevent secretion aspiration.	
Removes endotracheal tube a traumatically during peak inspiration with manual bag.	
Instructs patient to cough and clear secretions, suction oropharynx as needed.	
Immediately administers oxygen / aerosol therapy. Maintains head of bed in the up-right position.	
Modifies procedure as needed based upon patient response.	
Takes appropriate and timely action for an adverse response to extubation and informs appropriate.	

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Patient Evaluation and Termination of Procedure	
Evaluates airway patency and ventilation by auscultation immediately following extubation.	
Assess patient's breath sounds, heart rate and non-invasive monitoring. Re-assures patient.	
Monitors post-extubation ventilatory pattern and ensures absence of stridor or distress.	
Documentation and Records	
Appropriately documents procedure in medical records and completes charge.	
Effectively communicates results and treatment to other members of the healthcare team.	
Documents patient/family education.	

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Ventilator Circuit Change	
Preliminary Steps	
Acquires requisition/order or notes circuit change per institutional protocol/standards of care.	
Obtains appropriate equipment and supplies according to Clinical Practice Guidelines.	
Inspects medical records for precautions/isolation/complications.	
Verifies order or circuit change guidelines and assess for appropriateness.	
Ensures patient privacy, washes hands, and implements standard precautions.	
Patient Interaction and Equipment Preparation	
Introduces self and identifies department.	
Correctly identifies patient using two patient identifiers (wristband and birth date).	
Explains procedure to patient and provides patient/family education. Confirms understanding.	
Properly assembles equipment while maintaining aseptic technique.	
Turn "off" ventilator alarms.	
If using humidifier/heater disconnect circuit, by-pass humidifier/heater system, and reconnect.	
Removes and properly disposes of old heater/humidifier system.	
Attach heater wires and temperature probes if applicable for heater set-up.	
Fill clean humidifier/heater system with sterile water, to appropriate level, per manufacturer's guidelines.	
If using heat moisture exchanger place in-line, on new circuit, per manufacturer's guidelines.	
Attaches closed suction system to clean ventilator circuit.	
Ensures bag mask resuscitator is ready to assist with patient ventilation if extended time is needed.	
Disconnects used circuit from patient and ventilator.	
Correctly attaches clean breathing circuit to ventilator and humidity/heater system if applicable.	
Attaches clean breathing circuit to patient. Limit number of disconnects & time patient is off ventilator.	
Ensures adequate ventilation of patient throughout procedure.	
Reassess patient for comfort and assures proper function of circuit.	

Returns alarms to previous level and function. Ensures ordered ventilator settings post procedure.	
Patient Evaluation and Termination of Procedure	
Assess ventilation by observation, auscultation and noninvasive monitors.	
Monitor peak pressure before and after circuit change.	
Perform a leak test if applicable to ventilator manufacturer or institutional guidelines.	
Documentation and Records	
Appropriately documents procedure in medical record and completes charge.	
Effectively communicates results and procedure to members of the healthcare team.	

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Adult Ventilator Monitoring Patient System Check	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies according to Clinical Practice Guidelines.	
Reviews medical records for precautions/complications.	
Verifies physician order and assesses for appropriateness.	
Ensures patient privacy, washes hands, and implements Standard Precautions.	
Patient Interaction and Equipment Preparation	
Introduces self and identifies department.	
Correctly identifies patient using two patient identifiers (wristband and birth date).	
Explains procedure to patient and provides patient/family education, confirms understanding.	
Ensures ventilation by observation, auscultation, and non-invasive monitors.	
Assesses patient/ventilator synchrony and assures ventilator circuit is securely connected to patient.	
Monitors inspired gas temperature, ensures heat and humidity or use of a heat moisture exchanger.	
Documents operational verification procedure per departmental protocol.	
Assess endotracheal or tracheostomy tube size & position. Measures artificial airway cuff pressure.	
Verifies and documents accuracy of current ventilator settings per institutional guidelines:	
*Mode of Ventilation	
*Tidal volume	
*Respiratory rate	
*Oxygen concentration	
Verifies and documents operation of all alarms, indicators, and monitors.	
Documents that an airway disconnect alarm is operational and properly set.	
Patient Evaluation and Termination of Procedure	
Ventilation ensured by auscultation, observation, non-invasive monitors and documented.	

Evaluates blood gases or non-invasive monitors & makes appropriate ventilatory changes per protocol.	
Takes appropriate action for an adverse response and notifies appropriate personnel.	
Records relevant clinical observations of response to ventilation in medical record.	
Documentation and Records	
Records procedure and documents outcomes of ventilation in medical record and completes charge.	
Documents date/time of patient/ventilator system check.	
Effectively communicate results to other members of the healthcare team.	

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Artificial Airway Care	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies according to Clinical Practice Guidelines.	
Reviews medical records for precautions/complications.	
Verifies physician order and assesses for appropriateness.	
Ensures patient privacy, washes hands, and implements Standard Precautions.	
Patient Interaction and Equipment Preparation	
Introduces self and identifies department.	
Correctly identifies patient using two patient identifiers (wristband and birth date).	
Assures appropriate equipment at patient bedside; Replacement airway, Bag mask device, suction kit.	
Explains procedure to patient and provides patient/family education, confirms understanding.	
Properly assembles equipment and tests equipment function prior to patient application.	
Ensures stability of artificial airway. Changes airway stabilization device per institutional protocol.	
Provides adequate humidity and prescribed FIO2.	
Monitors cuff pressure of artificial airway and assesses size and position.	
Performs tracheobronchial suction as needed and limits the use of routine lavage.	
A. Hyper-inflates and hyper-oxygenates patient.	
B. Sets suction pressure at -80 to -120 cm H20, or per institutional protocol.	
C. Maintains sterile technique and advances suction catheter without applying suction.	
D. Applies suction and withdraws catheter slowly. Do not exceed 15 seconds with attempt.	
E. Reassess patient, repeats procedure if needed, giving adequate recovery time between attempts.	
Monitors patient during procedure, assesses heart rate, breath sounds, patient color, and SpO2.	
Cleans and dresses around artificial airway per institutional policy.	
Patient Evaluation and Termination of Procedure	

Auscultates chest to ensure tube patency and checks size, position and depth.	
Reviews chest radiograph for proper placement.	
Processes equipment and supplies.	
Takes appropriate action for adverse response and notifies appropriate personnel.	
Documentation and Records	
Records procedure, documents outcomes in medical record and completes charge.	
Effectively communicate results to other members of the healthcare team.	
Documents patient/family education.	

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Spontaneous Mechanics	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies according to Clinical Practice Guidelines.	
Reviews medical records for medical history, diagnosis, and current pulmonary status.	
Verifies physician order for ventilator settings and assess for appropriateness.	
Reviews medical records for precautions/complications.	
Ensures patient privacy, washes hands, and implements Standard Precautions.	
Patient Interaction and Equipment Preparation	
Introduces self and identifies department.	
Correctly identifies patient using two patient identifiers (wristband and birth date).	
Explains procedure to patient and provides patient/family education, confirms understanding.	
Properly assembles equipment and verifies delivered oxygen concentration.	
Recognizes & adjusts current therapeutic device to allow for testing; oxygen device, NPPV, Ventilator.	
Disconnects patient from therapeutic device and uses spirometer function for manual testing.	
If patient is on ventilator, allow system testing of patient parameters, if applicable to ventilator function.	
Measures the following tests per departmental protocol/policy:	
A. Tidal Volume (TV)	
B. Minute Volume (VE)	
C. Ventilatory Rate (f)	
Reconnects patient to therapeutic apparatus.	
Allows adequate recovery time for patient between mechanics.	
Patient Evaluation and Termination of Procedure	
Reassess patient; heart rate, respiratory rate, color, and non-invasive monitors.	
Takes appropriate action for adverse response and notifies appropriate personnel.	

Obtains arterial blood gas sample, after appropriate time, refer to institution guidelines.	
Compares actual to predicted values for patient and makes appropriate recommendations.	
Documentation and Records	
Appropriately documents procedure in medical records and completes charge.	
Effectively communicates results and treatment to other members of the healthcare team.	
Documents patient/family education.	

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Arterial Line Set-Up	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies.	
Reviews medical records.	
Verifies and assesses physician order for appropriateness.	
Washes hands and uses Standard Precautions.	
Patient Interaction and Equipment Preparation	
Introduces self and department.	
Correctly identifies patient using 2 patient identifiers (wristband and birthdate).	
Explains procedure to patient /family and confirms patient understanding.	
Assesses and provides appropriate age-specific/special needs modification to procedure.	
Assembles pressure monitoring kit on IV pole.	
Tightens all threaded contact points, i.e. stopcock attaches to tubing connector.	
Closes roller clamp to fluid access line.	
Aseptically inserts pressure monitor line spike into IV bag.	
Half-fills drip chamber with heparinized fluid from IV bag.	
Opens roller clamp to fluid access line.	
Flushes pressure monitor line and ports by pulling "pig-tail".	
Checks for and removes air bubbles throughout pressure monitor line.	
Replaces white vented caps with yellow non-vented caps on stopcocks.	
Inserts heparinized IV fluid bag into pressure infusion bag.	
Pressurizes fluid bag to a pressure of 300 mm Hg.	
Attaches pressure monitor line to patient's invasive port.	
Attaches pressure monitor cable to transducer site.	
Levels transducer stopcock to desired pressure monitoring site.	
Turns transducer stopcock off to patient, and removes non-vent cap.	

Performs "zeroing" maneuver on patient monitor.	
Returns transducer stopcock to monitoring position and flushes line.	
Patient Evaluation and Termination of Procedure	
Ensures proper waveform appears on patient monitor.	
Ensures monitor alarms are "on" and parameters are approximately set.	
Processes equipment and supplies.	
Documentation and Records	
Completes documentation in patient record.	

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Suctioning of Artificial Airway	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies according to Clinical Practice Guidelines.	
Reviews medical records for precautions/complications.	
Verifies physician order and assesses for appropriateness.	
Ensures patient privacy, washes hands, and implements Standard Precautions.	
Patient Interaction and Equipment Preparation	
Introduces self and identifies department.	
Correctly identifies patient using two patient identifiers (wristband and birth date).	
Explains procedure to patient and provides patient/family education, confirms understanding.	
Ensures ventilation by observation, auscultation, and non-invasive monitors.	
Assures appropriate equipment at patient bedside; Replacement airway, Bag mask device, suction kit.	
Monitors cuff pressure of artificial airway and assesses size and position.	
Properly assembles equipment and selects appropriate sized catheter or closed suction system.	
Pre-checks functions of catheter and negative pressure. Sets suction pressure per institution policy.	
A. Assures appropriate FiO2 and humidity. Hyper-inflates and hyper-oxygenates patient.	
B. Maintains sterile technique and advances suction catheter without applying suction.	
C. Applies suction and withdraws catheter slowly. Do not exceed 15 seconds with attempt.	
D. Limits the use of routine lavage per institution guidelines.	
E. Maintains sterile technique and collects sputum specimen if ordered by physician.	
F. Reassess patient, repeats procedure if needed, giving adequate recovery time between attempts.	
Monitors patient during procedure, assesses heart rate, breath sounds, patient color, and SpO2.	
Patient Evaluation and Termination of Procedure	

Auscultates chest to ensure tube patency and checks size, position and depth.	
Reviews chest radiograph for proper placement.	
Processes equipment and supplies.	
Takes appropriate action for adverse response and notifies appropriate personnel.	
Documentation and Records	
Records procedure & documents outcomes in medical record. Completes charge per institution policy.	
Effectively communicate results to other members of the healthcare team.	
Documents patient/family education	

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Tracheostomy Tube Replacement	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies according to Clinical Practice Guidelines.	
Reviews medical records for precautions/complications.	
Verifies physician order and assesses for appropriateness.	
Ensures patient privacy, washes hands, and implements Standard Precautions.	
Patient Interaction and Equipment Preparation	
Introduces self and identifies department.	
Correctly identifies patient using two patient identifiers (wristband and birth date).	
Explains procedure to patient and provides patient/family education, confirms understanding.	
Assesses adequate oxygenation & ventilation by observation, auscultation, and non-invasive monitors.	
Ensures appropriate equipment at patient bedside; Tracheostomy tube, Bag mask device, suction kit.	
Maintains appropriate FiO2 and flow via oxygen delivery device.	
Suctions tracheostomy tube prior to tracheostomy change per institution policy.	
Properly assembles equipment while maintaining aseptic technique.	
Ensures correct size of tracheostomy tube. Checks tracheostomy tube cuff.	
Inserts obturator or guide into tracheostomy tube. Lubricates tracheostomy tube per institution policy.	
Hyper-oxygenates patient prior to tube exchange procedure. Deflates cuff and removes existing tube.	
Deflates cuff and a traumatically removes tube. Maintains head, neck position and stoma patency.	
Inserts new tracheostomy tube through stoma opening, removes obturator/guide and inflates cuff.	
Ensures proper positioning & patency of tracheostomy tube. Places on previous oxygen delivery device.	
Performs stoma care and appropriately secures the tracheostomy tube after insertion.	
Allows recovery time post procedure and suctions as needed.	

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Patient Evaluation and Termination of Procedure	
Checks tube placement by auscultation and verifies position by review of chest radiograph.	
Observes chest for symmetrical excursion. Reassesses patient; Heart rate, color, non-invasive monitors.	
Takes appropriate action for adverse response and notifies appropriate personnel.	
Documentation and Records	
Records procedure & documents outcomes in medical record. Completes charge per institution policy.	
Effectively communicate results to other members of the healthcare team.	
Documents patient/family education.	

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Continuous Nebulization	
Preliminary Steps	
Acquires requisition or report.	
Verifies physician's order; dosage, strength of medication and duration of nebulizer therapy.	
Inspects medical records for precautions/complications and assesses for appropriateness.	
Obtains appropriate equipment and supplies according to Clinical Practice Guidelines.	
Obtains prescribed medication using approved facility guidelines (electronic medication storage device).	
Ensures patient privacy, washes hands and implements standard precautions.	
Patient Interaction and Equipment Preparation	
Introduces self and identifies department.	
Correctly identifies patient using two patient identifiers (wristband and birth date).	
Interviews patient and obtains relevant history (home nebulizer use).	
Explains procedure to patient and provides patient/family education, confirms understanding.	
Performs baseline physiologic assessment (pulse, breath sounds, peak-flow, dyspnea rating).	
Continuously monitors oximetry and ECG throughout nebulizer therapy per institutional guidelines.	
Assembles equipment and tests equipment function prior to patient application.	
Scans patient's arm band and medication barcode if using bedside identification and scanning system.	
Note: Most commonly used medication is Albuterol. Adult dose (0.5mg/kg/hr) or (5-15mg/hr).	
Appropriately follows manufacturer guidelines & institutional protocol for continuous medication delivery.	
Accurately prepares the prescribed medication. Dilutes medication dosage per manufacturer guidelines.	
Adds ordered medication amount and notes amount of suspension solution.	
Adds dilutent (Normal Saline .09%) to ensure total amount of solution to be nebulized.	
Aseptically injects medication into delivery device.	

Sets flow meter, per manufacturer guidelines, to deliver prescribed medication in ordered duration.	
Uses aerosol mask to delivery continuous nebulization of medication and ensures comfort.	
Patient Evaluation and Termination of Procedure	
Monitors physiologic parameters before, during, and after treatment.	
Assess therapeutic response to medication and outcomes of treatment.	
Takes appropriate action for adverse response and notifies appropriate personnel.	
Documentation and Records	
Documents procedure and outcomes of therapy in medical record and completes charge.	
Communicates results and treatment to other members of the healthcare team.	
Documents patient/family education.	

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Comments:

Ventilator Management	
Preliminary Steps	
Reviews medical records for medical history, diagnosis, and current pulmonary status.	
Verifies physician order for ventilator settings and assesses for appropriateness.	
Reviews hemodynamic status of patient, HR/BP.	
Locates and reviews labs, chest x-rays.	
Reviews current medications related to cardiopulmonary status.	
Sites nutritional status, fluid intake/output.	
Ensures patient privacy, washes hands, and implements Standard Precautions.	
Patient Interaction and Equipment Preparation	
Monitors and trends ventilator changes and ensures appropriateness of current settings.	
Ensures Endotracheal tube is secure, notes placement, size, position and depth.	
Assess patient for optimal positioning; Head of the bed at 45 degrees or greater as condition tolerates.	
Auscultates patient chest and notes breath sounds.	
Assess patient work of breathing and ventilator/patient synchrony.	
Ensures adequate humidity and notes circuit temperature or the use of heat moisture exchanger.	
Suctions oropharynx and subglottic secretions.	
Monitors endotracheal tube cuff pressures to avoid microaspiration of subglottic secretions.	
Suctions patient as needed with closed suction system, avoids the use of routine lavage.	
Administers inhaled medications per protocol or as ordered by physician.	
Notes current ventilator settings and monitors all alarm values for appropriateness.	
Assesses respiratory rate, heart rate, and non-invasive monitors.	
Measures plateau pressures, dynamic compliance and auto PEEP, per institution policy.	

Monitors ventilator waveforms and graphics if applicable.	
Analyzes FiO2 if applicable.	
Ensures appropriate respiratory equipment at bedside; bag mask resuscitator, suction catheter kit, HME.	
Patient Evaluation and Termination of Procedure	
Discusses care plan with multidisciplinary healthcare team.	
Suggests possible respiratory care interventions and formulates a plan to wean and extubate patient.	
Reviews and interprets ABG's and possible trends in ABG values.	
Documentation and Records	
Documents ventilator monitoring and assessment in medical record per institution policy.	
Effectively communicates results to other members of the healthcare team & documents plan of care.	

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Laryngeal Mask Airway Insertion	
Preliminary Steps	
Acquires physician order, or requisition for Laryngeal Mask Airway insertion.	
Verifies physician order & assesses for appropriateness; unable to intubate, unable to obtain BVM seal.	
Obtains appropriate equipment & supplies; suction, bag mask resuscitator, Laryngeal mask airway.	
Obtains appropriate size LMA based on weight and manufacturer guidelines. (Sizes 1-5)	
Reviews medical records for precautions/complications; maxillofacial & thoracic trauma, aspiration risk.	
Ensures patient privacy, washes hands, and implements standard precautions.	
Patient Interaction and Equipment Preparation	
Correctly identifies patient using two patient identifiers (wristband and birth date).	
Indentifies self and department and explains procedure.	
Checks function of LMA; ensures inflation with no leak, deflates LMA to ensure intact vacuum.	
Lubricates tip of mask with water soluble lubricant.	
Positions patient with neck flexed and head extended. Manually opens mouth to visualize oral cavity,	
Grasps LMA, as close to mask as possible, holding like a pen. Places tip against surface of upper teeth.	
Inserts LMA against the hard palate, & pushes the device inwards and backward, using index finger.	
Continues to advance mask, avoiding the tongue, using index finger until resistance is met.	
Uses opposite hand to press down on the LMA and then removes index finger from oropharynx.	
Ensure that the black line, marking LMA position, is oriented anteriorly toward the upper lip.	
Inflate the mask with enough air to obtain a seal. Allow device to properly seat with slight movement.	
Uses manufacturer recommended guidelines for inflation based on LMA size and patient anatomy.	
Connects bag valve ventilation device with 100% FiO2 and ventilates patient to confirm placement.	
Observes chest rise & fall, confirms bilateral breath sounds, and absence of sounds over epigastrium.	

Secures LMA in the same manner as endotracheal tube. May use bite block if needed.	
Patient Evaluation and Termination of Procedure	
Notes LMA is a temporary airway. Evaluates the need for removal and replacement of LMA device.	
Assess patients breath sounds, heart rate, color, and non-invasive monitors.	
Takes appropriate action for adverse response and notifies appropriate personnel.	
Documentation and Records	
Records procedure & documents outcomes in medical record. Completes charge per institution policy.	
Effectively communicate results to other members of the healthcare team.	

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Comments:

Heliox Administration	
Preliminary Steps	
Acquires requisition or report.	
Verifies physician's order and assesses for appropriateness.	
Inspects medical records for precautions/complications.	
Obtains appropriate equipment and supplies according to Clinical Practice Guidelines.	
Ensures premixed heliox gas cylinder with prescribed mixture. Usually 70/30 or 80/20 heliox mixture.	
Ensures patient privacy, washes hands and implements standard precautions.	
Patient Interaction and Equipment Preparation	
Introduces self and identifies department.	
Correctly identifies patient using two patient identifiers (wristband and birth date).	
Explains procedure to patient and provides patient/family education, confirms understanding.	
Assess patient; breath sounds, work of breathing, color, heart rate, and non-invasive monitors.	
Cracks gas cylinder, places heliox regulator on the tank and ensures adequate tank pressure.	
Sets the regulator at 50 psi. & adjusts heliox flowmeter to ensure gas flow. Checks system for leaks.	
Administer heliox concentration using institutional policy for device; non-rebreather, simple or venturi mask.	
Attaches non-rebreathing mask or approved institutional delivery device to the flowmeter.	
Places delivery device on patient and adjusts system flow to meet patient inspiratory demand.	
If using non-rebreather adjust system flow to prevent reservoir bag collapse during peak inspiration.	
Understands possibility of hypoxemia due to the inadequate oxygen concentration in the mixture.	
Administer supplemental oxygen via a nasal cannula to maintain SpO2 at or above desired level.	
Notes possible side effect of helium is a distorted high pitch vocal tone.	
Maintains continuous pulse oximetry during heliox delivery.	
Keeps additional heliox tanks with prescribed mixture on hand for replacement.	

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Patient Evaluation and Termination of Procedure	
Monitors physiologic parameters before, during, and after treatment.	
Assesses the therapeutic response to medication and outcomes of treatment.	
Takes appropriate action for adverse response and notifies appropriate personnel.	
Documentation and Records	
Documents procedure and outcomes of therapy in medical record and completes charge.	
Communicates results and treatment to other members of the healthcare team.	
Documents patient/family education.	

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Comments:

Ventilator Mode Modification	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies according to Clinical Practice Guidelines.	
Reviews medical records for medical history, diagnosis, and current pulmonary status.	
Verifies physician order for ventilator settings and assesses for appropriateness.	
Reviews medical records for precautions/complications.	
Ensures patient privacy, washes hands, and implements Standard Precautions.	
Patient Interaction and Equipment Preparation	
Introduces self and identifies department.	
Correctly identifies patient using two patient identifiers (wristband and birth date).	
Explains procedure to patient and provides patient/family education, confirms understanding.	
Assess adequate oxygenation and ventilation by observation, auscultation, and non-invasive monitors.	
Initiates prescribed ventilator mode and adjusts necessary ventilator controls.	
Appropriately adjusts ventilator alarms to reflect changes to mode.	
Readjusts pressure limit if applicable.	
Observes & ensures patient synchrony with new mode; waveforms, chest excursion, patient tolerance.	
Modifies mode per order or institution protocol.	
Patient Evaluation and Termination of Procedure	
Evaluates outcome patient's response to mode change.	
Reassess patient; heart rate, respiratory rate, color, and non-invasive monitors.	
Takes appropriate action for adverse reaction and notifies appropriate personnel.	
Documentation and Records	
Appropriately documents procedure in medical record.	

Effectively communicates results and treatment to other members of the healthcare team.	
Documents patient/family education.	

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Comments:

Transport Ventilator Set-Up	
Preliminary Steps	
Washes hands.	
Acquires requisition/communication of ventilator set up.	
Ensures ventilator has been cleaned and all equipment processed per institutional protocol.	
Obtains appropriate equipment and supplies according to Clinical Practice Guidelines.	
Equipment Preparation	
Assures adequate battery level for length of transport.	
Checks pressure gauge on oxygen tank and calculates flow and time duration for transport.	
Inspects and connects electrical cord and/or pneumatic power.	
Properly assembles breathing circuit.	
Correctly attaches breathing circuit to ventilator and humidity/heater system if applicable.	
Connects humidifier/heater & adds sterile water to appropriate fill level per manufacturer guidelines.	
Attaches heater wires and temperature probes if applicable for heater set-up.	
Ensures connection to gas outlet with no leaks noted in the system. Activates the ventilator.	
Performs an Operational Verification Procedure (OVP) as recommended by manufacturer.	
Checks and documents operational function of all audible and visual alarms.	
Adjusts the ventilator controls to preliminary settings per manufacturer recommendations.	
Ensures transport with bag mask resuscitation device.	
Transports with emergency airway supplies per institutional guidelines for ventilated patient transport.	
If using HME system for humidity, disconnect behind the HME to avoid open circuit to room air.	
Ensures sterility of breathing circuit and ventilator per institutional guidelines.	
Documents the ventilator preparation per departmental policy.	
Patient Evaluation and Termination of Procedure	

Ensures ventilator and circuit sterility while waiting for patient connect.	
Documentation and Records	
Documents ventilator system set up and OPV completion as recommended by the manufacturer.	
Informs healthcare team of appropriate ventilator function and system readiness for patient connect.	

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Comments:

High Frequency Oscillatory	
Preliminary Steps	
Obtains appropriate equipment and supplies.	
Reviews medical records and verifies physician order for appropriateness.	
Washes hands and uses Standard Precautions.	
Selects appropriate High Frequency Ventilator (3100B> 35 kg, 3100A <35 Kg).	
Properly assembles and calibrates circuit prior to patient application.	
Patient Interaction and Equipment Preparation	
Introduces self and department.	
Correctly identifies patient using 2 patient identifiers (wristband and birthdate).	
Explains procedure to patient /family and confirms patient understanding.	
Positions patient in optimal position (head higher than tubing) based upon patient condition.	
Ensures deep sedation or paralysis and performs recruitment maneuver.	
Evaluates patient for baseline physiologic status (breath sounds, pulse, sputum).	
Adjusts high frequency ventilator for initial settings:	
Recommended Range Available	
Bias Flow	
Mean Airway Pressure	
Oscillatory Pressure Amplitude	
Frequency 5.0 3.0 - 6.0	
Inspiratory Time % 33% 33% - 50%	
Connects ventilator circuit to patient's airway.	
Observes chest for adequate chest wiggle, and auscultates for bilateral breaths sounds.	
Obtains arterial blood gas sample after 1 hour of high frequency oscillatory ventilation.	

Makes appropriate adjustments based upon patient response.	
Ensures cell phones, cautery equipment, & hand-held radios are not closer than 20 feet to ventilator.	
Patient Evaluation and Termination of Procedure	
Wean FiO2 slowly to < 60% while maintaining adequate oxyhemoglobin saturation levels.	
After achieving FiO2 to 50%, attempt to wean MAP by 1-2 cm. H2O every 4 hours.	
Consider change to PCV/Bilevel ventilation when FiO2 < 50%, MAP < 24 cm H2O, Pulse Ox > 88%.	
Documentation and Records	
Monitors and completes documentation in patient record.	
Enters appropriate charges for services.	

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Comments:

Supplemental Oxygen Therapy - Oxygen Hood	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies.	
Inspects medical records for precautions/complications.	
Verifies physician's order.	
Evaluates order for compliance with AARC Clinical Practice Guidelines.	
Patient Interaction and Equipment Preparation	
Correctly identifies patient.	
Ensures adequate oxygen delivery to patient during hood setup via manual bag/tubing.	
Explains procedure to family and provides family education.	
Confirms family understanding.	
Washes hands and implements Standard Precautions.	
Properly assembles equipment and tests equipment function prior to patient application.	
Ensures adequate gas flow rates, as appropriate.	
Adjusts device to deliver prescribed flow rate or oxygen concentration.	
Ensures total gas flow rate meets the patient's peak inspiratory flow rate, as applicable.	
Analyzes the FIO2 proximal to the infant's airway.	
Obtains a room-air pulse oximetry measurement.	
Explains to the family the necessity for continuous oxygen therapy.	
Atraumatically applies the device to the patient, ensuring minimal leaks.	
Reassures the patient's family and explains the fire hazards of oxygen.	
Ensures that the enclosure does not compress the infant's head/neck.	
Obtains pulse oximetry/arterial blood gas measurement following oxygen administration.	
Patient Evaluation and Termination of Procedure	

Evaluates outcome by patient's physiologic response to oxygen therapy.	
Modifies the procedure in a timely manner based upon patient response.	
Adjusts oxygen therapy per institutional protocol.	
Takes appropriate action for adverse reaction and notifies appropriate personnel.	
Documentation and Records	
Records procedure and results in medical chart.	
Documents procedure in departmental records.	
Documents patient/family education.	

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Comments:

Nasal-ET CPAP System Set-Up	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies.	
Inspects medical records for indications/precautions/complications.	
Verifies physician's order.	
Evaluates order for compliance with AARC Clinical Practice Guidelines.	
Adheres to Standard Precautions.	
Patient Interaction and Equipment Preparation	
Correctly identifies patient; identifies self and department.	
Explains procedure to patient's family; provides family education as needed.	
Properly assembles equipment. Tests equipment function prior to patient application.	
Correctly adjusts prescribed ventilator settings.	
Selects appropriate-sized nasal prongs, and atraumatically inserts and stabilizes prongs.	
Re-adjusts alarms, if appropriate.	
Re-adjusts pressure limit, if appropriate.	
Ensures adequate total gas flow rate and continuous analysis of FIO2.	
Analyzes inspired gas for prescribed oxygen concentration.	
Monitors patient's response to initiation of CPAP mode.	
Modifies procedure as necessary based upon patient response.	
Re-adjusts CPAP pressure/FIO2 based upon patient response and departmental protocol.	
Ensures presence of manual bag and mask and correct size suction catheters at bedside.	
Ensures continuous monitoring of patient's heart rate, ECG, and SpO2.	
Ensures availability of gastric tube for decompression of stomach, if needed.	
Patient Evaluation and Termination of Procedure	

Ensures adequate ventilation following initiation of CPAP mode.	
Obtains arterial blood gas sample after appropriate time.	
Takes appropriate action for adverse response and notifies appropriate personnel.	
Patient/ventilator system checks performed Q2-4 hours per departmental protocol.	
Documentation and Records	
Records procedure and outcomes in medical record.	
Documents procedure in departmental records.	
Documents family education.	

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Capillary Blood Gas Sampling for Neonatal	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies.	
Inspects medical records for precautions/complications per Clinical Practice Guidelines.	
Verifies physician's order.	
Evaluates order for compliance with AARC Clinical Practice Guidelines.	
Adheres to Standard Precautions.	
Patient Interaction and Equipment Preparation	
Correctly identifies patient; identifies self and department.	
Explains procedure to patient's family; provides family education as needed.	
Washes hands and puts on gloves.	
Wraps heel in warmer for 5-10 minutes.	
Properly assembles equipment.	
Selects an appropriate puncture site.	
Atraumatically stabilizes the patient prior to puncture of the site.	
Aseptically prepares the puncture site by thorough cleaning of site.	
Atraumatically punctures the site and verifies adequate blood flow.	
Obtains an adequate volume of blood without "milking" the site.	
Applies pressure to puncture site to ensure cessation of bleeding.	
Ensures blood sample contains no air bubbles or clots.	
Ensures blood sample is sealed and placed in an ice slush if not analyzed within 10 minutes.	
Reevaluates puncture site.	
Delivers blood sample for analysis in a timely manner (less than 60 minutes at 4º C).	
Patient Evaluation and Termination of Procedure	
Evaluates puncture site for cessation of bleeding and absence of hematoma.	

Notes time, patient position, activity, body temperature, vent settings, oxygen flow/FIO2.	
Takes appropriate action for adverse response and notifies appropriate personnel.	
Processes and disposes of all sharps, supplies, and equipment in appropriate containers.	

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Suctioning of Neonatal Pediatric Artificial Airway	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies.	
Inspects medical records for indications/precautions/complications.	
Verifies physician's order.	
Evaluates order for compliance with AARC Clinical Practice Guidelines.	
Adheres to Standard Precautions.	
Patient Interaction and Equipment Preparation	
Correctly identifies patient; identifies self and department.	
Explains procedure to patient and provides patient/family education as needed.	
Determines proper catheter insertion depth.	
Washes hands and wears sterile gloves.	
Properly assembles equipment and selects appropriate-sized catheter.	
Pre-checks functions of catheter and negative pressure.	
Hyperoxegenates and hyperinflates patient before procedure, in between suction events, and after the procedure using a manual resuscitation device, if appropriate.	
Maintains sterile technique and adheres to Universal Precautions.	
Suctions patient for not more than 10 seconds.	
Lavages patient per institutional protocol.	
Obtains a sputum specimen, if needed.	
Takes appropriate action for adverse response and notifies appropriate personnel.	
Patient Evaluation and Termination of Procedure	
Evaluates breath sounds before and after suctioning.	
Monitors ECG or pulse oximeter throughout procedure.	
Terminates procedure when necessary and disposes of catheter and gloves.	

Processes equipment per Standard Precautions.	
Documentation and Records	
Records procedure and outcomes in medical record.	
Documents procedure in departmental records.	
Documents patient/family education.	

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Surfactant Administration	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies.	
Inspects medical records for indications/precautions/complications.	
Verifies physician's order.	
Evaluates order for compliance with AARC Clinical Practice Guidelines.	
Correctly calculates dosage based upon manufacturer's recommendations.	
Patient Interaction and Equipment Preparation	
Correctly identifies patient.	
Identifies self to family and identifies department.	
Explains procedure to patient's family.	
Procures surfactant dose from medication storage.	
Washes hands and adheres to Universal Precautions.	
Properly assembles equipment and tests equipment function prior to patient application.	
Ensures presence at bedside of resuscitation, suction, and monitoring equipment.	
Accurately prepares the prescribed dose of surfactant.	
Ensures that surfactant dose is warmed for adequate time to room temperature.	
Ensures presence and function of surfactant administration device.	
Performs baseline pre-treatment physiologic assessment.	
Aseptically injects the prescribed dose of surfactant and positions patient.	
Assess patient response to therapy during treatment.	
Appropriately modifies ventilator settings and therapy based upon patient's response.	
Correctly identifies adverse response to procedure.	
Adjusts therapeutic procedure per institutional protocol.	

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Patient Evaluation and Termination of Procedure	
Monitors physiologic parameters before, during, and after treatment.	
Assesses the therapeutic response to medication and outcomes of treatment.	
Monitors SpO2, ECG, surfactant reflux, skin color, vigor, patient position, chest movement, position of delivery device, pulmonary mechanics, breath sounds, and vital signs.	
Takes appropriate action for adverse response and notifies appropriate personnel.	
Documentation and Records	
Records procedure and documents outcomes of therapy in medical chart.	
Documents procedure in departmental records.	
Documents patient/family education.	

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Comments:

Supplemental Oxygen Therapy - Oxygen Tent System	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies.	
Inspects medical records for precautions/complications.	
Verifies physician's order.	
Evaluates order for compliance with AARC Clinical Practice Guidelines.	
Patient Interaction and Equipment Preparation	
Correctly identifies patient.	
Introduces self to patient/family and identifies department.	
Explains procedure to patient/family and provides patient/family education.	
Confirms patient's understanding.	
Washes hands and adheres to Standard Precautions .	
Properly assembles equipment and tests equipment function prior to patient application.	
Ensures adequate aerosol output as appropriate.	
Adjusts device to deliver prescribed flow rate or oxygen concentration as appropriate.	
Ensures total gas flow rate meets the patient's peak inspiratory flow rate as appropriate.	
Analyzes the FIO2 (if appropriate).	
Obtains a room-air pulse oximetry measurement.	
Explains the necessity for continuous oxygen therapy to patient.	
Atraumatically applies the device to the patient, ensuring minimal leaks.	
Reassures the patient and explains the fire hazards of oxygen to the patient.	
Ensures that "No Smoking" signs are posted and spark-producing objects are removed.	
Obtains pulse oximetry / arterial blood gas measurement following oxygen administration.	
Patient Evaluation and Termination of Procedure	

Evaluates outcome by patient's physiologic response to oxygen therapy.	
Modifies the procedure in a timely manner based upon patient's response.	
Adjusts oxygen therapy per institutional protocol.	
Takes appropriate action for adverse reaction and notifies appropriate personnel.	
Documentation and Records	
Records procedure and results in medical chart.	
Documents procedure and patient response in departmental records.	
Documents patient/family education.	

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Aerosol Drug Administration	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies.	
Inspects medical records for precautions/complications.	
Verifies physician's order.	
Evaluates order for compliance with AARC Clinical Practice Guidelines.	
Patient Interaction and Equipment Preparation	
Correctly identifies patient.	
Introduces self to patient/family and identifies department.	
Explains procedure to patient and provides patient/family education.	
Confirms patient's understanding.	
Washes hands and adheres to Standard Precautions.	
Properly assembles equipment and tests equipment function prior to patient application.	
Accurately prepares the prescribed medication.	
Aseptically injects prepared medication into delivery device.	
Activates gas flow and verifies aerosol generation.	
Instructs patient to desired ventilatory pattern.	
Performs baseline physiologic assessment(pulse, breath sounds, peak flow, dyspnea rating).	
Applies device to patient.	
Assesses patient's response to therapy during treatment.	
Appropriately modifies therapy based upon patient's response.	
Correctly identifies adverse response to medication.	
Adjusts therapeutic procedure per institutional protocol.	
Patient Evaluation and Termination of Procedure	
Monitors physiologic parameters before, during, and after treatment.	

Assesses the therapeutic response to medication and outcomes of treatment.	
Encourages cough / deep breathing.	
Terminates treatment, gas dries nebulizer reservoir and places in plastic bag.	
Takes appropriate action for adverse response and notifies appropriate personnel.	
Documentation and Records	
Records procedure and documents outcomes of therapy in medical chart.	
Documents procedure in departmental records.	
Documents patient/family education.	

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Comments:

Nitric Oxide Administration	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment: including supplies, connectors as shown on diagram, and extra tank.	
Checks tank pressure to ensure greater than 200 psi. pressure.	
Verifies and assesses physician order for appropriateness and indications for therapy.	
Reviews records for precautions/complications (bleeding diathesis, hemorrhage, metHb reductase deficiency).	
Patient Interaction and Equipment Preparation	
Introduces self and department.	
Correctly identifies patient using 2 patient identifiers (wristband and birthdate).	
Explains procedure to patient /family and confirms patient understanding.	
Assesses and provides appropriate age-specific/special needs modification to procedure.	
Washes hands and uses Standard Precautions.	
Performs Low Calibration of NO, NO2, and O2.	
Prior to initiation of NO, draw baseline ABG with metHb.	
Initiate NO at 20 ppm, adjust per physicians order or per protocol.	
Sets alarms appropriately and ensures that alarms are activated.	
Obtain ABGs 30 min. after initiation. May repeat ABG PRN, then Q6 hr x 24. hrs. Thereafter, an ABG daily.	
Begin weaning NO when FiO2 is less than 50% with adequate oxygenation.	
Wean NO in increments of 50% as tolerated.	
Discontinue NO when weaned to 1 ppm or patient is not a responder.	
Document every 2- 4 hours NO, NO2,O2, and Tank pressures.	
Attach manual resuscitation to NO equipment, assure proper flow, Leave flow meter off.	
Patient Evaluation and Termination of Procedure	

Assess patient for improved SaO2 (measured by pulse oximetry), increased PaO2, & decreased PAP.	
Assess for elevated (metHb) levels, Increased Nitrogen Dioxide (NO2).	
Physician is notified to discontinue therapy if patients do not demonstrate positive response	
after 1 hour of therapy.	
Documentation and Records	
Completes documentation in patient record.	
Ensures appropriate charge entered and documentation completed for NO usage.	

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Comments:

Neopuff T-Piece Resuscitation Device	
Preliminary Steps	
Acquires requisition or report. Obtains appropriate equipment and supplies.	
Reviews medical records verifies and assesses physician order for appropriateness.	
Washes hands and uses Standard Precautions.	
Patient Interaction and Equipment Preparation	
Introduces self and department.	
Correctly identifies patient using 2 patient identifiers (wristband and birthdate).	
Explains procedure to family and confirms understanding.	
Assesses and provides appropriate age-specific/special needs modification to procedure.	
Performs baseline physiologic assessment (pulse, breath sounds, retractions, noninvasive monitoring).	
Assure pressure manometer reads zero with no gas flow. Calibrates manometer to achieve zero.	
Connects gas supply tubing from oxygen or blended oxygen/air flow meter to the gas inlet port.	
Connects the patient circuit, with patient T-piece, to the gas outlet port on Neopuff.	
Connects a test lung to the patient T-piece. Adjust gas supply to the desired flow (5 to 15 LPM)	
Occludes PEEP cap and turns PIP control fully clockwise/counter-clockwise to set maximum pressure.	
Adjusts the maximum pressure knob counter-clockwise until the desired peak inspiratory pressure is set.	
Adjusts the PEEP cap to desired PEEP level. Removes test lung from patient T-piece.	
Checks and/or adjusts the gas supply to the desired flow rate.	
Ensures proper patient position for adequate ventilation.	
Fits patient T-piece to resuscitation mask and appropriately places over the infant's mouth and nose.	
If patient has endotracheal tube secure T-piece to endotracheal tube. Ensure ET tube is properly secured.	

Begins positive pressure resuscitation by placing and removing thumb over the PEEP cap.	
Delivers appropriate breath rate based on neonatal resuscitation guidelines.	
Assesses patient and appropriately modifies procedure based upon patient response.	
Patient Evaluation and Termination of Procedure	
Monitors physiologic parameters during procedure (pulse, breath sounds, noninvasive monitoring).	
Assesses the therapeutic response and outcome of procedure.	
Takes appropriate action for adverse response and notifies appropriate personnel.	
Documentation and Records	
Documents procedure and outcomes of therapy in medical record and completes charge.	
Communicates results and treatment to other members of the healthcare team.	
Documents patient/family education.	

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Electrocardiogram (ECG)	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies.	
Reviews medical records, inspects history and physical examination results.	
Verifies and assesses physician order for appropriateness.	
Washes hands and uses Standard Precautions.	
Patient Interaction and Equipment Preparation	
Introduces self and department.	
Correctly identifies patient using 2 patient identifiers (wristband and birthdate).	
Explains procedure to patient /family and confirms patient understanding.	
Assesses and provides appropriate age-specific/special needs modification to procedure.	
Ensures patient privacy.	
Removes all metal and jewelry from patient.	
Connects ECG machine power cord to red electrical outlet. Activates power to machine.	
Properly connects chest leads to patient.	
Properly connects limb leads to patient.	
Runs ECG 12 lead recording.	
Patient Evaluation and Termination of Procedure	
Examines ECG preliminary recording for life threatening arrhythmias.	
Ensures recording contains minimal artifact, corrects artifact if found.	
Ensures ECG recording contains minimal drift.	
Removes electrodes from patient, disposes of supplies and processes equipment.	
Documentation and Records	

Ensures download of ECG and processes study for physician interpretation.	
Completes documentation in patient record, and enters correct charge for procedure.	
Effectively communicates test results to other members of healthcare team.	

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Comments:

Bronchoscopy Assisting	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies. Ensures bronchoscope integrity and sterility.	
Reviews medical records, inspects history & physical examination results; drug (lidocaine) allergy history.	
Verifies and assesses physician order for appropriateness. Verifies presence of written informed consent.	
Washes hands and uses Standard Precautions.	
Patient Interaction and Equipment Preparation	
Introduces self and department.	
Correctly identifies patient using 2 patient identifiers (wristband and birthdate).	
Explains procedure to patient /family and confirms patient understanding.	
Assesses and provides appropriate age-specific/special needs modification to procedure.	
Attaches oximetry probe and ECG electrodes to patient.	
Monitors and documents baseline status for ECG rhythm, heart rate,SpO2, and respiratory rate.	
Checks patency of nares and administers topical anesthetic to nasopharynx and oropharynx.	
Repeats topical anesthetic spray to oropharynx until patient states oropharynx is numb.	
Administers oxygen to pre-oxygenate patient and maintain desired SpO2.	
When bronchoscopist arrives, drapes patient's head with sterile towels.	
Applies viscous lidocaine into nostrils, and activates light source to bronchoscope.	
Assists physician with brushing, washings, biopsy forceps, and lavage.	
Aseptically places biopsy tissue into formalin.	
Patient Evaluation and Termination of Procedure	
Monitors patient heart rate, ECG, SpO2, and blood pressure before, during, and after procedure.	

Patient continuously monitored and transported to post-procedure recovery area when stable.	
Reassures patient, removes electrodes, processes, cleans, and sterilizes bronchoscope.	
Takes appropriate action for adverse response to procedure and notifies appropriate personnel.	
Documentation and Records	
Documents site of biopsy, washings, and specimens, as well as serial number of bronchoscope used.	
Completes documentation in patient record, and enters correct charge for procedure.	
Effectively communicates test results to other members of healthcare team.	

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Pulmonary Function Testing	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies.	
Reviews medical records for precautions, complications, relative contraindications.	
Verifies and assesses physician order for appropriateness.	
Evaluates order for compliance with AARC Clinical Practice Guidelines.	
Ensures that system is correctly calibrated and is functioning accurately.	
Patient Interaction and Equipment Preparation	
Correctly identifies patient using 2 patient identifiers (wristband and birthdate).	
Introduces self and department.	
Explains procedure to patient. Obtains patient age, sex, and height to determine predicted values.	
Confirms patient's understanding. Ensures that patient has not smoked or eaten 2 hour before test.	
Washes hands and uses Standard Precautions.	
Properly assembles equipment for testing.	
Enters patient data into computer. Obtains pulmonary and smoking history.	
Explains instructions to patient for ventilatory maneuvers.	
Positions patient in sitting position. Documents other than sitting position.	
Measures forced vital capacity (FVC) with a minimum of three tests.	
Measures total lung capacity (TLC) or thoracic gas volume (TGV).	
Measures maximum voluntary ventilation (MVV).	
Measures diffusing capacity of lung (DLCO).	
Measures functional residual capacity.	
Patient Evaluation and Termination of Procedure	

Observes patient and documents maximum effort.	
Determines validity of test results from proper equipment function and test reproducibility.	
Takes appropriate action for adverse response to testing and notifies appropriate personnel.	
Terminates procedure and disposes/sterilizes supplies in direct contact with patient.	
Documentation and Records	
Prints record of procedure and results for medical record.	
Documents procedure in departmental records.	

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Comments:

Arterial Puncture for Blood Gas Analysis	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies.	
Reviews medical records for MD order, bleeding disorder, anticoagulants, thrombolytics.	
Verifies and assesses physician order for appropriateness.	
Patient Interaction and Equipment Preparation	
Introduces self and department.	
Correctly identifies patient using 2 patient identifiers (wristband and birthdate).	
Explains procedure to patient /family and confirms patient understanding.	
Assesses and provides appropriate age-specific/special needs modification to procedure.	
Washes hands and uses Standard Precautions.	
Selects appropriate puncture site.	
Performs an Allen's test (for radial artery puncture only).	
Aseptically prepares the puncture site by thoroughly cleaning site.	
Stabilizes area and properly positions puncture site. (Injects subcutaneous anesthetic, if applicable).	
Ensures that the syringe is pre-heparinized and that the syringe volume is pre-set (if applicable).	
Atraumatically punctures artery (using around a 45 degree angle for radial artery puncture).	
Verifies pulsatile blood flow and obtains adequate volume of arterial blood.	
Atraumatically removes needle from puncture site & applies pressure to site for 5 minutes minimum.	
Needle protection device is applied to needle, the device is removed, and the syringe is sealed.	
Patient Identification label is appropriately applied to sample at bedside (using bar code scanner).	
Blood sample is placed in ice, and inserted into Biohazard bag for transport.	

Re-evaluates puncture site to verify the absence of bleeding and hematoma formation.	
Patient Evaluation and Termination of Procedure	
Notes time, puncture site, FIO2, oxygen device, temperature, and ventilator settings.	
Takes appropriate action for adverse response and notifies appropriate personnel.	
Appropriately processes all used supplies and disposes of sharps in correct containers.	
Documentation and Records	
Notifies appropriate personnel of test results and critical values, and documents notification.	
Documents procedure in medical record/computer, and ensures appropriate charge is entered.	

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Comments:

Polysomnography	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies.	
Reviews medical records for sleep history, physical exam, medications, and sleep screening studies.	
Verifies and assesses physician order for appropriateness.	
Patient Interaction and Equipment Preparation	
Introduces self & department. Explains procedure to patient/family & confirms patient understanding.	
Correctly identifies patient using 2 patient identifiers (wristband and birthdate).	
Assesses and provides appropriate age-specific/special needs modification to procedure.	
Assists patient in filling out Pre-Sleep questionnaire. Measures & documents baseline blood pressure.	
Washes hands and uses Standard Precautions.	
Correctly assembles equipment and performs calibrations per institutional protocol.	
Measures patient head for electrode placement using the International 10-20 system.	
Gently prepares patients scalp and applies recording electrodes using the appropriate montage.	
Correctly applies respiratory effort belts, and nasal cannula for air flow monitoring.	
Applies oximeter probe and correctly attaches electrodes to extremities when appropriate.	
Correctly attaches EEG, EOG, EMG, and ECG electrodes.	
Assists patient to bed & correctly attaches headbox, oximeter, & nasal cannula to appropriate device.	
Correctly checks electrode impedance of all recording electrodes.	
Performs an all-channel and montage calibration. Performs patient's Bio-Cals pre & post procedures.	
Verifies that impedance is less than or equal to 10,000 ohms.	
Reapplies electrodes that do not meet impedance requirement.	

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Patient Evaluation and Termination of Procedure	
Initiates video taping of procedure and digital capture of PSG. Documents initiation (lights out).	
Continuously monitors patient and documents apnea/hypopnea events per institutional protocol.	
Correctly identifies artifact during the recording and corrects cause of artifact. Obtains accurate PSG.	
Takes appropriate action for needed clinical intervention during procedure (Oxygen, CPAP, CPR).	
Documentation and Records	
Completes summary documentation in patient record of PSG Procedure/relevant clinical observations.	
Prepares patient data/chart for scoring. Completes back up storing of study data. Cleans all supplies.	
Disconnects patient from electrodes & monitors, assists patient with clean up from electrode adhesive.	

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Polysomnography with CPAP Titration	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies.	
Reviews medical records, inspects history and physical examination results.	
Verifies and assesses physician order for appropriateness.	
Washes hands and uses Standard Precautions.	
Patient Interaction and Equipment Preparation	
Introduces self and department.	
Correctly identifies patient using 2 patient identifiers.	
Explains procedure to patient /family and confirms patient understanding.	
Assesses and provides appropriate age-specific/special needs modification to procedure.	
Correctly assembles equipment and performs calibrations per institutional protocol.	
Measures patient head for electrode placement using the International 10-20 system.	
Gently prepares patients scalp and applies recording electrodes using the appropriate montage.	
Correctly applies respiratory effort belts, and nasal cannula for air flow monitoring.	
Applies oximeter probe and Correctly attaches electrodes to extremities when appropriate.	
Correctly attaches EEG, EOG, EMG, and ECG electrodes.	
Assists patient to bed & correctly attaches headbox, oximeter, & nasal cannula to appropriate device.	
Correctly checks electrode impedance of all recording electrodes.	
Performs an all-channel and montage calibration. Performs patient's Bio-Cals pre & post procedures.	
Verifies that impedance is less than or equal to 10,000 ohms.	
Reapplies electrodes that do not meet impedance requirement.	
Evaluates subjects facial features and selects appropriate type and size of CPAP delivery device.	

Verify fit of selected system and adjusts as needed.	
Initiates PSG recording for a minimum of 2 hours, documents lights out and start test.	
Titrates CPAP pressure to decrease snoring, arousals; monitors subject response during therapeutic trial.	
Continuously monitors patient and documents apnea/hypopnea events per institutional protocol.	
Takes appropriate action for needed clinical intervention during procedure (Oxygen, CPAP, CPR).	
Documentation and Records	
Documents PSG & CPAP pressure which decreases apnea/hypopnea events, patient position; mask type.	
Completes documentation in patient record. Contacts MD when indicated per institutional protocol.	
Effectively communicates results to other members of healthcare team.	
Enters appropriate charge.	

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Pulmonary Rehab Development of Individualized Treatment	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies.	
Reviews medical records, inspects history and physical examination results.	
Verifies and assesses physician order for appropriateness.	
Washes hands and uses Standard Precautions	
Patient Interaction and Equipment Preparation	
Introduces self and department.	
Correctly identifies patient using 2 patient identifiers.	
Explains procedure to patient /family and confirms patient understanding.	
Assesses and provides appropriate age-specific/special needs modification to procedure.	
Performs initial patient assessment and develops plan of care.	
Collaboratively sets goals with patient for self care and activities of daily living.	
Develops mutually agreed upon targets for progress towards goals.	
Performs 6 minute walk test and completes calculations for exercise prescription.	
Establishes individual exercise plan for goal accomplishment.	
Prepares and adjusts individual exercise plan per protocol.	
Describes common exercise limitations and appropriately modifies exercise.	
Demonstrates use of graded exercise techniques and interval training.	
Patient completes initial self-assessment documentation, per imitational protocol.	
Provides patient education on use of exercise equipment & warm up, exercise, & cool down periods.	
Patient Evaluation and Termination of Procedure	
Completes patient assessment before, during, and after session.	

Patients are advised to stop smoking, avoid risk factors, identify symptoms early and	
follow up with physician; obtain pneumococcal and influenza vaccines.	
Documentation and Records	
Documents Activity of Daily Living goals and exercise targets.	
Documents plan and goals in patient record, and sends copies of plan to patient's physician.	
Effectively communicates plan to other members of healthcare team.	
Enters appropriate charge for session using correct G-code.	

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Pulmonary Rehab Individual Exercise Session	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies.	
Reviews medical records, inspects history and physical examination results.	
Verifies and assesses physician order for appropriateness.	
Washes hands and uses Standard Precautions.	
Patient Interaction and Equipment Preparation	
Introduces self and department.	
Correctly identifies patient using 2 patient identifiers.	
Explains procedure to patient /family and confirms patient understanding.	
Assesses and provides appropriate age-specific/special needs modification to procedure.	
Completes patient assessment for individualized exercise needs.	
Collaboratively sets goals with patient for self care and activities of daily living.	
Develops mutually agreed upon targets for progress towards goals.	
Establishes individual exercise plan for goal accomplishment.	
Provides individualized patient education based upon identified needs.	
Monitors patient progress towards goals and coaches as needed based upon patient assessment.	
Provides individualized patient education on use of exercise equipment and breathing exercises.	
Provides individualized patient education on use of respiratory muscle strength training devices.	
Provides individualized patient education on use of positive expiratory pressure devices.	
Provides individualized patient education on use of airway clearance & bronchial hygiene equipment.	
Patient Evaluation and Termination of Procedure	
Completes patient assessment before, during, and after session.	

Evaluates effectiveness of individualized education based upon return demonstration from patient.	
Documentation and Records	
Documents procedure start time, stop time, and total time in 15 minute increments.	
Completes documentation in patient record.	
Effectively communicates results to other members of healthcare team.	
Enters appropriate charge for session using correct G-code.	

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Asthma Education	
Assess Asthma Severity	
Clinician assesses asthma severity by current impairment and future risk.	
Documents severity classification.	
Use Written Asthma Action Plan (AAP)	
Reinforces and educates patient on skills & understanding for self-management & utilization of AAP.	
Uses AAP in electronic medical record.	
Inhaled Corticosteroids	
Explains link between chronic nature of asthma and anti-inflammation via inhaled corticosteroids.	
Provides educational materials that are culturally and linguistically appropriate.	
Correctly demonstrates and explains ease of use and delivery device.	
Assess and Monitor Asthma Control	
Assesses current impairment via patient peak flow monitoring/ pulmonary function testing.	
Encourage patient documentation of peak flows/triggers noted/symptoms/medicines in daily asthma diary.	
Schedule Follow-up Visits	
Implements patient monitoring and referral policy that promotes the increase of outpatient follow-up.	
Control Environmental Exposures	
Documents instructions given for identifying allergens/irritants to which patient is sensitive.	
Documents environmental control measures as patient agrees to.	
Provides patient/family education regarding the avoidance of second-hand smoke (explains to parents	
that they should never smoke in a car/enclosed area with an asthmatic child present).	
Educates patient in event of asthma attack, to breathe slowly and inhale through nose, exhale slowly.	
Provides resources available for smoking cessation, allergen/ irritant exposure.	

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Documentation and Records	
Completes documentation in patient record.	
Effectively communicates results of to other members of healthcare team.	

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Rapid Response Team	
Preliminary Steps	
Receives notification of a rapid response call.	
Responds in a timely manner.	
Obtains appropriate equipment and supplies.	
Inspects medical records of patient and reviews history and physical examination results.	
Ensures patient privacy, washes/disinfects hands, and uses Standard Precautions.	
Patient Interaction and Equipment Preparation	
Introduces self and department. Receives report from healthcare team members.	
Correctly identifies patient using 2 patient identifiers (wristband and birthdate).	
Explains assessment procedure to patient /family and confirms patient understanding.	
Performs inspection, notes activity level, and breathing position.	
Obtains current vital signs (heart rate, respiratory rate, blood pressure, temperature).	
Interviews patient for current problems and dyspnea level (1-10 scale).	
Evaluates airway patency. Manually opens airway and provides manual ventilation if indicated.	
Auscultates chest and performs a complete cardiopulmonary examination.	
Notes cough productivity and sputum volume/characteristics.	
Obtains smoking history (packs per year).	
Obtains baseline pulse oximetry reading & obtains arterial blood gas sample per institutional protocol.	
Initiates or titrates oxygen therapy per institutional protocol	
Reviews medication allergies; initiates small volume nebulizer/MDI treatment per institutional protocol.	
Reviews current chest radiograph results and EKG results if available.	
Performs & correctly interprets additional bedside testing such as PFT, FVC, & peak flow if needed.	

Reviews results of relevant clinical data (chest tube placement, peripheral lines, dialysis, etc.).	
Patient Evaluation and Termination of Procedure	
Identifies and prioritizes clinical problems.	
Synthesizes data & recommends/initiates appropriate Respiratory Care plan per institutional protocol.	
Effectively communicates & collaborates with other members of Rapid Response team & caregivers.	
Reports to healthcare team members Situation, Background, Assessment, and Recommendations.	
Documentation and Records	
Completes documentation of clinical problems, care plan, and recommendations in patient record.	

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Weaning and Spontaneous Breathing Trial	
Preliminary Steps	
Acquires requisition or report.	
Obtains appropriate equipment and supplies.	
Reviews medical records.	
Verifies and assesses physician order for appropriateness.	
Patient Interaction and Equipment Preparation	
Introduces self and department.	
Correctly identifies patient using 2 patient identifiers (wristband and birthdate).	
Explains procedure to patient /family and confirms patient understanding.	
Assesses and provides appropriate age-specific/special needs modification to procedure.	
Washes hands and uses Standard Precautions.	
Completes the following ventilator bundle procedures, per institutional policy:	
*Prevents VAP by maintaining head of bed greater than a 30 degree angle.	
*Completes screening criteria for readiness to wean from ventilator:	
FiO2 less than 50%, Peep less than 8 cm. H2O, ph greater than 7.25, spontaneously breathing,	
minimal agitation, SpO2 > 88%, absence of cardiac arrythmias, minimal dosage of vasopressors.	
*Effectively communicates/ coordinates with Nursing for sedation vacation.	
*Informs patient & performs Spontaneous Breathing Trial per protocol (CPAP or Pressure Support).	
*Identifies & documents successful Spontaneous Breathing Trial (Resp. Rate/Vt < 105) after 30 mins.	
*Performs oral care with institutional approved oral rinse per policy.	
*Suctions sub-glottic secretions er institutional protocol.	
Patient Evaluation and Termination of Procedure	

Frequently monitors patient during Spontaneous Breathing trial for signs/symptoms of SBT failure:	
(Respiratory rate > 35 or less than 8 breaths/min, SpO2 sat less than 88%, respiratory distress,	
mental status changes, acute cardiac arrythmia, RSBI > 105.	
If any signs/symptoms noted for SBT failure, discontinues SBT, returns to previous ventilator	
settings, reassures patient, informs MD and Nurse, and documents results.	
Documentation and Records	
Completes documentation in patient record.	

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