

Midland College
Master Syllabus
RSPT 2363
Course Rubric, Course Number
Clinical V
**Core Curriculum Course*

Course Description:

This course is a method of instruction providing detailed education, training and work-based experience and direct patient/client care, generally at a clinical site. Specific detailed learning objectives are developed for each course. On-site clinical instruction, supervision, evaluation and placement are the responsibility of the college faculty. This is a capstone experience for the second-year students. Prerequisite: RSPT 2360.

End-of-Course-Outcomes:

As outlined in the learning plan, apply the theory, concepts, and skills involving specialized materials, tools, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with the occupation and the business/industry; and will demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills, and appropriate written and verbal communication skills using the terminology of the occupation and the business/industry.

Text, References, and Supplies:

Textbooks:

Kacmarek, Stoller, Heuer, Egan's Fundamentals of Respiratory Care. (11th Ed.), Mosby/Elsevier. 2017

Cummins, Advanced Cardiac Life Support. American Heart Association. 2001.

Burton, Respiratory Care: A Guide to Clinical Practice. 4th ed. Lippincott. 1997.

Chang, Clinical Application of Mechanical Ventilation. 3rd Edition. Delmar. 2006.

Walsh, Neonatal and Pediatric Respiratory Care. 4th ed. Elsevier. 2015

Heuer, Scanlan, Wilkin's Clinical Assessment in Respiratory Care. 7th ed. Elsevier. 2014.

Trajecsys software for clinical documentation

Students MUST actively participate by completing an academic assignment required by the instructor by the official census date. Students who do not actively participate in an academically-related activity will be reported as never attended and dropped from the course.

Student Contributions, Responsibilities and Class Policies:

Each student will spend at least 8 hours per week preparing for class. Attendance is critical in this class. All clinical performance and behavior are considered academic. Students are expected to observe the guidelines for behavior in the clinical agency:

1. Students are to adhere to the guidelines outlined by the clinical agencies during orientation.
2. Students may not bring children to the clinical agency at any time.
3. Students should be in the clinical agency only when supervised or with the permission of their instructor. In those instances, students should adhere strictly to agency guidelines in terms of chart review, visiting with patients and proper attire.
4. Students are to park in designated areas only.
5. Students may not use cell phones in the clinical setting and pagers/beepers, if used must be set on silence during clinical.
6. Students are subject to all policies regarding drugs, alcohol, and criminal background checks of assigned clinical facilities, including drug screening prior to starting a clinical rotation, random drug testing and background checks.

It is expected that students remain at the clinical agency/organization/facility for the entire time assigned. Students should not expect to run personal errands or otherwise leave the clinical site during scheduled mealtimes or breaks. Emergency requests are granted at the discretion of the instructor and no student shall leave the clinical site without instructor approval prior to leaving. Extenuating circumstances should be brought to the attention of the clinical director as soon as possible. If the student will be absent; the student is responsible for notifying the clinical site and the clinical instructor.

Students Learning Outcomes and Core Competencies:

During the course of Clinical V, students may perform, but are not limited to the following:

I. Patient Data

- A. Evaluate Data in the Patient Record
 1. Patient history, for example
 - a) History of present illness (HPI)
 - b) Orders
 - c) Medication reconciliation
 - d) Progress notes
 - e) DNR status / advance directives
 - f) Social, family, and medical history
 2. Physical examination relative to the cardiopulmonary system
 3. Lines and drains
 - a) Chest tube
 - b) Vascular lines
 - c) Artificial airway
 4. Laboratory results, for example,
 - a) CBC
 - b) Electrolytes
 - c) Coagulation studies
 - d) Sputum culture and sensitivities
 - e) Cardiac biomarkers
 5. Blood gas analysis and/or hemoximetry (CO-oximetry) results
 6. Pulmonary function testing results, for example

- a) Spirometry
- b) Lung volumes
- c) DLCO
- 7. 6-minute walk test results
- 8. Imaging study results, for example
 - a) Chest radiograph
 - b) CT scan
 - c) Ultrasonography and/or echocardiography
 - d) PET scan
 - e) Ventilation / perfusion scan
- 9. Maternal and perinatal / neonatal history, for example
 - a) Apgar scores
 - b) Gestational age
 - c) L/S ratio
- 10. Sleep study results, for example
 - a) Apnea-hypopnea index (AHI)
- 11. Trends in monitoring results
 - a) Fluid balance
 - b) Vital signs
 - c) Intracranial pressure
 - d) Ventilator liberation parameters
 - e) Pulmonary mechanics
 - f) Noninvasive, for example
 - Pulse oximetry
 - Capnography
 - Transcutaneous
 - g) Cardiac evaluation / monitoring results, for example
 - ECG
 - Hemodynamic parameters
- 12. Determination of a patient's pathophysiological state

B. Perform Clinical Assessment

- 1. Interviewing a patient to assess
 - a) Level of consciousness and orientation, emotional state, and ability to cooperate
 - b) Level of pain
 - c) Shortness of breath, sputum production, and exercise tolerance
 - d) Smoking history
 - e) Environmental exposures
 - f) Activities of daily living
 - g) Learning needs, for example
 - Literacy
 - Preferred learning style
 - Social / cultural
- 2. Performing inspection to assess
 - a) General appearance

b) Characteristics of the airway, for example

- Patency
- Mallampati classification
- Tracheal shift

c) Cough, sputum amount and character

d) Status of a neonate, for example

- APGAR score
- Gestational age

e) Skin integrity, for example,

- Pressure ulcers
- Stoma site

3. Palpating to assess

a) Pulse, rhythm, intensity

b) Accessory muscle activity

c) Asymmetrical chest movements, tactile fremitus, crepitus, tenderness, tactile rhonchi, and / or tracheal deviation

4. Performing diagnostic chest percussion

5. Auscultating to assess

a) Breath sounds

b) Heart sounds and rhythm

c) Blood pressure

6. Reviewing a chest radiograph to assess

a) Quality of imaging, for example

- Patient positioning
- Penetration
- Lung inflation

b) Presence and position of airways, lines and drains

c) Presence of foreign bodies

d) Heart size and position

e) Presence of, or change in cardiopulmonary abnormalities, for example

- Pneumothorax
- Consolidation
- Pleural effusion
- Pulmonary edema
- Pulmonary artery size

f) Presence of, or change in diaphragm, mediastinum and / or trachea

C. Perform Procedures to Gather Clinical Information

1. 12-lead ECG

2. Noninvasive monitoring, for example

a) Pulse oximetry

b) Capnography

c) Transcutaneous

3. Peak flow

4. Mechanics of spontaneous ventilation linked to tidal volume, minute volume, maximal inspiratory pressure, and vital capacity

5. Blood gas sample collection

6. Blood gas analysis and / or hemoximetry (CO-oximetry)

7. Oxygen titration with exercise
8. Cardiopulmonary calculations, for example
 - a) $P(A-a)O_2$
 - b) V_D/V_T
 - c) P/F
 - d) OI
9. Hemodynamic monitoring
10. Pulmonary compliance and airway resistance
11. Plateau pressure
12. Auto-PEEP determination
13. Spontaneous breathing trial (SBT)
14. Apnea monitoring
15. Apnea test (brain death determination)
16. Overnight pulse oximetry
17. CPAP/NPPV titration during sleep
18. Cuff management, for example
 - a) tracheal
 - b) laryngeal
19. Sputum induction
20. Cardiopulmonary exercise testing
21. 6-minute walk test
22. Spirometry outside or inside a pulmonary function laboratory
23. DLCO inside a pulmonary function laboratory
24. Lung volumes inside a pulmonary function laboratory
25. Tests of respiratory muscle strength – MIP and MEP
26. Therapeutic bronchoscopy

D. Evaluate Procedure Results

1. 12-lead ECG
2. Noninvasive monitoring, for example
 - a) Pulse oximetry
 - b) Capnography
 - c) Transcutaneous
3. Peak flow
4. Mechanics of spontaneous ventilation linked to tidal volume, minute volume, maximal inspiratory pressure, and vital capacity
5. Blood gas analysis and / or hemoximetry (CO-oximetry)
6. Oxygen titration with exercise
7. Cardiopulmonary calculations, for example,
 - a) $P(A-a)O_2$
 - b) V_D/V_T
 - c) P/F
 - d) OI
8. Hemodynamic monitoring
9. Pulmonary compliance and airways resistance
10. Plateau pressure
11. Auto-PEEP
12. Spontaneous breathing trial (SBT)

13. Apnea monitoring
14. Apnea test (brain death determination)
15. Overnight pulse oximetry
16. CPAP / NPPV titration during sleep
17. Cuff status, for example
 - a) laryngeal
 - b) tracheal
18. Cardiopulmonary exercise testing
19. 6-minute walk test
20. Spirometry outside or inside a pulmonary function laboratory
21. DLCO inside a pulmonary function laboratory
22. Tests of respiratory muscle strength – MIP and MEP

E. Recommend Diagnostic Procedures

1. Testing for tuberculosis
2. Laboratory tests, for example
 - a) CBC
 - b) Electrolytes
 - c) Coagulation studies
 - d) Sputum culture and sensitivities
 - e) Cardiac biomarkers
3. Imaging studies
4. Bronchoscopy
 - a) Diagnostic
 - b) Therapeutic
5. Bronchoalveolar lavage (BAL)
6. Pulmonary function testing
7. Noninvasive monitoring, for example
 - a) Pulse oximetry
 - b) Capnography
 - c) Transcutaneous
8. Blood gas and/or hemoximetry (CO-oximetry)
9. ECG
10. Exhaled gas analysis, for example
 - a) CO₂
 - b) CO
 - c) FENO
11. Hemodynamic monitoring
12. Sleep studies
13. Thoracentesis

II. TROUBLESHOOTING AND QUALITY CONTROL OF EQUIPMENT, AND INFECTION CONTROL

A. Assemble / Troubleshoot Devices

1. Medical gas delivery interfaces, for example
 - a) Mask
 - b) Cannula
 - c) Heated high-flow nasal cannula

2. Long-term oxygen therapy
3. Medical gas delivery, metering, and/or clinical analyzing devices, for example
 - a) Concentrator
 - b) Liquid system
 - c) Flowmeter
 - d) Regulator
 - e) Gas cylinder
 - f) Blender
 - g) Air compressor
 - h) Gas analyzers
4. CPAP / NPPV with patient interfaces
5. Humidifiers
6. Nebulizers
7. Metered-dose inhalers, spacers, and valved holding chambers
8. Dry powder inhalers (DPI)
9. Resuscitation equipment, for example
 - a) Self-inflating resuscitator
 - b) Flow-inflating resuscitator
 - c) AED
10. Mechanical ventilators
11. Intubation equipment
12. Artificial airways
13. Suctioning equipment, for example
 - a) Regulator
 - b) Canister
 - c) Tubing
 - d) Catheter
14. Blood analyzers, for example
 - a) Hemoximetry (CO-oximetry)
 - b) Point of care
 - c) Blood gas
15. Patient breathing circuits
16. Hyperinflation devices
17. Secretion clearance devices
18. Heliox delivery device
19. Portable spirometer
20. Testing equipment in a pulmonary function laboratory
21. Pleural drainage
22. Noninvasive monitoring, for example
 - a) Pulse oximeter
 - b) Capnometer
 - c) Transcutaneous
23. Bronchoscopes and light sources
24. Hemodynamic monitoring
 - a) Pressure transducers
 - b) Catheters, for example
 - Arterial
 - Pulmonary artery

B.Ensure Infection Prevention

- 1.Adhering to infection prevention policies and procedures, for example
 - a) Standard Precautions
 - b) Donning/doffing
 - c) Isolation
- 2.Adhering to disinfection policies and procedures
- 3.Proper handling of biohazardous materials

C.Perform Quality Control Procedures

- 1.Blood analyzers
- 2.Gas analyzers
- 3.Pulmonary function equipment for testing
 - a) Spirometry results
 - b) Lung volumes
 - c) Diffusion capacity (DLCO)
- 4.Mechanical ventilators
- 5.Noninvasive monitors

III. INITIATION AND MODIFICATION OF INTERVENTIONS

A. Maintain a Patent Airway Including the Care of Artificial Airways

- 1.Proper positioning of a patient
- 2.Recognition of a difficult airway
- 3.Establishing and managing a patient's airway
 - a) Nasopharyngeal airway
 - b) Oropharyngeal airway
 - c) Esophagealtracheal tubes / supraglottic airways
 - d) Endotracheal tube
 - e) Tracheostomy tube
 - f) Laryngectomy tube
 - g) Speaking valves
 - h) Devices that assist with intubation, for example
 - Endotracheal tube exchanger
 - Video laryngoscopy
- 4.Performing tracheostomy care
- 5.Exchanging artificial airways
- 6.Maintaining adequate humidification
- 7.Initiating protocols to prevent ventilator-associated infections
- 8.Performing extubation

B.Perform Airway Clearance and Lung Expansion Techniques

- 1.Postural drainage, percussion, or vibration
- 2.Suctioning, for example
 - a) Nasotracheal
 - b) Oropharyngeal
- 3.Mechanical devices, for example
 - a) High frequency chest wall oscillation
 - b) Vibratory PEP
 - c) Intrapulmonary percussive ventilation
 - d) Insufflation / exsufflation device
- 4.Assisted cough, for example
 - a) Huff
 - b) Abdominal thrust

- 5. Hyperinflation therapy
- 6. Inspiratory muscle training
- C. Support Oxygenation and Ventilation
 - 1. Initiating and adjusting oxygen therapy
 - 2. Minimizing hypoxemia, for example,
 - a) Patient positioning
 - b) Secretion removal
 - 3. Initiating and adjusting mask or nasal CPAP
 - 4. Initiating and adjusting mechanical ventilation settings
 - a) Continuous mechanical ventilation
 - b) Noninvasive ventilation
 - c) High frequency ventilation
 - d) Alarms
 - 5. Recognizing and correcting patient-ventilator dyssynchrony
 - 6. Utilizing ventilator graphics
 - 7. Performing lung recruitment maneuvers
 - 8. Liberating a patient from mechanical ventilation

D. Administer Medications and Specialty Gases

- 1. Aerosolized preparations
 - a) Antimicrobials
 - b) Pulmonary vasodilators
 - c) Bronchodilators
 - d) Mucolytics / proteolytics
 - e) Steroids
- 2. Endotracheal instillation
- 3. Specialty gases, for example
 - a) Heliox
 - b) Inhaled NO

E. Ensure Modifications are Made to the Respiratory Care Plan

- 1. Treatment termination, for example
 - a) Life-threatening adverse event
- 2. Recommendations
 - a) Starting treatment based on patient response
 - b) Treatment of pneumothorax
 - c) Adjustment of fluid balance
 - d) Adjustment of electrolyte therapy
 - e) Insertion or change of artificial airway
 - f) Liberating from mechanical ventilation
 - g) Extubation
 - h) Discontinuing treatment based on patient response
 - i) Consultation from a physician specialist
- 3. Recommendations for changes
 - a) Patient position
 - b) Oxygen therapy
 - c) Humidification
 - d) Airway clearance
 - e) Hyperinflation
 - f) Mechanical ventilation

4. Recommendations for pharmacologic interventions

- a) Bronchodilators
- b) Anti-inflammatory drugs
- c) Mucolytics and proteolytics
- d) Aerosolized antibiotics
- e) Inhaled pulmonary vasodilators
- f) Cardiovascular
- g) Antimicrobials
- h) Sedatives and hypnotics
- i) Analgesics
- j) Narcotic antagonists
- k) Benzodiazepine antagonists
- l) Neuromuscular blocking agents
- m) Diuretics
- n) Surfactants
- o) Changes to drug, dosage, administration frequency, mode, or concentration

F. Utilize Evidence-Based Practice

- 1. Classification of disease severity
- 2. Recommendations for changes in a therapeutic plan when indicated
- 3. Applications of guidelines, for example
 - a) ARDSNet
 - b) NAEPP
 - c) GOLD

G. Provide Respiratory Care Techniques in High-Risk Situations

- 1. Emergency
 - a) Cardiopulmonary emergencies excluding CPR
 - b) Disaster management
 - c) Medical emergency team (MET) / rapid response team
- 2. Intra-professional communication
- 3. Patient transport
 - a) Land /air between hospitals
 - b) Within a hospital

H. Assist a Physician / Provider in Performing Procedures

- 1. Intubation
- 2. Bronchoscopy
- 3. Specialized bronchoscopy, for example
 - a) EBUS
 - b) Navigational bronchoscopy (ENB)
- 4. Thoracentesis
- 5. Tracheotomy
- 6. Chest tube insertion
- 7. Insertion of arterial or venous catheters
- 8. Moderate (conscious) sedation
- 9. Cardioversion
- 10. Withdrawal of life support

I. Conduct Patient and Family Education

- 1. Safety and infection control

- 2.Home care and related equipment
- 3.Lifestyle changes, for example
 - a) Smoking cessation
 - b) Exercise
- 4.Pulmonary rehabilitation
- 5.Disease / condition management, for example
 - a) Asthma
 - b) COPD
 - c) CF
 - d) Tracheostomy care
 - e) Ventilator dependent

Evaluation Method:

The above competencies must have **two “Assisted” or “Performed”** documented in Trajecsyst, prior to the instructor evaluation. During the instructor evaluation the student must satisfactorily PASS the competency evaluation items, including core components. At that time APPROVE will be documented in Trajecsyst and the student will receive a 100% for the competency evaluation. If the student does not satisfactorily PASS the competency evaluation items, including core components, the competency will be documented as NOT APPROVED in Trajecsyst, the student will receive a 50% for that attempt, and may have one attempt at re-evaluation after approved remediation. Upon re-evaluation, the student must satisfactorily PASS the competency evaluation items, including core components; however, an average of the two attempts (75%) will be recorded in the grade book. **If the student is unsuccessful on the re-evaluation, they will be removed from the course.**

Clinical Performance Evaluations & Management Items

40%

The following is a list of clinical competencies and management items that must be completed by the last week of scheduled rotations:

- MGMT Clinical Schedule
- Central Line Clinical Schedule
- Polysomnography Clinical Schedule
- SAE (from Clinic IV final exam) (Course Objective I, II, III)
All missed questions categorized utilizing chapter headings in Respiratory Care Exam Review book (See online assignment for details)
- Lindsey Jones TMC form K Practice Examination (Course Objective I, II, III)
- Lindsey Jones TMC form O Practice Examination (Course Objective I, II, III)
- Hyperbaric Oxygen Clinical Schedule
- Adult Critical Care: Extubation (Course Objectives I-III)
- Adult Critical Care: Spontaneous Breathing Trial/Vent Liberation Trial (Course Objectives I-III)
- Adult Critical Care – High Flow Nasal Cannula

The above competencies must have **two “Assisted” or “Performed”** documented in Trajecsyst, prior to the instructor evaluation. During the instructor evaluation the student must satisfactorily PASS the competency evaluation items, including core components. At that time APPROVE will be documented in Trajecsyst and the student will receive a 100% for the competency evaluation. If the student does not satisfactorily PASS the competency evaluation items, including core components, the competency will

be documented as NOT APPROVED in Trajecsys, the student will receive a 50% for that attempt, and may have one attempt at re-evaluation after approved remediation. Upon re-evaluation, the student must satisfactorily PASS the competency evaluation items, including core components; however, an average of the two attempts (75%) will be recorded in the grade book. **If the student is unsuccessful on the re-evaluation, they will be removed from the course.**

Clinical Evaluations **10%**

Each clinical instructor will complete one Clinical Evaluation in Trajecsys on every student

- Clinical Evaluation (Course Objectives I, II, III)

High School Project & Presentations (Professional Credits) **15%**

Required Tasks (Course Objectives I-III) **15%**

- **Trajecsys Log Requirements:** All Trajecsys logs are due the day of your clinical rotation. If the student does not log skills, clock in and out, the logs will not be counted towards completion of the syllabus \ grading standard.

All students will be required to have documented a minimum of 2 “Observed, “Assisted”, or “Performed” logged and approved in Trajecsys in the following areas:

- **Physician Interaction:** All physician interaction must be placed in Trajecsys. If the physician interaction is not logged, it will not be counted towards completion of the syllabus grading standard. All students are required to have 10 total physician contact points for Clinic V in the following manner

Minimum of 5 points for Patient focused interaction

Minimum of 4 points for Small group interaction (Patient Care rounds)

- **Clinical Rotation Evaluations:** The student will be required to complete the following evaluation:

Clinical Site Evaluations

Clinical Instructor Evaluations

Proof of Professional Credits: This will come from the High School Presentations this Semester

- **Skills** – Students should attempt to practice all skills/modalities in which competencies have been completed, while in the clinical setting. A minimum of 80 skills must be completed and logged.

Final Examination (Course Objectives I-III) **20%**

- Secured Mock Clinical Simulation Exam

All clinical performance and behavior will be considered academic.

High School Presentations MUST be completed, or the student will receive an Incomplete grade (I) and will not be eligible to complete the program. Excessive tardies or absences will result in a lower final grade. Clinical documentation will be completed on dataarc.ws.

All examinations must be completed before the student is eligible for graduation. The NBRC Secure Comprehensive Clinical Simulation SAE (or its equivalent) must be taken. Remediation will be required as needed.

Course Schedule:

The schedule is Monday and Wednesday 6:15 a.m. – 1:45 p.m. at both Midland Memorial Hospital and Medical Center Hospital, Odessa. Other times are as listed on the clinical schedule.

Division Information:

Division Chairman: Miranda Poage, PhD

Division Office Location and Telephone: 208, 685-4600

Licensure Eligibility Notification

Completion of Midland College degrees and/or certificates does not guarantee eligibility to take a certification/registry/licensure examination. The eligibility of each person is determined on an individual basis by the regulatory body of the specific discipline. If you have a conviction of a crime other than a minor traffic violation, physical or mental disability/illness, hospitalization/treatment for chemical dependency within the past five years, current intemperate use of drugs or alcohol or a previous denial of a licensure or action by a licensing authority, you will need to contact the specific regulatory body for an individual ruling. Some programs require a criminal background check and urine and drug screen.

Americans with Disabilities Act (ADA) Statement:

Midland College provides services for students with disabilities through Student Services. In order to receive accommodations, students must visit www.midland.edu/accommodation and complete the Application for Accommodation Services located under the Apply for Accommodations tab. Services or accommodations are not automatic, each student must apply and be approved to receive them. All documentation submitted will be reviewed and a "Notice of Accommodations" letter will be sent to instructors outlining any reasonable accommodations.

Non-Discrimination Statement

Midland College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. The following individual has been designated to handle inquiries regarding the non-discrimination policies:

Tana Baker
Title IX Coordinator/Compliance Officer
3600 N. Garfield, SSC 131
Midland, Texas 79705
(432) 685-4781
tbaker@midland.edu

For further information on notice of non-discrimination, visit the ED.gov Office of Civil Rights website, or call 1 (800) 421-3481.

Students are encouraged to contact the instructor at any time; however, making an appointment will guarantee the instructor's availability at a specific time.

Clinical VI

Student _____ Final Grade _____

50% Competencies _____

10% Participation _____

10% Behavior _____

10% H.S. Presentation _____

20% Final (Clin Sim) _____

Total _____

CPR expiration date _____

Participation (10%)

Verified Daily Log (___/25)

Self-Evaluation (___/10)

Peer/Teamwork Evals (___/10)

Average: _____

High School Presentation (10%)

Project _____

Behavior (10%)

Daily Evals

Average: _____

Competencies

Patient Data (9)

Vital Signs

Chest Assessment

Patient Assessment

X-ray Interpretation

Oxygen Therapy (9)

Nasal Cannula

Simple Mask

Partial Rebreather

Non-Rebreather

Air Entrainment Mask

Pulse Oximetry

Transport with Oxygen

High Flow Nasal Cannula

Aerosol/Humidity Therapy (2)

Face Tent

Face Mask

Face Mask

Trach Collar

T-Piece

Ultrasonic Nebulizer

Humidifier (under Generic)

Aerosol Drug Administration (5)

Metered Dose Inhaler

Dry Powder Inhaler

SVN

Bronchial Hygiene (3)

Chest Physiotherapy

Coughing

Breathing Exercises

Mucous Clearance Adjuncts

MetaNeb

Intrapulmonary Percussive Ventilation

Resuscitation (1)

Setup and Ventilation via ETT

Setup and Ventilation via Mask

Adult/Pedi CPR Airway and Ventilation

Adult/Pedi CPR Compressions

Suction Procedures (6)

Endotracheal Suctioning

Nasotracheal Suctioning

Tracheal Suctioning

Inline Suctioning

Endotracheal Tube/Tracheostomy Care (5)

Securing Artificial Airway

Tracheostomy Care

Cuff Management

Heat/Moisture Exchanger

Intubation

Extubation

Hyperinflation Therapy (4)

Incentive Spirometry`
IPPB (EZPAP)

Ventilator Care (5)

Ventilator Setup
Routine Ventilator Check
Ventilator Parameter Change
Ventilator Circuit Change
Ventilator Graphics Analysis
Capnography

Weaning from Mechanical Ventilation (3)

Weaning Parameters
Weaning

Noninvasive Positive Pressure Ventilation (1)

Noninvasive Ventilator Setup
Noninvasive Ventilator Check

ICU Oxygen Administration (1)

High Flow Nasal Cannula
Manual Ventilation during Transport
Transport Ventilation Setup

Specialty Rotations (4)

HBO
Sleep Lab
Management/Education (ME)

ICU Performance Level

3/3 FTE

Inline Aerosol Drug Administration (4)

Inline MDI
Inline SVN

Pulmonary Function Testing (7)

Peak Flow
Bedside Spirometry
Spirometry
Methacholine Challenge
N₂ Washout/He dilution
Diffusion Study
Plethysmography
PFT Quality Assurance

Arterial Blood Gasses (3)

ABG sampling
ABG analysis
ABG analyzer QA
Art-line Sampling

Neonatal (2)

TCOM
Oxyhood
Apnea Monitor
Newborn Resuscitation/CPR
Capillary Sampling
Transillumination

Physician Contact (8)

Total _____/80 competencies; Percentage _____ X 50 = _____

To get credit the competency must be graded as satisfactory.

Competencies may come from Adult or Pedi floor areas.

Minimum and Maximum Requirements:

Example: (only 2) is the maximum credit for that item

Example: (x2) is the minimum to get credit for that item

If there is no designation it will count toward the total for the category (listed in parenthesis in the heading)