

Competency Evaluation Templates

2011 Respiratory Therapy

National Competency Profile



CANADIAN SOCIETY OF RESPIRATORY THERAPISTS

SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

In collaboration with the
Canadian Advisory Council for Education in Respiratory Therapy
and the **educational programs**

Canada 

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USER MANUAL

INTRODUCTION

The Competency Evaluation Templates included herein have been updated and referenced to the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) 2011 Respiratory Therapy National Competency Profile. CACERT is grateful to the CSRT for the use of these templates.

Templates have been developed for the majority of clinical skills listed and may be listed discreetly or as part of a series of criteria. Templates do not exist if there is a nationally recognized competency evaluation standard already in place and generally accepted for evaluation purposes (e.g. NRP, PALS, ACLS).

The Canadian Society of Respiratory Therapists, with the sponsorship of Human Resources Development Canada, undertook the project of identifying the competencies performed by respiratory therapists from coast to coast in Canada. This was accomplished through regional meetings with clinical, educational and managerial staff representing all aspects of respiratory therapy practice. The CSRT Education Committee was charged with the task of organizing this material and data into an Occupational Profile, then subsequently, with developing an evaluation tool that would outline the criteria for competent performance and which could be applied consistently and objectively throughout the country. These Competency Evaluation Templates formed a companion document to the C.S.R.T. Occupational Profile and each template was referenced accordingly.

One of the largest potential sources of error in a measuring tool, and one that causes it to be unreliable, is subjective judgment. Variability in how an evaluator perceives an individual's performance is often at fault. Regardless of where individuals received their training, the same base standard of practice should be able to be demonstrated. As this is a common expectation across the country there is a need for a consistent approach in measuring clinical competence. These templates are designed to facilitate the recording of the individual's performance in an objective manner, thereby assisting the evaluator in deciding whether or not an individual should be judged as having demonstrated competent performance. What this means is that the clinical evaluation will be more reliable and valid.

The goal of this manual is to teach the evaluator how to use the templates for measuring the competence of a respiratory therapist or student, by achieving the following objectives:

- provide an overview of how the evaluation system works
- describe the structure of the evaluation template
- provide a detailed explanation of each of the six steps of the evaluation model
- describe how to score performance

The templates fall into three basic categories:

- A. those which evaluate clinical skills, which make up the majority of the templates;
- B. those which evaluate clinically related skills which should be observed over a period of time, such as Professionalism;
- C. those, which evaluate complex non-clinical functions, associated with Administration and Research.

The clinical skill evaluation templates will be described in the most detail.

A cross-referenced template is included to direct the evaluator to the specific competency evaluation template.

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1.6	Participate in continuing education	
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1.8	Demonstrate stress management skills	
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2.5	Maintain documentation and records	
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Professionalism

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Indications

- ☐ Professional conduct
- ☐ Scope of practice
- ☐ Workplace deportment
- ☐ Self evaluation

Grade

Failed at least one of the steps. ☐ AR
 Passed all steps. ☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

Candidate - Read and Understood

Date

Evaluator's Signature

Date

Ref. #	Description	Criteria	Score
1.1	Use professional and respectful language, behaviours, and attire	Tone, clarity and use of terminology appropriate for environment. Respectful to self, patient and/or coworkers. Dressed according to site policy.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
1.2	Demonstrate support and caring towards patients, co-workers and others.	Demonstrates empathy and caring towards others. Respectful of environment and appropriate use of touch.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
1.3	Adhere to scope of practice limitations.	Adhere to regulatory or local site scope of practices. Aware of consequences for functions outside of scope of practice.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
1.4	Adhere to professional medical, legal, and ethical guidelines/regulations.	Functions within published local, regional, provincial or national standards and regulations.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
1.5	Adhere to institutional/organizational policies and procedures.	Policies and procedures are followed according to established guidelines.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
1.6	Participate in continuing education	Participates in continuing educational offerings. Demonstrates awareness of a professional portfolio and continuous improvement.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
1.7	Perform continuous self-evaluation	Demonstrates introspection via cognitive, affective or psychomotor reflection and revision.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA
1.8	Demonstrate stress management skills	Able to function in times of stress. (ability to perform tasks and recall information)	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA

Communication

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Indications

- ☐ Oral or written communications
- ☐ Maintenance of documents
- ☐ Listening skills

Grade

Failed at least one of the steps. ☐ AR
Passed all steps. ☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

Candidate - Read and Understood

Date

Evaluator's Signature

Date

Ref. #	Description	Criteria	Score
2.1	Demonstrate effective oral, written, and non-verbal communication skills.	Tone, clarity and use of terminology appropriate for environment. Writing is clear and legible. Non verbal communication is respectful and appropriate for environment.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
2.2	Use adjunctive equipment/techniques to facilitate communication.	Demonstrates use of communication tools (physical and/or electronic).	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
2.3	Apply active listening skills.	Focuses on speaker. Demonstrates an ability to recall oral communications received from another.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
2.4	Use recognized medical terminology.	Uses correct terminology in oral and written communications.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
2.5	Maintain documents and records.	Follows institutional policies and procedures for maintenance of documents and records.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
2.6	Participate in professional consultations in a multidisciplinary and/or interdisciplinary health care system.	Participates at medical rounds or in consultations with other members of the health care team. Participates in activities within the Respiratory Therapy department.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
2.7	Provide shift change report.	Provides a comprehensive shift change report with minimal prompting. Conveys information in a timely manner. Demonstrates an ability to discern acuity of patient during report period.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA
2.8	Pursue resolution to interpersonal relationship problems	Objectively seeks resolutions to interpersonal relationship problems.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA
2.9	Receive and transcribe verbal orders.	Able to transcribe verbal orders as received.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA

Analysis and Problem Solving

Name

Date

Site

Code

3.0

Rotation

Neonatal

☐

Location

Paediatric

☐

Adult

☐

Supplemental Assessment

☐

Indications

- ☐ Prioritization skills
- ☐ Decision making
- ☐ Critical thinking/assessment

Grade

Failed at least one of the steps.

☐ AR

Passed all steps.

☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

Candidate - Read and Understood

Date

Evaluator's Signature

Date

Ref. #	Description	Criteria	Score
3.1	Demonstrate critical judgment in professional practice.	Willing to critically evaluate in a systematic fashion.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
3.2	Evaluate and address issues surrounding equipment application and/or operation.	Systematic approach to equipment operation. Utilizes appropriate information resources to garner understanding of equipment application or operation. Ability to choose equipment for therapeutic applications.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
3.3	Demonstrate problem-solving skills.	Ability to solve problems in an independent fashion. Seeks assistance when scope of problem or ability to perform tasks or procedures is beyond scope of practice.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
3.4	Demonstrate decision-making skills.	Able to make independent decisions and defend rationale. Decision making is consistent with acuity and/or priorities assessed.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
3.5	Demonstrate prioritization skills.	Tasks and or situations are triaged according to complexity and/or acuity. Able to rationalize decisions when prioritizing tasks.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA

Health and Safety

Name

Date

Site

Code

4.0

Rotation

Neonatal

☐

Location

Paediatric

☐

Adult

☐

Supplemental Assessment

Indications

- ☐ Infection control and prevention
- ☐ Occupational health and safety practices
- ☐ Equipment disinfection and processing

Grade

Failed at least one of the steps.

☐ AR

Passed all steps.

☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

Candidate - Read and Understood

Date

Evaluator's Signature

Date

Ref. #	Description	Criteria	Score
4.1	Adhere to procedures and operations with respect to 'Workplace Hazardous Materials Information System' (WHMIS) and Occupational Health, Safety and Wellness (OHS&W)	Participates in institutional programs and demonstrates competency according to established standards for these programs.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
4.2	Adhere to quality control/assurance guidelines.	Utilizes recognized quality control standards according to site or manufacturers guidelines. Participates in quality assurance programs according to published guidelines.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
4.3	Participate in equipment preventative maintenance programs.	Contributes to preventative maintenance programs according to published standards.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
4.4	Clean and disinfect equipment.	Disassemble equipment as per manufacturer's specifications.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
		Washed and rinsed according to manufacturer's specifications.	<input type="checkbox"/> F <input type="checkbox"/> P
	Choose and implement processing method or agent. <input type="checkbox"/> gas sterilization <input type="checkbox"/> cold chemical <input type="checkbox"/> autoclave <input type="checkbox"/> pasteurization	Processed as per manufacturer's specifications.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
	Assemble equipment following disinfection.	Assembled equipment as per manufacturer's specifications and site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
	Label and store equipment.	Labeled as per site protocol and stored in the proper location.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
4.5	Apply infection prevention and control precautions (e.g. isolation management).		
4.5	a. Employ infection control precautions. <ul style="list-style-type: none"> determine patient isolation level 	Determined the required infection control precaution.	<input type="checkbox"/> F <input type="checkbox"/> P
4.6	Use personal protective equipment <ul style="list-style-type: none"> obtain appropriate isolation apparel: <ul style="list-style-type: none"> <input type="checkbox"/> gowns <input type="checkbox"/> gloves <input type="checkbox"/> mask <input type="checkbox"/> goggles 	Selected apparel required by: <ul style="list-style-type: none"> Standard Precautions isolation policy 	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
4.5	b. Apply mask.	Applied mask as required by site infection control policy.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
4.5	c. Wash hands.	Washed hands. <ul style="list-style-type: none"> • wet hands thoroughly • applied soap liberally • vigorously washed palms, wrists, between fingers, under nails and around cuticles. • rinsed thoroughly without touching faucets or sink. • obtained paper towels without contaminating hands. • dried hands and wrists thoroughly. • turned off water aseptically. 	<input type="checkbox"/> F <input type="checkbox"/> P
4.5	d. Gown. <ul style="list-style-type: none"> <input type="checkbox"/> Picks up gown without contaminating it. <input type="checkbox"/> Places hands inside sleeves, working hands through the cuffs. <input type="checkbox"/> Fastens the ties at the neck. <input type="checkbox"/> Fastens the ties at the waist. 	Donned gown according to Standard Precautions.	<input type="checkbox"/> F <input type="checkbox"/> P
4.5	e. Applies sterile or clean gloves.	Donned gloves according to Standard Precautions.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
4.5	f. Inspect patient's environment with respect to infection control. <ul style="list-style-type: none"> <input type="checkbox"/> soiled equipment <input type="checkbox"/> shared equipment <input type="checkbox"/> patient hand washing <input type="checkbox"/> patient using unclean techniques <input type="checkbox"/> other_____ 	Noted and/or took corrective action.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
4.5 & 4.6	g. Removal of protective equipment	Removed protective equipment in an aseptic fashion and dispensed into the appropriate containers for processing or disposal according to site policy and procedure	<input type="checkbox"/> F <input type="checkbox"/> P
4.7	Handle and dispose of biohazardous waste	Handles and disposes of biohazardous waste according to site policy and procedure.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
4.8	Adhere to Canadian Standards Association (CSA) standards for medical equipment	Follows prescribed standards for medical equipment and does not alter or utilize for	<input type="checkbox"/> P

Ref. #	Description	Criteria	Score
		functions not permitted or prescribed.	<input type="checkbox"/> F <input type="checkbox"/> NA
4.9	Adhere to Department of Transportation/Transport Canada regulations for cylinders and medical gases	Transports and stores medical gases according to established regulatory authority rules and regulations.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA
4.10	Adhere to institutional/organizational disaster and mass casualty plan.	Locates the disaster and mass casualty plans utilized in the organization and identifies their role in these plans.	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA

Administration

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Indications

- ☐ Basic computer skills assessment
- ☐ Workload measurement data collection
- ☐ Orientation of new staff and students

Grade

Failed at least one of the steps. ☐ AR
Passed all steps. ☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

Ref. #	Description	Criteria	Score
5.1	Demonstrate basic computer and electronic data management skills.	Demonstrates proficiency with computers hardware and software systems. Ability to utilize systems following specific software orientation.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
5.4	Collect and provide workload measurement data.	Utilizes recognized quality control standards according to site or manufacturers guidelines. Participates in quality assurance programs according to published guidelines.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
5.4	a. Use data gathering tool to record personal daily workload data: <input type="checkbox"/> data collection form <input type="checkbox"/> direct data entry <input type="checkbox"/> electronic capture (i.e. bar codes) b. Enter appropriate data (type, category). c. Submit data.	Entered data accurately and submitted it within required time frame	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
5.4	d. Compile and review daily workload data.	Verified that data is complete & accurate.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
5.4	e. Analyze data. <ul style="list-style-type: none"> monthly year to date comparative 	Performed required statistical analysis.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
5.4	f. Create statistical reports.	Created required reports & routed them to appropriate personnel.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
5.4	Archive data and reports.	Ensured safe storage of records for required period of time in designated location.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
5.7	Orient students and new staff	Participates in the orientation of students or new staff to the healthcare environment utilizing established standards. Completes relevant documentation.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA

Health Education and Promotion

Name

Date

Site

Code

7.0

Rotation

Neonatal

☐

Location

Paediatric

☐

Adult

☐

Supplemental Assessment

Indications

Grade

Failed at least one of the steps.

☐ AR

Passed all steps.

☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

Candidate - Read and Understood

Date

Evaluator's Signature

Date

Ref. #	Description	Criteria	Score
7.1	Provide cardio respiratory education to patients/clients, family members, community advocates and/or other healthcare professionals.	Accesses and utilizes the appropriate resources for educational offerings. Able to locate resources and discuss the relevance in context of the care of the individual.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
7.2	Promote cardio-respiratory health	Promotes healthy cardio-respiratory choices during patient interactions and with other healthcare professionals.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA
7.4	Act as a patient advocate.	Demonstrates appropriate care and compassion when dealing with patients. Advocates on the patients behalf with members of the healthcare team.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA

Assessment - Full

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Indications

- ☐ develop a respiratory care plan
- ☐ evaluate therapeutic needs

Grade

Failed at least one of the steps. ☐ AR
Passed all steps. ☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
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Comments

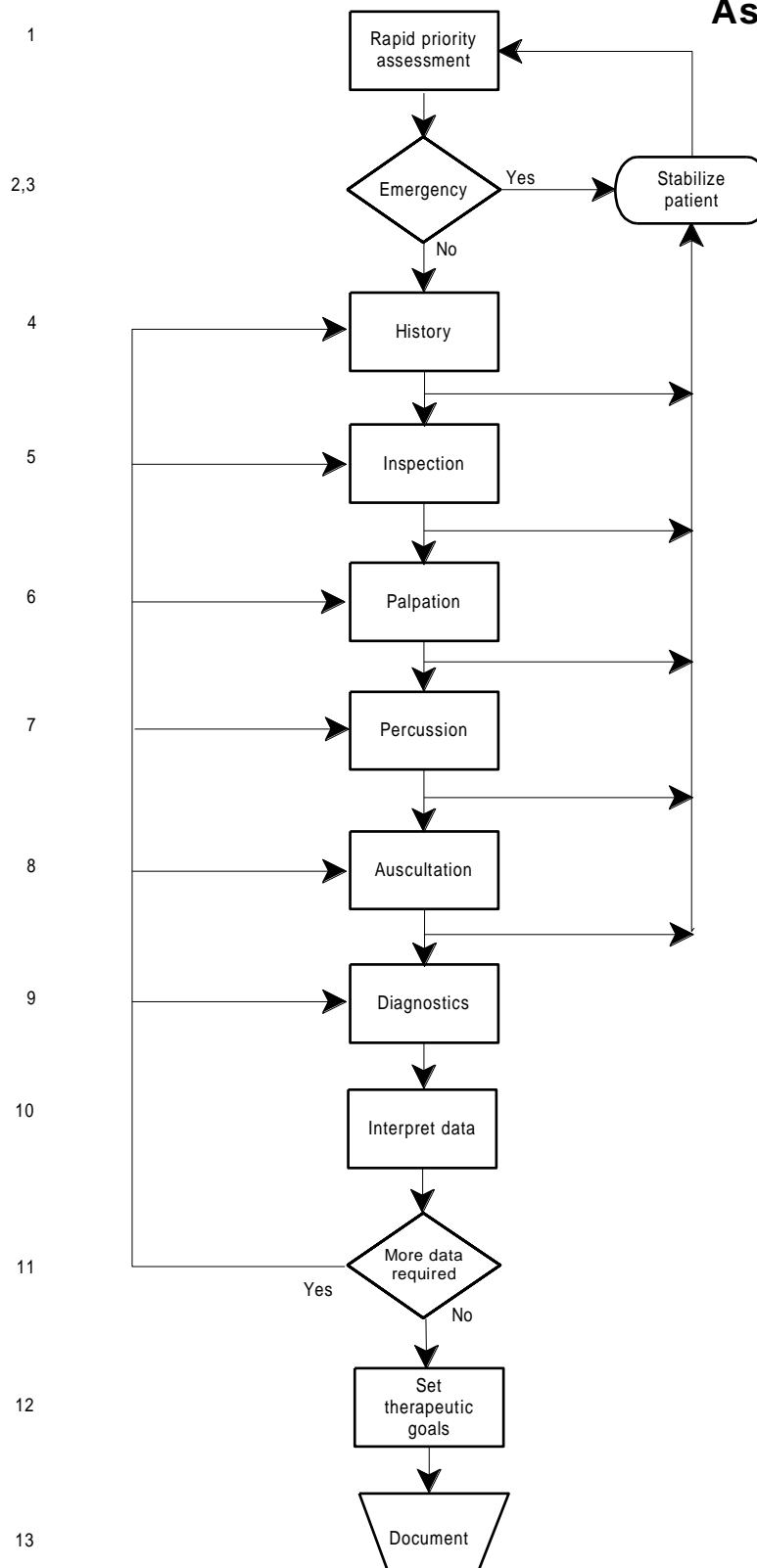
Candidate - Read and Understood

Date

Evaluator's Signature

Date

Assessment - Full



Ref. #	Description	Criteria	Score
1-3	a. Conduct a rapid assessment of: <ul style="list-style-type: none"> <input type="checkbox"/> airway <input type="checkbox"/> breathing <input type="checkbox"/> circulation b. Determine response priorities.	Recognized if there is a need for immediate intervention.	<input type="checkbox"/> F <input type="checkbox"/> P
		Initiated the response which was consistent with patient condition.	<input type="checkbox"/> np <input type="checkbox"/> F <input type="checkbox"/> P
4	a. Verify patient complaint. b. Obtain details of current problem such as: <ul style="list-style-type: none"> • dyspnea • cough • sputum • chest pain c. Obtain relevant history: <ul style="list-style-type: none"> • respiratory • medical • surgical • congenital defects • family • environmental • psychosocial • age/sex/height/weight • current medications/therapies • allergies • birth/maternal • physical limitations • other 	Verified patient complaint.	<input type="checkbox"/> np <input type="checkbox"/> F <input type="checkbox"/> P
		Quantified and qualified characteristics of symptoms.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>
		History obtained was: <ul style="list-style-type: none"> • relevant • thorough • organized • completed in a timely manner 	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>
Ref. #	Description	Criteria	Score
5	Inspect patient for relevant clinical signs. <ul style="list-style-type: none"> • vital signs • muscle use • respiratory pattern • dyspnea • LOC • color • diaphoresis • body position • anxiety or pain • cognitive and psychological status • DVT • clubbing • cough 	Inspection was <ul style="list-style-type: none"> • relevant • thorough • organized • completed in a timely manner 	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
	<ul style="list-style-type: none"> • peripheral edema • JVD • pursed lipped breathing • nasal flaring • indrawing • grunting • tracheal tug • chest symmetry • thoracic dimensions • thoracic deformity • other _____ 		
6	Palpate patient for relevant clinical findings. <ul style="list-style-type: none"> • bilateral chest excursion • turgor • capillary refill • pitting edema • tracheal position • areas of tenderness or swelling • subcutaneous emphysema • paradoxical movement of chest and abdomen • quality of fremitus • muscle use • skin temperature • pulsus paradoxus 	Palpation was: <ul style="list-style-type: none"> • relevant • thorough • organized • completed in a timely manner 	<input type="checkbox"/> np <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>
7	Percuss patient for relevant clinical findings. resonance diaphragm excursion diaphragm position gastric insufflation	Percussion was: <ul style="list-style-type: none"> • relevant • thorough • organized • completed in a timely manner 	<input type="checkbox"/> np <input type="checkbox"/> F <input type="checkbox"/> P
Ref. #	Description	Criteria	Score
8	Auscultate patient. a. Assess the quality of breath sounds.	Noted: <ul style="list-style-type: none"> • bilateral equality • bronchial vs. vesicular • abnormalities 	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Assess adventitious sounds. <ul style="list-style-type: none"> <input type="checkbox"/> crackles <input type="checkbox"/> wheezes <input type="checkbox"/> rubs <input type="checkbox"/> stridor <input type="checkbox"/> grunt 	Described the presence, location, quality and phase of the adventitious sounds.	<input type="checkbox"/> np <input type="checkbox"/> F <input type="checkbox"/> P
	c. Assess vocalized sound transmissions. <ul style="list-style-type: none"> <input type="checkbox"/> bronchophony <input type="checkbox"/> whispering pectoriloquy 		<input type="checkbox"/> nr <input type="checkbox"/> F

Ref. #	Description	Criteria	Score
	<input type="checkbox"/> egophony	Assessed the sounds.	<input type="checkbox"/> P
	d. Note heart sounds. <input type="checkbox"/> S1 and S2 <input type="checkbox"/> murmurs	Noted presence or absence of sounds.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
9	Obtain diagnostic information: <input type="checkbox"/> SpO ₂ <input type="checkbox"/> Co-oximetry <input type="checkbox"/> BGA <input type="checkbox"/> P _{ET} CO ₂ <input type="checkbox"/> PEFR <input type="checkbox"/> P _{TC} O ₂ <input type="checkbox"/> P _{TC} CO ₂ <input type="checkbox"/> bedside spirometry <input type="checkbox"/> X-RAY <input type="checkbox"/> ECG <input type="checkbox"/> relevant blood work • PT,PTT, INR,ACT • CBC, WBC, Hct • Cardiac enzymes • B.U.N. • creatinine • drug serum levels • bilirubin • glucose • electrolyte levels • lactate • albumin <input type="checkbox"/> fluid balance <input type="checkbox"/> other_____	Gathered relevant diagnostic information.	<input type="checkbox"/> F <input type="checkbox"/> P
		Noted abnormal values (patient specific).	<input type="checkbox"/> F <input type="checkbox"/> P
		Assessed results for external consistency.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
10,11	Identify most likely etiology(ies) consistent with assessment data.	Provided a differential interpretation of data consistent with presenting condition.	<input type="checkbox"/> F <input type="checkbox"/> P
12	<p>Develop care plan.</p> <p>a. Set short term therapeutic goals.</p> <ul style="list-style-type: none"> <input type="checkbox"/> decrease angina/arrhythmia <input type="checkbox"/> improve oxygenation <input type="checkbox"/> improve effective alveolar ventilation <input type="checkbox"/> improve tracheobronchial toilet <input type="checkbox"/> deliver aerosolized medications <ul style="list-style-type: none"> – reduce bronchospasm – decrease inflammation – other _____ <input type="checkbox"/> titrate/wean oxygen therapy <input type="checkbox"/> obtain sputum sample <input type="checkbox"/> aid clearing of pulmonary infiltrates <input type="checkbox"/> prevent/treat atelectasis <input type="checkbox"/> other _____ <p>b. Set long term therapeutic goals.</p> <ul style="list-style-type: none"> <input type="checkbox"/> maintain oxygenation <input type="checkbox"/> improve tracheobronchial toilet <input type="checkbox"/> increase cough effectiveness <input type="checkbox"/> prevent atelectasis <input type="checkbox"/> deliver aerosolized medications <ul style="list-style-type: none"> – reduce bronchospasm – decrease inflammation <input type="checkbox"/> other _____ <input type="checkbox"/> titrate/wean oxygen therapy <input type="checkbox"/> promote smoking cessation <input type="checkbox"/> educate patient/family <ul style="list-style-type: none"> – disorder – general management – prevention – drugs and delivery devices – oxygen and other home therapy <input type="checkbox"/> manage dyspnea/improve patient's sense of well being <input type="checkbox"/> maintain effective alveolar ventilation <input type="checkbox"/> aid clearing of pulmonary infiltrates <input type="checkbox"/> promote increased activity/physical conditioning. 	Listed short term goals which were consistent with patient condition.	<input type="checkbox"/> F <input type="checkbox"/> P
		Listed long term goals which were consistent with patient condition.	<input type="checkbox"/> np <input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
13	Document assessment data.	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Discharge Planning/Community Care Initiation

Name

Date

Site

Code

8.6

Rotation

Neonatal

☐

Location

Paediatric

☐

Adult

☐

Supplemental Assessment

☐

Indications

☐ continuity of patient care

Grade

Failed at least one of the steps.

☐ AR

Passed all steps.

☐ P

Rationale Code

1

Forgot to do the skill

2

Lack of knowledge

3

Chose not to perform (judgment)

4

Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

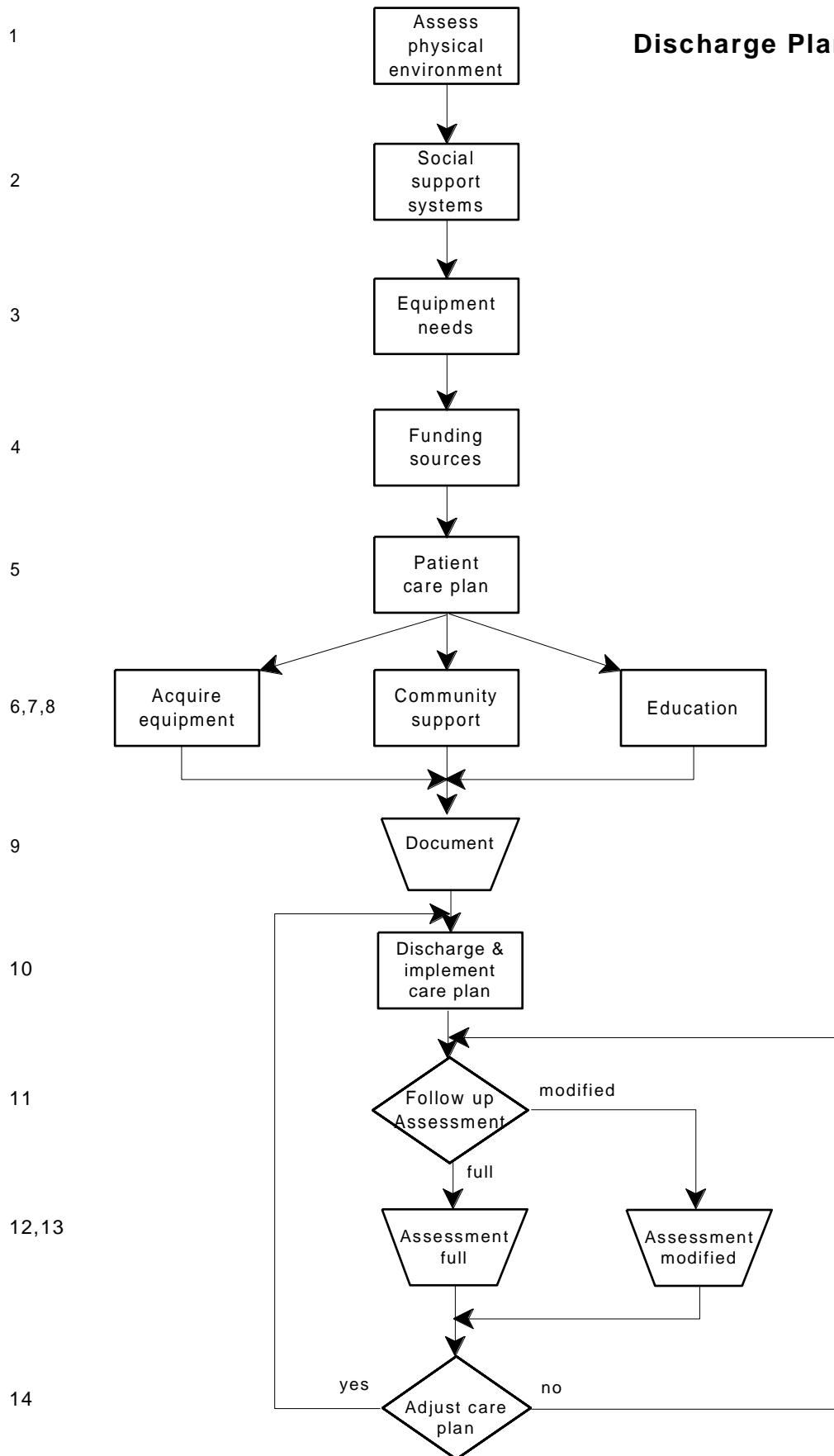
Candidate - Read and Understood

Date

Evaluator's Signature

Date

Discharge Planning



Ref. #	Description	Criteria	Score
1	<p>Assess patient's physical environment.</p> <p>a. Check site for accessibility.</p> <p>b. Determine if site has sufficient</p> <ul style="list-style-type: none"> • space for equipment • electrical supply • ventilation • storage <p>c. Determine if equipment can be placed to accommodate activities of daily living.</p> <p>d. Determine if physical environment meets fire and safety standards.</p>	<p>Assessment of physical environment was complete and accurate.</p>	<input type="checkbox"/> np <input type="checkbox"/> F <input type="checkbox"/> P
2	<p>a. Determine capacity of patient for self management:</p> <p><input type="checkbox"/> can manage self care</p> <p><input type="checkbox"/> can not manage self care</p> <p>b. Determine additional support services needed:</p> <p><input type="checkbox"/> family</p> <p><input type="checkbox"/> medical</p> <p><input type="checkbox"/> allied health professions _____</p> <p><input type="checkbox"/> care agencies</p> <p><input type="checkbox"/> social services</p> <p><input type="checkbox"/> fire/safety</p> <p><input type="checkbox"/> other _____</p>	<p>Correctly determined capacity of patient for self care.</p>	<input type="checkbox"/> F <input type="checkbox"/> P
		<p>Determined the correct level and type of support services required.</p>	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
3	<p>Determine requirements:</p> <p><input type="checkbox"/> O₂ therapy</p> <p><input type="checkbox"/> ventilator</p> <p><input type="checkbox"/> monitors</p> <p><input type="checkbox"/> CPAP/bi-level CPAP</p> <p><input type="checkbox"/> suction therapy</p> <p><input type="checkbox"/> aerosol therapy</p> <p><input type="checkbox"/> humidity therapy</p> <p><input type="checkbox"/> artificial airway</p> <p><input type="checkbox"/> other _____</p>	<p>Prepared a complete list of equipment needs.</p>	<input type="checkbox"/> F <input type="checkbox"/> P
		<p>Equipment selected met patient physical, social and environmental needs (including back up).</p>	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
4	a Identify sources of available funding: <input type="checkbox"/> provincial <input type="checkbox"/> extended medical <input type="checkbox"/> social services <input type="checkbox"/> private source <input type="checkbox"/> other _____	Identified all sources and levels.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	b. Complete arrangements with funding sources.	Completed arrangements according to agency requirements.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
5-8	a. Participate in the identification of care objectives.	Checked the prescription and supplied all the required information to the health care team.	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Acquire equipment.	Equipment gathered met patient needs.	<input type="checkbox"/> F <input type="checkbox"/> P
	c. Notify the necessary community support agencies.	Contacted all of the appropriate community agencies.	<input type="checkbox"/> NR <input type="checkbox"/> F <input type="checkbox"/> P
	d. Educate patient and caregivers: <input type="checkbox"/> goals <input type="checkbox"/> roles and responsibilities <input type="checkbox"/> benefits and risks <input type="checkbox"/> alternatives	Patient/caregiver comprehended responsibilities and implications of therapy in community care settings.	<input type="checkbox"/> F <input type="checkbox"/> P
	<input type="checkbox"/> care procedures <input type="checkbox"/> communication system <input type="checkbox"/> emergency procedures <input type="checkbox"/> follow-up procedures <input type="checkbox"/> safety precautions	Patient/caregiver demonstrated their ability to manage therapy in community care setting.	<input type="checkbox"/> F <input type="checkbox"/> P
9	Document. <ul style="list-style-type: none"> • assessment data • action • response • plan 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
10	a. Arrange for equipment to be delivered to care site.	Complete set of equipment arrived on time.	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Arrange for the patient to be transported to care site.	Completed the step according to predefined procedure criteria.	<input type="checkbox"/> F <input type="checkbox"/> P
	c. Set up and verify equipment function.	Ensured equipment function.	<input type="checkbox"/> F <input type="checkbox"/> P
	d. Assess patient response.	Correctly determined that patient/caregiver was capable of functioning independently.	<input type="checkbox"/> F <input type="checkbox"/> P
	e. Review patient care plan.	Updated patient care plan.	<input type="checkbox"/> F <input type="checkbox"/> P
	f. Arrange follow-up schedule to ensure continuity of care.		<input type="checkbox"/> nr <input type="checkbox"/> F
		Arranged follow-up schedule according to patient needs which ensured continuity of care	<input type="checkbox"/> P
	g. Document. • assessment data • action • response • plan	Met all criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
	h. Notify appropriate individuals of: <input type="checkbox"/> support systems <input type="checkbox"/> care plan <input type="checkbox"/> response to therapy <input type="checkbox"/> patient complaints/compliance <input type="checkbox"/> patient requests <input type="checkbox"/> other pertinent information	Made all notifications in a timely manner and to the correct individual or agency.	<input type="checkbox"/> F <input type="checkbox"/> P
	i. Provide post procedure information to the patient/caregiver.	Communication was complete, concise, tactful and included suggestions.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
11-14	Assess patient. <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Pharmacology – Medication Delivery

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Indications

Bronchospasm

☐ airway inflammation/edema

☐ pulmonary mechanics

☐ pain management

☐ respiratory infection

☐ pulmonary secretion clearance

☐ anaesthesia

☐ other _____

Grade

Failed at least one of the steps. ☐ AR

Passed all steps. ☐ P

Rationale Code

1 Forgot to do the skill

2 Lack of knowledge

3 Chose not to perform (judgment)

4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

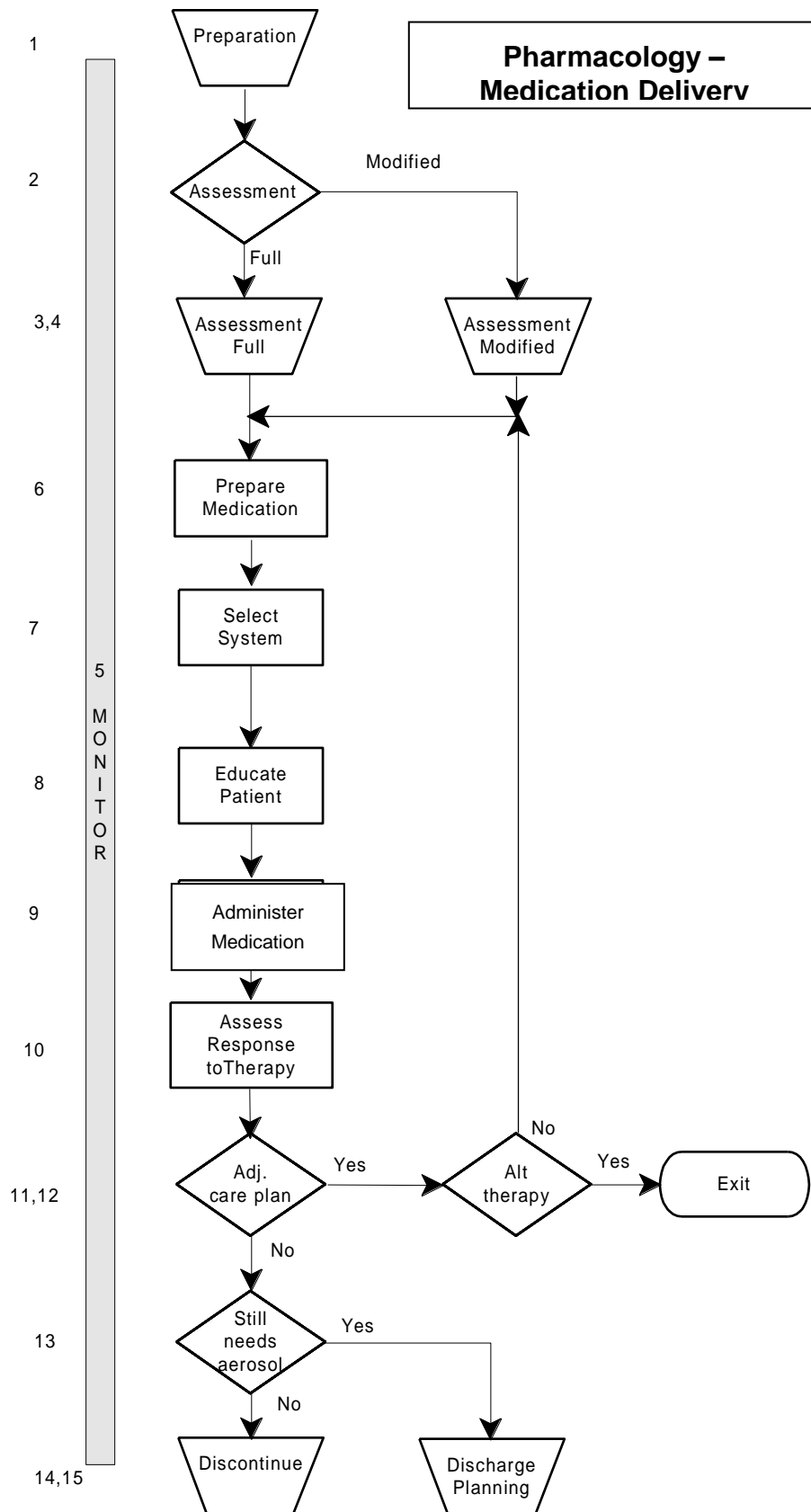
Comments

Candidate - Read and Understood

Date

Evaluator's Signature

Date



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-4	Assess patient. <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure. <hr/> Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> P
5	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6	a. Check for possible drug interactions/allergies. b. Evaluate the order: <ul style="list-style-type: none"> <input type="checkbox"/> dosage <input type="checkbox"/> drug type <input type="checkbox"/> frequency <input type="checkbox"/> mode of delivery <input type="checkbox"/> diluent c. Prepare medications.	Confirmed that order was appropriate for patient. <hr/> Noted any predisposition to drug reactions <hr/> Prepared medication according to prescriptions.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
7	a. Determine the type of delivery system. <input type="checkbox"/> MDI (spacer) <input type="checkbox"/> micro nebulizer <input type="checkbox"/> dry particle inhaler (DPI) <input type="checkbox"/> SPAG <input type="checkbox"/> ultrasonic nebulizer <input type="checkbox"/> attachment devices: mouthpiece, mask <input type="checkbox"/> Syringe <input type="checkbox"/> Automated medication delivery system	Considered the relevant requirements: <ul style="list-style-type: none"> • $F_{I}O_2$ • flow • patient condition/compliance • duration of therapy • bronchial toilet • patient comfort • delivery pressure • accuracy 	<input type="checkbox"/> F <input type="checkbox"/> P
		Selected correct delivery system.	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Set up equipment <input type="checkbox"/> hospital setting <input type="checkbox"/> clinic <input type="checkbox"/> home care setting <input type="checkbox"/> transport	Equipment assembled according to manufacturer's specifications.	<input type="checkbox"/> F <input type="checkbox"/> P
		Operational checks performed according to site protocol	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	f. Perform operational checks.	Checked flow meter for: <ul style="list-style-type: none"> • leaks, cracks • setting • indicator position • scale • correct gas source • connector compatibility 	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Checked regulator for: <ul style="list-style-type: none"> • leaks, cracks • setting • indicator position • connector compatibility 	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
		Checked blender for: <ul style="list-style-type: none"> • leaks • setting • correct gas source • connector compatibility 	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Checked nebulizer for: <ul style="list-style-type: none"> • leaks, cracks • setting • output • fluid level 	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Checked F _i O ₂ against order/protocol or manufacturer's specifications.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Checked MDI/DPI contents.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
8	Educate patient/caregiver in equipment use.	Instruction was complete, accurate and included safety considerations.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
9-12	a. Administer medication.. b. Assess initial response.	Monitored vital signs; checked for side effects and adverse reactions.	<input type="checkbox"/> F <input type="checkbox"/> P
		Recognized a critical situation and took appropriate action.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	c. Verify equipment operation.	Verified that medication was delivered to patient.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
	d. Reassess patient.	Checked for subjective improvement.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Checked peak flow or spirometry post-treatment for % change. Checked for other signs of objective improvement	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	e. Re-educate patient/caregiver if required.	Instruction was complete and accurate.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Adjustment met therapeutic goals.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	f. Adjust care plan. <input type="checkbox"/> adjust medication therapy <input type="checkbox"/> add alternative therapy <input type="checkbox"/> request diagnostics	Recognized need for alternate therapy.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	13,14	Discontinue. <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Met criteria for predefined procedure.
			<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
15	Discharge planning. <ul style="list-style-type: none"> • physical environment • social support • equipment • funding • care plan • documentation • follow-up 	Met criteria for predefined procedure.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P

Pharmacology - Provide Oxygen Therapy

Name

Date

Site

Code

9.7

Rotation

Neonatal

☐

Location

Paediatric

☐

Adult

☐

Supplemental Assessment

☐

Indications

- ☐ hypoxia
- ☐ increased myocardial work
- ☐ increased work of breathing
- ☐ pneumothorax absorption
- ☐ determine pressure and magnitude of a right to left shunt
- ☐ hypoxemia

Grade

Failed at least one of the steps.

☐ AR

Passed all steps.

☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

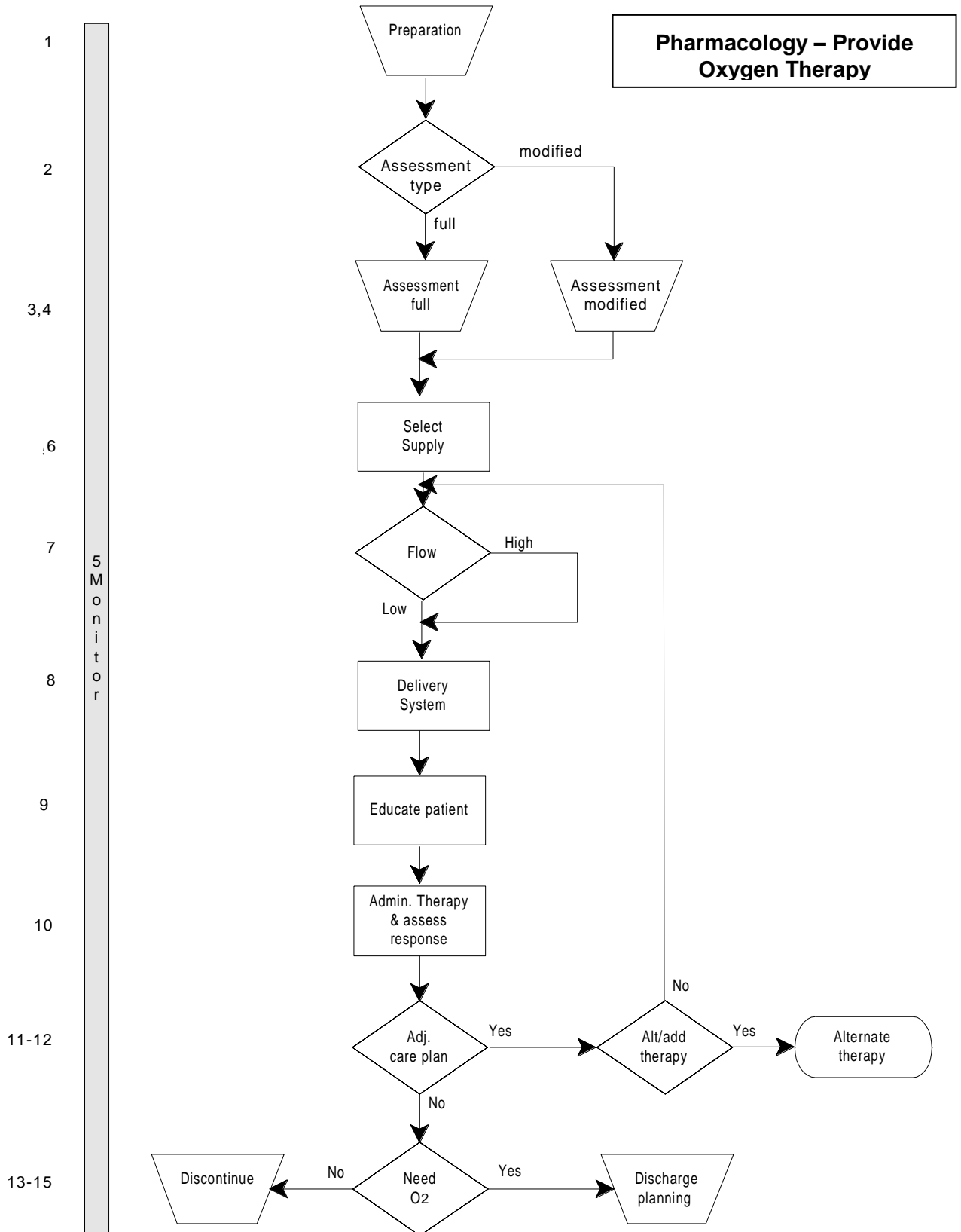
Comments

Candidate - Read and Understood

Date

Evaluator's Signature

Date



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-4	Assess patient. <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
5	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6	Select gas supply system. <ul style="list-style-type: none"> <input type="checkbox"/> cylinders <input type="checkbox"/> liquid oxygen system <input type="checkbox"/> pipe line <input type="checkbox"/> O₂ concentrator 	System selected considered the relevance of: <ul style="list-style-type: none"> • quantity requirements • availability • patient preference/lifestyle • cost effectiveness • safety 	<input type="checkbox"/> F <input type="checkbox"/> P
Ref. #	Description	Criteria	Score
7-8	a. Determine the type of delivery system. <ul style="list-style-type: none"> <input type="checkbox"/> low flow <input type="checkbox"/> high flow <input type="checkbox"/> O₂ conserving devices 	Considered relevant components of the following requirements: <ul style="list-style-type: none"> • F_IO₂ • humidification • flow • patient condition • duration of therapy • patient comfort • safety 	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
	b. Set up equipment <input type="checkbox"/> hospital setting <input type="checkbox"/> home care setting <input type="checkbox"/> transport c. Perform operational checks.	Selected correct delivery system:	<input type="checkbox"/> F <input type="checkbox"/> P
		Equipment assembled according to manufacturer's specifications.	<input type="checkbox"/> F <input type="checkbox"/> P
		Checked flow meter for: <ul style="list-style-type: none"> • leaks, cracks • setting • indicator position & scale • gas source • connector compatibility 	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Checked blender for: <ul style="list-style-type: none"> • leaks • setting • gas source • connector compatibility 	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Checked liquid supply system for: <ul style="list-style-type: none"> • level • flow • system integrity 	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Checked concentrator for: <ul style="list-style-type: none"> • filter • battery • flow & F_IO₂ 	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Checked battery of O ₂ analyzer. Calibrated O ₂ analyzer as per manufacturer's specifications.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Verified equipment operation.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
		Checked gas flow against order/protocol or specifications.	<input type="checkbox"/> F <input type="checkbox"/> P
9	Educate patient/caregiver in equipment use.	Instruction, complete and accurate and included safety considerations.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
10	a. Apply O ₂ delivery system. b. Assess initial response to therapy. <ul style="list-style-type: none"> oxygenation status cardiovascular status respiratory drive WOB 	Applied delivery system to: <ul style="list-style-type: none"> minimize patient discomfort maximize efficiency 	<input type="checkbox"/> F <input type="checkbox"/> P
		Evaluation was complete and accurate.	<input type="checkbox"/> F <input type="checkbox"/> P
		Recognized critical situation and took appropriate action	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
11-12	Adjust care plan <ul style="list-style-type: none"> <input type="checkbox"/> add alternative therapy <input type="checkbox"/> request diagnostics 	Checked for objective improvement	<input type="checkbox"/> F <input type="checkbox"/> P
			<input type="checkbox"/> np <input type="checkbox"/> F
		Checked for subjective improvement	<input type="checkbox"/> P
			<input type="checkbox"/> nr <input type="checkbox"/> F
		Adjustment met therapeutic goals.	<input type="checkbox"/> P
			<input type="checkbox"/> nr <input type="checkbox"/> F
		Recognized need for alternate therapy.	<input type="checkbox"/> P

Ref. #	Description	Criteria	Score
13-14	Discontinue. <ul style="list-style-type: none"> <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Met criteria for predefined procedure.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
15	Discharge planning. <ul style="list-style-type: none"> • physical environment • social support • equipment • funding • care plan • documentation • follow-up 	Met criteria for predefined procedure.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P

Sputum Induction/Collection

Name

Date

Site

Code

10.1, 10.2

Rotation

Neonatal

☐

Location

Paediatric

☐

Adult

☐

Supplemental Assessment

☐

Indications

☐ to obtain a sputum sample

Grade

Failed at least one of the steps.

☐ AR

Passed all steps.

☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

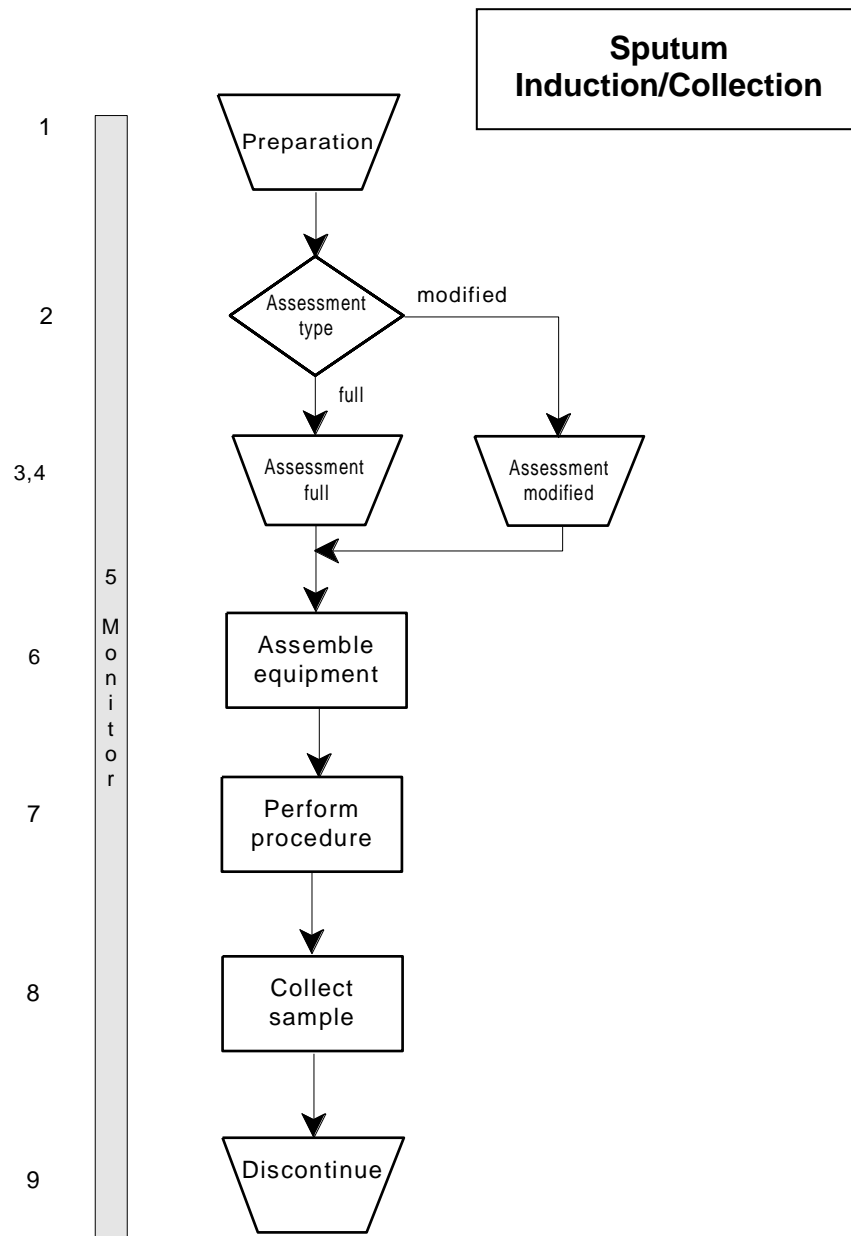
Comments

Candidate - Read and Understood

Date

Evaluator's Signature

Date



Ref #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-4	Assess patient. <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
5	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6	a. Assemble equipment and supplies. <ul style="list-style-type: none"> • flowmeter • nebulizer • delivery tubing • sputum collection container • solution • gas source • mask/mouth piece • other _____ 	Assembled equipment according to manufacturer's specifications.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
	b. Prepare solution.	Confirmed solution ordered was appropriate for patient. Prepared solution according to prescription.	<input type="checkbox"/> F <input type="checkbox"/> P
	c. Perform operational checks.	Confirmed aerosol output.	<input type="checkbox"/> F <input type="checkbox"/> P
7	a. Administer aerosol.	Performed the procedure according to site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Assess initial response.	Recognized a critical situation and took appropriate action.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
8	Collect sputum sample. a. Encourage cough and expectoration. b. Collect sputum sample in sterile container. c. Seal container.	Determined that the quantity and quality of sample was acceptable for analysis. Sent specimen for analysis.	<input type="checkbox"/> np <input type="checkbox"/> F <input type="checkbox"/> P
	d. Label specimen with name, date, time and source of specimen.	Obtained sample or recognized when to terminate procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
9	Discontinue. <input type="checkbox"/> therapy <input type="checkbox"/> procedure • equipment handling • infection control • safety • documentation • communication	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Suctioning - Pharyngeal

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment

Indications

The need to remove accumulated secretions:

- ☐ therapeutic
- ☐ diagnostic

Grade

Failed at least one of the steps. ☐ AR
Passed all steps. ☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

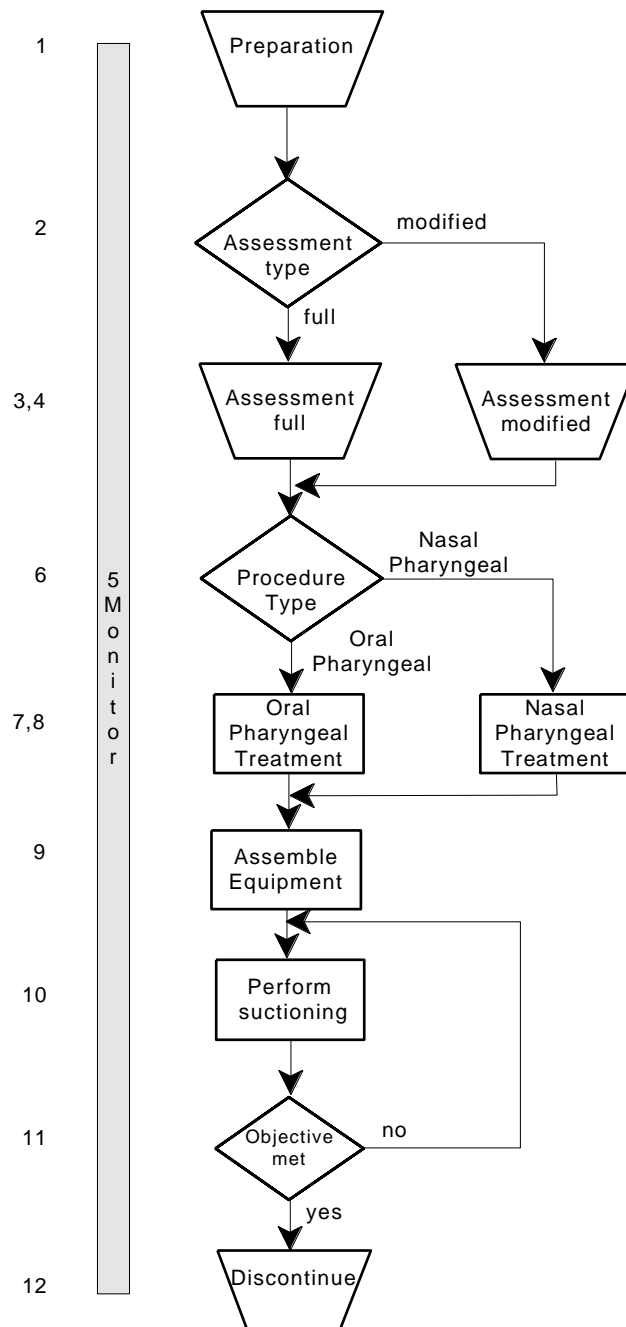
Candidate - Read and Understood

Date

Evaluator's Signature

Date

SUCTIONING - PHARYNGEAL



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-4	Assess patient. <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
5	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6-8	Determine procedure <input type="checkbox"/> Oropharyngeal <input type="checkbox"/> Nasopharyngeal	Selected procedure which met patient needs.	<input type="checkbox"/> F <input type="checkbox"/> P
9	Assemble equipment and supplies: <input type="checkbox"/> suction source <input type="checkbox"/> collection canister <input type="checkbox"/> regulator <input type="checkbox"/> connecting tubing <input type="checkbox"/> sterile suction catheter <input type="checkbox"/> gloves <input type="checkbox"/> sterile saline or water <input type="checkbox"/> sterile container <input type="checkbox"/> water soluble lubricant <input type="checkbox"/> oropharyngeal suction device <input type="checkbox"/> other _____	Assembled equipment according to site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
		Verified suction equipment operation.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
10	Perform pharyngeal suctioning.	Changed catheter size and/or device to meet patient's needs.	<input type="checkbox"/> nr
			<input type="checkbox"/> F
			<input type="checkbox"/> P
		Applied suction level as per site protocol.	<input type="checkbox"/> F
11	Determine if further pharyngeal suction is required.		<input type="checkbox"/> P
		Gently inserted device to the correct level in a timely manner as per site protocol.	<input type="checkbox"/> F
			<input type="checkbox"/> P
		Noted secretion characteristics such as:	<input type="checkbox"/> F
12	Discontinue.		<input type="checkbox"/> P
		<ul style="list-style-type: none"> • color • volume • consistency • odor 	
11	Determine if further pharyngeal suction is required.		<input type="checkbox"/> F
		Made the correct determination.	<input type="checkbox"/> P
12	Discontinue.		<input type="checkbox"/> F
		<ul style="list-style-type: none"> <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	<input type="checkbox"/> P
		Met criteria for predefined procedure.	

Suctioning - Tracheobronchial

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Supplemental Assessment ☐

Adult ☐

Indications

- ☐ therapeutic
- ☐ diagnostic

Grade

Failed at least one of the steps. ☐ AR
Passed all steps. ☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

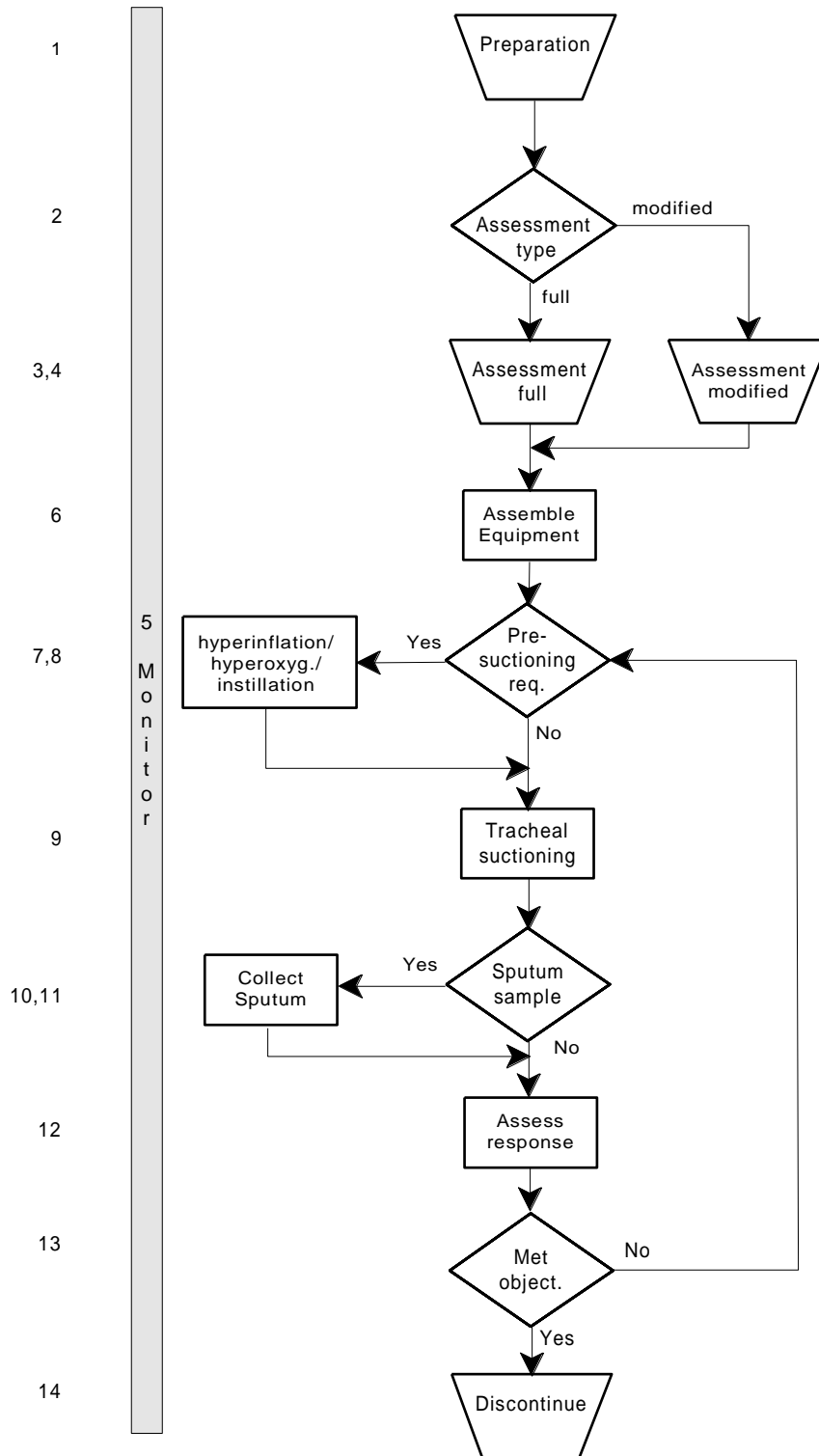
Candidate - Read and Understood

Date

Evaluator's Signature

Date

SUCTIONING - TRACHEOBRONCHIAL



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-4	Assess patient. <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
5	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6	Assemble equipment and supplies: <ul style="list-style-type: none"> <input type="checkbox"/> suction source <input type="checkbox"/> collection canister <input type="checkbox"/> regulator <input type="checkbox"/> connecting tubing <input type="checkbox"/> sterile suction catheter <input type="checkbox"/> gloves, mask, goggles <input type="checkbox"/> sterile instillate <input type="checkbox"/> sterile saline or water <input type="checkbox"/> sterile container <input type="checkbox"/> water soluble lubricant <input type="checkbox"/> oropharyngeal suction device <input type="checkbox"/> manual resuscitator <input type="checkbox"/> other _____ 	Assembled equipment according to site protocol. Catheter size was correct.	<input type="checkbox"/> F <input type="checkbox"/> P
		Verified equipment operation.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
7,8	Determine patient requirements <ul style="list-style-type: none"> <input type="checkbox"/> hyperinflation <input type="checkbox"/> hyperoxygenation <input type="checkbox"/> instillation 	Made a correct determination.	<input type="checkbox"/> F <input type="checkbox"/> P
		Performed procedure according to site protocol.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
9	Perform tracheal suction. <ul style="list-style-type: none"> <input type="checkbox"/> open system <input type="checkbox"/> closed system 	Noted baseline values such as: <ul style="list-style-type: none"> • vital signs • PaO₂ • ECG monitor pattern 	<input type="checkbox"/> F <input type="checkbox"/> P
		Applied suction level as per patient condition.	<input type="checkbox"/> F <input type="checkbox"/> P
		Gently inserted catheter to the correct level in an aseptic and timely manner.	<input type="checkbox"/> F <input type="checkbox"/> P
		Procedure from insertion to withdrawal was completed within 10-15 seconds.	<input type="checkbox"/> F <input type="checkbox"/> P
10,11	a. Determine if a sputum sample is required b. Collect sputum. <ul style="list-style-type: none"> <input type="checkbox"/> connect collection container to system <input type="checkbox"/> obtain sample in collection container <input type="checkbox"/> seal container. <input type="checkbox"/> label specimen with date, time and source of specimen. <input type="checkbox"/> maintain catheter aseptic. 	Made a correct determination.	<input type="checkbox"/> F <input type="checkbox"/> P
		Collected sample aseptically.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Determined that the quantity and quality of sample was acceptable for analysis.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Sent sample for analysis.	

Ref. #	Description	Criteria	Score
12,13	Assess response: <ul style="list-style-type: none"> <input type="checkbox"/> sputum characteristics <input type="checkbox"/> breath sounds <input type="checkbox"/> oxygenation <input type="checkbox"/> skin color <input type="checkbox"/> ventilation <input type="checkbox"/> respiratory rate and pattern <input type="checkbox"/> hemodynamic parameters <input type="checkbox"/> pulse rate <input type="checkbox"/> blood pressure <input type="checkbox"/> ECG <input type="checkbox"/> ICP <input type="checkbox"/> ventilator parameters <input type="checkbox"/> cough effort <input type="checkbox"/> subjective responses - pain, discomfort, dyspnea, restlessness 	Noted sputum characteristics including: <ul style="list-style-type: none"> • color • volume • consistency • odour 	<input type="checkbox"/> F <input type="checkbox"/> P
		Checked for objective improvement.	<input type="checkbox"/> F <input type="checkbox"/> P
		Checked for subjective improvement.	<input type="checkbox"/> np <input type="checkbox"/> F <input type="checkbox"/> P
		Recognized a crisis situation and took corrective action.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Recognized if suction procedure needed to be repeated.	<input type="checkbox"/> F <input type="checkbox"/> P
14	Discontinue. <ul style="list-style-type: none"> <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Humidity Therapy

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Indications

- ☐ bronchial hygiene
- ☐ humidity deficit
- ☐ abnormal thermal status
- ☐ inflammation of upper airway
- ☐ continuous gas therapy

Grade	Rationale Code
Failed at least one of the steps. <input type="checkbox"/> AR	1 Forgot to do the skill
Passed all steps. <input type="checkbox"/> P	2 Lack of knowledge
	3 Chose not to perform (judgment)
	4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

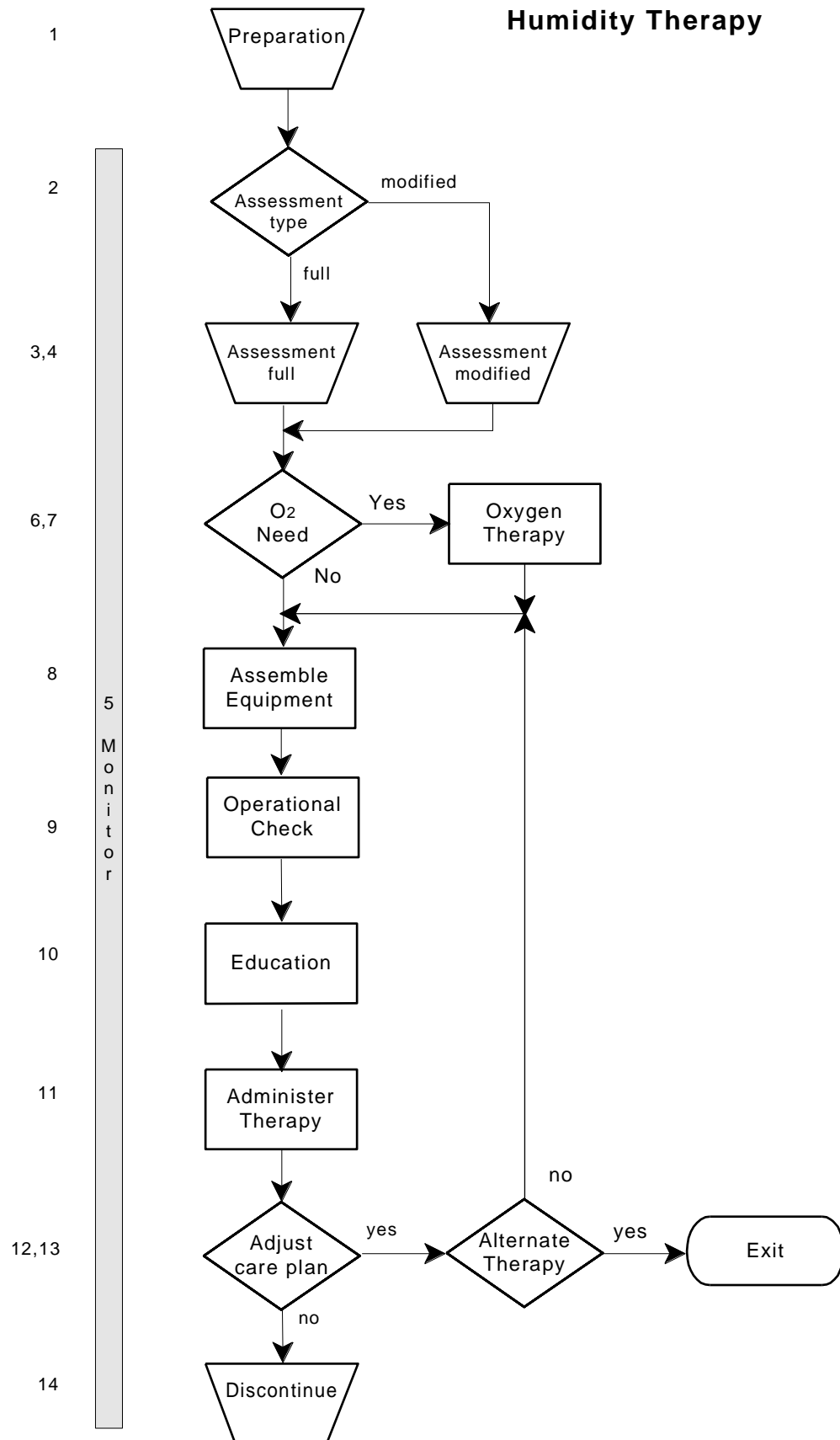
Candidate - Read and Understood

Date

Evaluator's Signature

Date

Humidity Therapy



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-4	Assess patient. <div> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document </div> <div> <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document </div>	Selected appropriate type of assessment for this patient & procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
5	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6,7	Assess the need for supplemental oxygen.	Identified need for supplemental oxygen.	<input type="checkbox"/> F <input type="checkbox"/> P
8	a. Determine type of delivery system <div> <input type="checkbox"/> nebulizer <input type="checkbox"/> humidifier <input type="checkbox"/> mask <input type="checkbox"/> face tent <input type="checkbox"/> trach collar <input type="checkbox"/> e-t swivel <input type="checkbox"/> hood <input type="checkbox"/> croup tent <input type="checkbox"/> other </div>	Considered the relevant requirements: <ul style="list-style-type: none"> • F_IO₂ • flow • patient condition • patient compliance/comfort • duration of therapy 	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Assemble humidification and adjunct equipment.	Assembled equipment in a timely manner according to manufacturer's specifications.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
9	Perform operational checks: <ul style="list-style-type: none"> <input type="checkbox"/> leaks/cracks <input type="checkbox"/> entrainment setting <input type="checkbox"/> pressure relief <input type="checkbox"/> output <input type="checkbox"/> fluid level/type <input type="checkbox"/> temperature <input type="checkbox"/> alarms <input type="checkbox"/> F_IO₂ <input type="checkbox"/> gas source <input type="checkbox"/> flow rate <input type="checkbox"/> refrigeration/cooling system 	Ensured equipment operation.	<input type="checkbox"/> F <input type="checkbox"/> P
		Checked F _I O ₂ against order/protocol or manufacturer's specifications.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
10	Educate patient/caregiver in equipment use.	Instruction was complete, accurate and included safety considerations.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
11-13	a. Administer humidity therapy b. Assess initial response.	Monitored vital signs.	<input type="checkbox"/> F
		Checked for side effects and adverse reactions.	<input type="checkbox"/> P
	c. Verify equipment operation.	Recognized a critical situation and took appropriate action	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Verified that humidity was delivered to patient.	<input type="checkbox"/> F <input type="checkbox"/> P
	d. Reassess patient.	Checked for subjective improvement.	<input type="checkbox"/> np <input type="checkbox"/> F <input type="checkbox"/> P
		Checked for objective improvement.	<input type="checkbox"/> np <input type="checkbox"/> F <input type="checkbox"/> P
	e. Re-educate patient/caregiver if required.	Instruction was complete and accurate.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
	e Adjust care plan. <input type="checkbox"/> add alternative therapy <input type="checkbox"/> request diagnostics	Adjustment met therapeutic goals.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
14	Discontinue. <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Lung Volume Recruitment

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Indications

- ☐ Atelectasis
☐ Bronchial obstruction

Grade		Rationale Code	
Failed at least one of the steps.	<input type="checkbox"/> AR	1	Forgot to do the skill
Passed all steps.	<input type="checkbox"/> P	2	Lack of knowledge
		3	Chose not to perform (judgment)
		4	Performed incorrectly

ORAL DEBRIEF					
Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

Candidate - Read and Understood

Date

Evaluator's Signature

Date

Ref. #	Description	Criteria	Score
10.9	Perform lung volume recruitment maneuvers		
	Verify order	Order is consistent with the care and/or condition of the patient.	<input type="checkbox"/> F <input type="checkbox"/> P
	Collect equipment. <input type="checkbox"/> Manual <input type="checkbox"/> Automated	Equipment collected and tested according to site policy.	<input type="checkbox"/> F <input type="checkbox"/> P
	Explain procedure to the patient/caregiver.	Explained: <ul style="list-style-type: none">• purpose of visit• steps of procedure• benefits• risks• alternatives• consequences of refusal	<input type="checkbox"/> F <input type="checkbox"/> P
	Position patient	Positioning was consistent with therapeutic goals (see 10.7)	<input type="checkbox"/>
	Perform procedure.		
	b. Assess initial response.	Monitored vital signs.	<input type="checkbox"/> F
		Checked for side effects and adverse reactions.	<input type="checkbox"/> P
		Recognized a critical situation and took appropriate action	<input type="checkbox"/> NR <input type="checkbox"/> F <input type="checkbox"/> P
		Checked for objective improvement.	<input type="checkbox"/> NP <input type="checkbox"/> F <input type="checkbox"/> P
	d. Re-educate patient/caregiver if required.	Instruction was complete and accurate.	<input type="checkbox"/> NR <input type="checkbox"/> F <input type="checkbox"/> P
	e Adjust care plan. <input type="checkbox"/> add alternative therapy <input type="checkbox"/> request diagnostics	Adjustment met therapeutic goals.	<input type="checkbox"/> NR <input type="checkbox"/> F <input type="checkbox"/> P
10.9	f. Discontinue. <input type="checkbox"/> therapy <input type="checkbox"/> procedure	Therapy was discontinued and equipment stored or processed according to site policy.	<input type="checkbox"/> NR <input type="checkbox"/> F

Ref. #	Description	Criteria	Score
	<ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 		<input type="checkbox"/> P

Assisted Cough

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment

Indications

- ☐ bronchial hygiene
- ☐ atelectasis
- ☐ diaphragm paralysis/paresis

Grade

Failed at least one of the steps. ☐ AR
Passed all steps. ☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

Candidate - Read and Understood

Date

Evaluator's Signature

Date

Ref. #	Description	Criteria	Score
10.10	Perform assisted cough maneuvers		
	Verify order	Order is consistent with the care and/or condition of the patient.	<input type="checkbox"/> F <input type="checkbox"/> P
	Collect equipment. <input type="checkbox"/> Manual <input type="checkbox"/> Automated	Equipment collected and tested according to site policy.	<input type="checkbox"/> F <input type="checkbox"/> P
	Explain procedure to the patient/caregiver.	Explained: <ul style="list-style-type: none"> • purpose of visit • steps of procedure • benefits • risks • alternatives • consequences of refusal 	<input type="checkbox"/> F <input type="checkbox"/> P
	Position patient	Positioning was consistent with therapeutic goals (see 10.7)	<input type="checkbox"/>
	Perform procedure.		
	b. Assess initial response.	Monitored vital signs. Checked for side effects and adverse reactions.	<input type="checkbox"/> F <input type="checkbox"/> P
		Recognized a critical situation and took appropriate action	<input type="checkbox"/> NR <input type="checkbox"/> F <input type="checkbox"/> P
	c. Reassess patient.	Checked for subjective improvement.	<input type="checkbox"/> NP <input type="checkbox"/> F <input type="checkbox"/> P
		Checked for objective improvement.	<input type="checkbox"/> NP <input type="checkbox"/> F <input type="checkbox"/> P
	d. Re-educate patient/caregiver if required.	Instruction was complete and accurate.	<input type="checkbox"/> NR <input type="checkbox"/> F <input type="checkbox"/> P
	e Adjust care plan. <input type="checkbox"/> add alternative therapy <input type="checkbox"/> request diagnostics	Adjustment met therapeutic goals.	<input type="checkbox"/> NR <input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
10.10	f. Discontinue. <ul style="list-style-type: none"> <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Therapy was discontinued and equipment stored or processed according to site policy.	<input type="checkbox"/> NR <input type="checkbox"/> F <input type="checkbox"/> P

Secretion Clearance and Breathing Techniques

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Indications

- ☐ bronchial hygiene
- ☐ atelectasis
- ☐ diaphragm paralysis/paresis

Grade

Failed at least one of the steps. ☐ AR
Passed all steps. ☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

Candidate - Read and Understood

Date

Evaluator's Signature

Date

Ref. #	Description	Criteria	Score
10.11	Promote secretion clearance and breathing techniques		
	Verify order	Order is consistent with the care and/or condition of the patient.	<input type="checkbox"/> NR <input type="checkbox"/> F <input type="checkbox"/> P
	Collect equipment. <input type="checkbox"/> Manual <input type="checkbox"/> Automated	Equipment collected and tested according to site policy.	<input type="checkbox"/> F <input type="checkbox"/> P
	Explain procedure to the patient/caregiver.	Explained: <ul style="list-style-type: none"> • purpose of visit • steps of procedure • benefits • risks • alternatives • consequences of refusal 	<input type="checkbox"/> F <input type="checkbox"/> P
	Position patient	Positioning was consistent with therapeutic goals (see 10.7)	<input type="checkbox"/>
	Perform procedure.		
	b. Assess initial response.	Monitored vital signs.	<input type="checkbox"/> F
		Checked for side effects and adverse reactions.	<input type="checkbox"/> P
		Recognized a critical situation and took appropriate action	<input type="checkbox"/> NR <input type="checkbox"/> F <input type="checkbox"/> P
	c. Reassess patient.	Checked for subjective improvement.	<input type="checkbox"/> NP <input type="checkbox"/> F <input type="checkbox"/> P
		Checked for objective improvement.	<input type="checkbox"/> NP <input type="checkbox"/> F <input type="checkbox"/> P
	d. Re-educate patient/caregiver if required.	Instruction was complete and accurate.	<input type="checkbox"/> NR <input type="checkbox"/> F <input type="checkbox"/> P
	e Adjust care plan.	Adjustment met therapeutic goals.	<input type="checkbox"/> NR

Ref. #	Description	Criteria	Score
	<input type="checkbox"/> add alternative therapy <input type="checkbox"/> request diagnostics		<input type="checkbox"/> F <input type="checkbox"/> P
10.11	f. Discontinue. <ul style="list-style-type: none"> <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Therapy was discontinued and equipment stored or processed according to site policy.	<input type="checkbox"/> NR <input type="checkbox"/> F <input type="checkbox"/> P

Teach Incentive Spirometry

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Indications

- ☐ bronchial hygiene
- ☐ post operative atelectasis

Grade

Failed at least one of the steps. ☐ AR
Passed all steps. ☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

Ref. #	Description	Criteria	Score
10.12	Teach incentive spirometry		
	Verify order	Order is consistent with the care and/or condition of the patient.	<input type="checkbox"/> F <input type="checkbox"/> P
	Collect equipment.	Equipment collected and tested according to site policy.	<input type="checkbox"/> F <input type="checkbox"/> P
	<input type="checkbox"/> Manual <input type="checkbox"/> Automated		
	Explain procedure to the patient/caregiver.	Explained: <ul style="list-style-type: none"> • purpose of visit • steps of procedure • benefits • risks • alternatives • consequences of refusal 	<input type="checkbox"/> F <input type="checkbox"/> P
	Position patient	Positioning was consistent with therapeutic goals (see 10.7)	<input type="checkbox"/>
	Perform procedure.		
	b. Assess initial response.	Monitored vital signs.	<input type="checkbox"/> F
		Checked for side effects and adverse reactions.	<input type="checkbox"/> P
		Recognized a critical situation and took appropriate action	<input type="checkbox"/> NR <input type="checkbox"/> F <input type="checkbox"/> P
	c. Reassess patient.	Checked for subjective improvement.	<input type="checkbox"/> NP <input type="checkbox"/> F <input type="checkbox"/> P
		Checked for objective improvement.	<input type="checkbox"/> NP <input type="checkbox"/> F <input type="checkbox"/> P
	d. Re-educate patient/caregiver if required.	Instruction was complete and accurate.	<input type="checkbox"/> NR <input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
	e Adjust care plan. <input type="checkbox"/> add alternative therapy <input type="checkbox"/> request diagnostics	Adjustment met therapeutic goals.	<input type="checkbox"/> NR <input type="checkbox"/> F <input type="checkbox"/> P
10.12	f. Discontinue. <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Therapy was discontinued and equipment stored or processed according to site policy.	<input type="checkbox"/> NR <input type="checkbox"/> F <input type="checkbox"/> P

Airway Management - Basic

Name

Date

Site

Code **11.1 – 11.6**

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Indications

- ☐ maintain patient airway
- ☐ facilitate airway clearance

Grade

Failed at least one of the steps. ☐ AR
 Passed all steps. ☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

AIRWAY MANAGEMENT - BASIC

1

2

3,4

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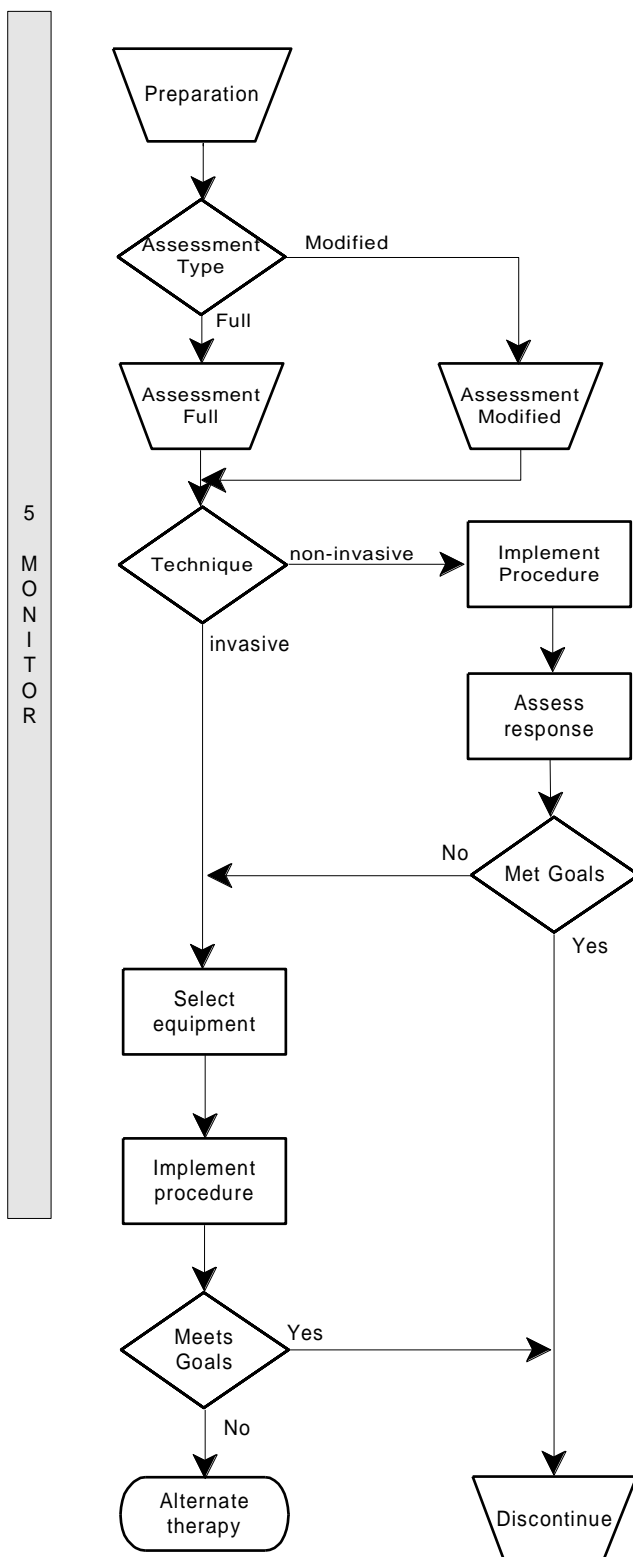
9

10

11

12

13,14



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-4	Assess patient. <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
5	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6	Determine technique needed: <u>Non-invasive</u> <ul style="list-style-type: none"> <input type="checkbox"/> head tilt <input type="checkbox"/> jaw thrust <input type="checkbox"/> modified jaw thrust <u>Invasive</u> <ul style="list-style-type: none"> <input type="checkbox"/> nasopharyngeal airway/tube <input type="checkbox"/> laryngeal mask airway (LMA) <input type="checkbox"/> esophageal airway <input type="checkbox"/> oropharyngeal airway 	Selected technique consistent with patient condition and equipment available.	<input type="checkbox"/> F <input type="checkbox"/> P
7	Perform non-invasive technique.	Manually maintained airway.	<input type="checkbox"/> np <input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
8,9	a. Assess patient response to non-invasive technique.	<p>Took appropriate actions in a timely manner.</p> <ul style="list-style-type: none"> • managed airway obstruction • repositioned • modified technique • minimized risk 	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	b. Met non-invasive therapeutic goals.	<p>Determined if therapeutic goal was met and took appropriate action.</p>	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
10	a. Select equipment for invasive technique.	<p>Selected correct equipment/size.</p>	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	<input type="checkbox"/> oropharyngeal airway <input type="checkbox"/> nasopharyngeal airway <input type="checkbox"/> laryngeal mask <input type="checkbox"/> esophageal airway <input type="checkbox"/> related supplies b. Prepare equipment.	<p>Determined that equipment performed as per manufacturer's specifications.</p>	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
11	Perform procedure.	<p>Inserted artificial airway. Verified position and function.</p>	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
12,13	Meet invasive therapeutic goals.	<p>Established patent airway or determined that an alternate procedure was required.</p>	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
14	<p>Discontinue.</p> <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	<p>Met criteria for predefined procedure.</p>	<input type="checkbox"/> F <input type="checkbox"/> P

Airway Management - Intubation & Tracheostomy

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Indications:

- ☐ mechanical ventilation
- ☐ airway obstruction
- ☐ tracheobronchial toilet

- ☐ airway protection
- ☐ surfactant replacement therapy
- ☐ other _____

Style of Intubation:

- ☐ awake
- ☐ emergency
- ☐ elective

- ☐ surgical tracheostomy
- ☐ percutaneous tracheostomy
- ☐ other _____

Procedure:

- ☐ intubation
- ☐ assist with intubation
- ☐ assist with tracheostomy
- ☐ tube change

Grade	Rationale Code
Failed at least one of the steps. <input type="checkbox"/> AR	1 Forgot to do the skill
Passed all steps. <input type="checkbox"/> P	2 Lack of knowledge
	3 Chose not to perform (judgment)
	4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

Candidate - Read and Understood

Date

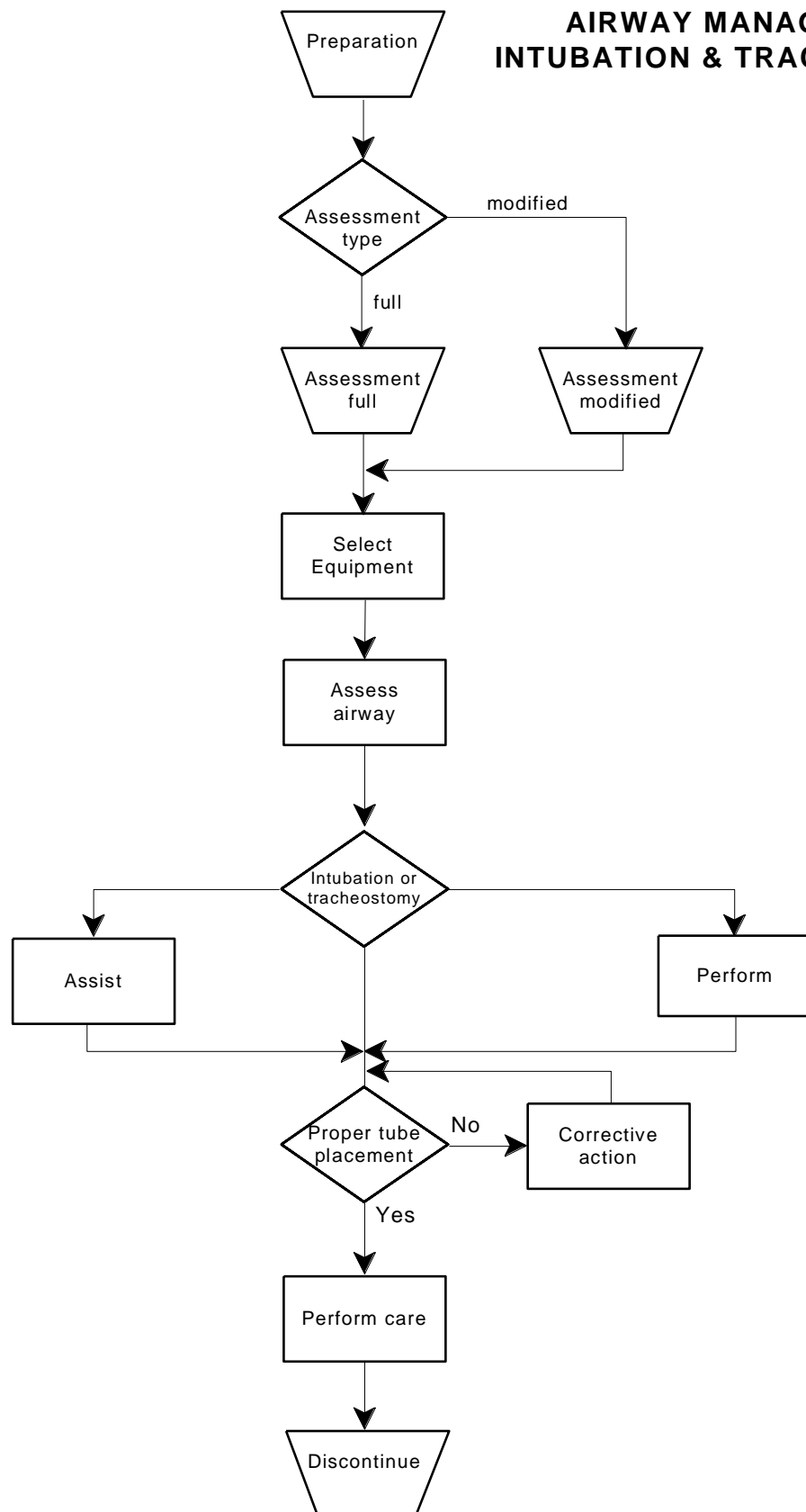
Evaluator's Signature

Date

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AIRWAY MANAGEMENT INTUBATION & TRACHEOSTOMY



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-4	Assess patient. <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
5	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
6	Select, prepare and verify equipment function: <ul style="list-style-type: none"> <input type="checkbox"/> airways <input type="checkbox"/> laryngoscope (blades and handles) <ul style="list-style-type: none"> • type • size <input type="checkbox"/> endotracheal/bronchial tube <input type="checkbox"/> tracheostomy tube <input type="checkbox"/> trach spreader <input type="checkbox"/> syringe <input type="checkbox"/> ties, tape, holder <input type="checkbox"/> resuscitation equipment <input type="checkbox"/> suction equipment <input type="checkbox"/> pharmacological agents <input type="checkbox"/> stylet <input type="checkbox"/> magill forceps <input type="checkbox"/> lubricant <input type="checkbox"/> pilot valve repair kit <input type="checkbox"/> guides <ul style="list-style-type: none"> • tube changer • light wand • bougie • bronchoscope <input type="checkbox"/> surgical <ul style="list-style-type: none"> • tracheostomy set • percutaneous tracheostomy set <input type="checkbox"/> communication device <ul style="list-style-type: none"> • speaking valves • talking tubes <input type="checkbox"/> other _____ 	Recognized style of intubation to be used.	<input type="checkbox"/> F <input type="checkbox"/> P
		Selected equipment according to patient size and status.	<input type="checkbox"/> F <input type="checkbox"/> P
		Verified function of equipment.	<input type="checkbox"/> F <input type="checkbox"/> P
		Placed equipment in a safe location and within reach.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
7	a. Assess airway. <ul style="list-style-type: none"> <input type="checkbox"/> dentition <input type="checkbox"/> airway grades and classifications <input type="checkbox"/> anatomical limitations <input type="checkbox"/> risk of aspiration b. Position Head <ul style="list-style-type: none"> <input type="checkbox"/> sniffing position <input type="checkbox"/> other _____ c. Assist with or administer pharmacological aids. <ul style="list-style-type: none"> <input type="checkbox"/> topical <input type="checkbox"/> paralytics <input type="checkbox"/> regional block <input type="checkbox"/> anxiolytics <input type="checkbox"/> hypnotics <input type="checkbox"/> anticholinergics <input type="checkbox"/> narcotics <input type="checkbox"/> other _____ d. Pre-oxygenate. e. Hyperinflate	Assessed patient to determine intubation technique.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Optimized oxygenation status.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
8-10	a. Assist with intubation <ul style="list-style-type: none"> <input type="checkbox"/> BURP (backward, upward, right, pressure) <input type="checkbox"/> apply cricoid pressure <input type="checkbox"/> suction <input type="checkbox"/> remove stylet or guide <input type="checkbox"/> inflate cuff and remove syringe <input type="checkbox"/> provide manual ventilation b. Perform tracheal intubation. <ul style="list-style-type: none"> <input type="checkbox"/> oral <input type="checkbox"/> nasal <ul style="list-style-type: none"> • insert laryngoscope blade using the correct angle and force. • insert tube to correct depth • use adjuncts to facilitate intubation if required • use aseptic (clean) technique • minimize tissue/dental damage • optimize cardio/pulmonary status 	Assisted with intubation. Intervened in a timely manner if required. Optimized cardio/pulmonary status.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Performed intubation.	<input type="checkbox"/> np <input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
	c. Assist with tracheostomy procedure. <input type="checkbox"/> surgical <input type="checkbox"/> percutaneous <input type="checkbox"/> translaryngeal by: <input type="checkbox"/> maintaining sterile field <input type="checkbox"/> manipulating artificial airways as directed <input type="checkbox"/> assisting with percutaneous dilation and tube placement as directed <input type="checkbox"/> assisting with bronchoscopy procedure as directed <input type="checkbox"/> re-establishing therapy d. Change tracheostomy tube. <input type="checkbox"/> suction <input type="checkbox"/> remove dressings <input type="checkbox"/> insert inner cannula <input type="checkbox"/> inflate cuff <input type="checkbox"/> re-establish therapy	Assisted with tracheostomy <ul style="list-style-type: none"> • optimized cardiopulmonary status • optimized ventilation/oxygenation 	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Recognized crisis situation and took appropriate action	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Changed tracheostomy tube. <ul style="list-style-type: none"> • removed ties or tapes • inspected for: <ul style="list-style-type: none"> - tissue damage/adhesion - infection - secretions • removed tube • inserted new tube • removed obturator 	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
11-12	Assess proper tube placement. <input type="checkbox"/> auscultate <input type="checkbox"/> chest movement <input type="checkbox"/> end-tidal CO ₂ <input type="checkbox"/> P _{TCO₂} <input type="checkbox"/> P _{TCO₂} <input type="checkbox"/> humidity in tube <input type="checkbox"/> palpate the cuff at sternal notch <input type="checkbox"/> SpO ₂ <input type="checkbox"/> subcutaneous emphysema <input type="checkbox"/> patient color <input type="checkbox"/> chest X-ray <input type="checkbox"/> heart rate <input type="checkbox"/> bronchoscopy <input type="checkbox"/> other _____	Assessed tube placement and took corrective measures.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
13	Perform site and tube care. <ul style="list-style-type: none"> <input type="checkbox"/> apply antibiotic <input type="checkbox"/> verify cuff pressure <input type="checkbox"/> apply dressing <input type="checkbox"/> secure tube <input type="checkbox"/> apply bite block 	Performed care.	<input type="checkbox"/> F <input type="checkbox"/> P
14	Discontinue. <ul style="list-style-type: none"> <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Manual Ventilation

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Indications

- | | |
|--|---|
| <input type="checkbox"/> apnea | <input type="checkbox"/> ventilatory support |
| <input type="checkbox"/> impending ventilatory failure | <input type="checkbox"/> drug delivery |
| <input type="checkbox"/> acute ventilatory failure | <input type="checkbox"/> hyperinflation therapy |
| <input type="checkbox"/> respiratory (oxygenation) failure | <input type="checkbox"/> other _____ |

Grade	Rationale Code
Failed at least one of the steps. <input type="checkbox"/> AR	1 Forgot to do the skill
Passed all steps. <input type="checkbox"/> P	2 Lack of knowledge
	3 Chose not to perform (judgment)
	4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

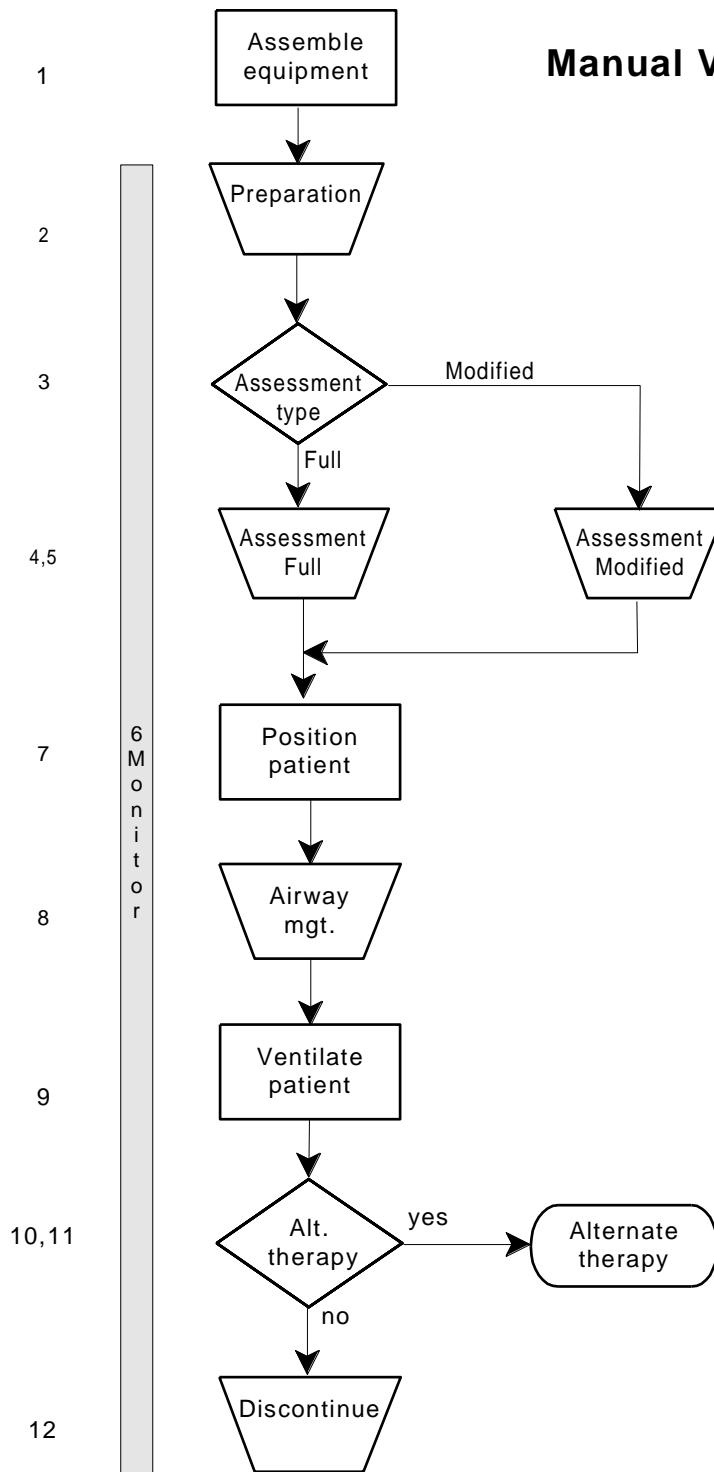
Candidate - Read and Understood

Date

Evaluator's Signature

Date

Manual Ventilaton



Ref. #	Description	Criteria	Score
1	Assemble equipment. <ul style="list-style-type: none"> <input type="checkbox"/> self inflating resuscitator <input type="checkbox"/> flow inflating resuscitator <input type="checkbox"/> adjunctive equipment <input type="checkbox"/> demand valve system 	Selected equipment according to patient size and status.	<input type="checkbox"/> F <input type="checkbox"/> P
		Verified operation according to manufacturer's specifications.	<input type="checkbox"/> F <input type="checkbox"/> P
2	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
3-5	Assess patient. <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
7	Position patient.	Positioned patient for optimal ventilation consistent with clinical status.	<input type="checkbox"/> F <input type="checkbox"/> P
8	Establish airway. <ul style="list-style-type: none"> <input type="checkbox"/> basic airway management procedure. <input type="checkbox"/> intubation. 	Met criteria for predefined procedure.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
9-11	Ventilate patient <input type="checkbox"/> mask <input type="checkbox"/> endotracheal tube	Mask was applied with: <ul style="list-style-type: none"> • correct position • minimum leak • minimal soft tissue damage 	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Ensured effective ventilation <ul style="list-style-type: none"> • adequate pressure, flow rate • respiratory rate and pattern was consistent with patient status • breath synchronized with patient effort if possible • chest expansion was observed • chest and abdomen auscultated 	<input type="checkbox"/> F <input type="checkbox"/> P
		Minimized risks such as: <ul style="list-style-type: none"> • barotrauma • gastric inflation • aspiration 	<input type="checkbox"/> F <input type="checkbox"/> P
		Recognize a crisis situation and took corrective action.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
12	Discontinue. <ul style="list-style-type: none"> <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Remove Endotracheal Tube

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment

Indications

Patient able to:

- ☐ maintain own airway
- ☐ protect own airway
- ☐ clear secretions
- ☐ no longer requires mechanical ventilation

Grade

Rationale Code

Failed at least one of the steps. ☐ AR
Passed all steps. ☐ P

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

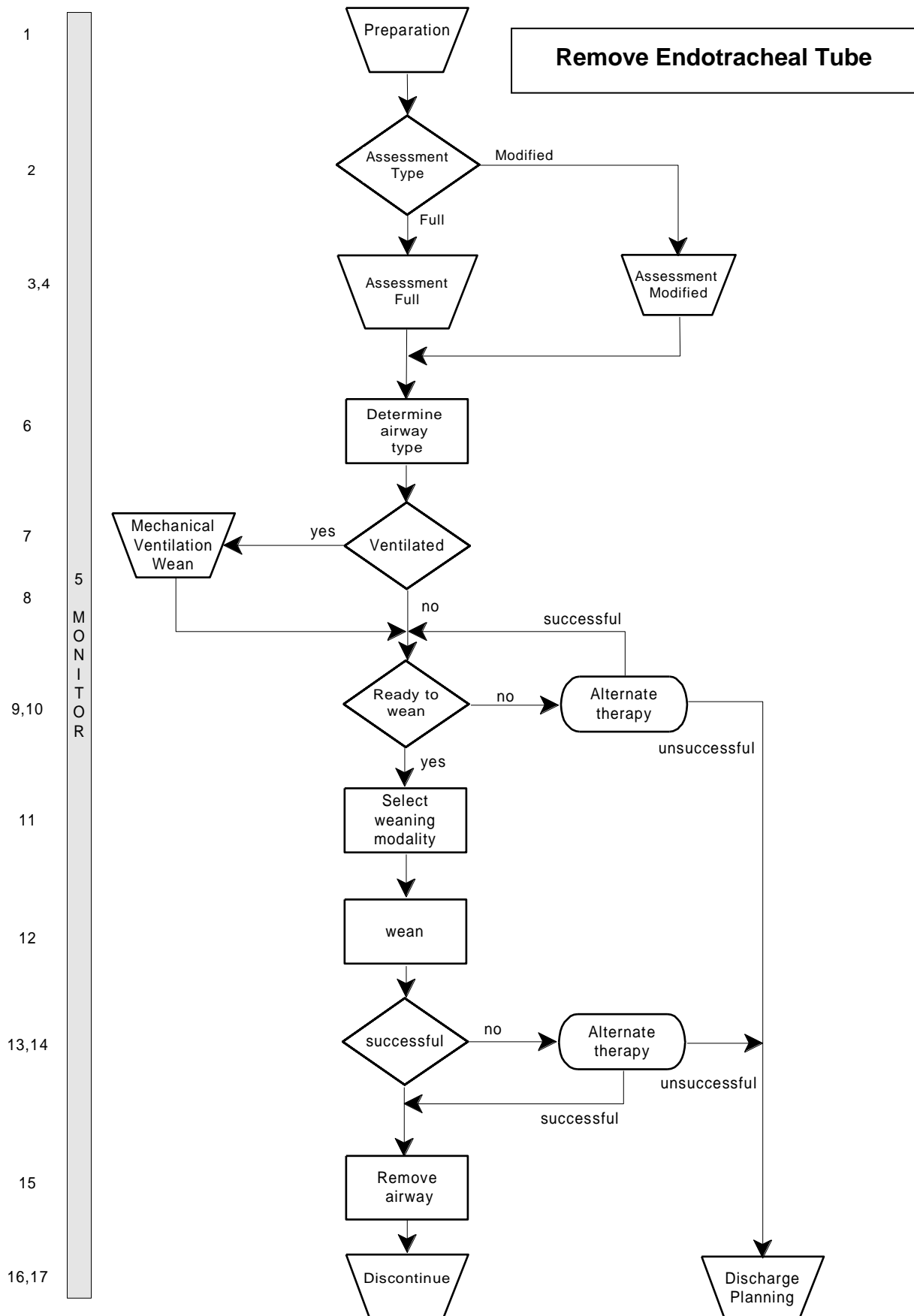
Comments

Candidate - Read and Understood

Date

Evaluator's Signature

Date



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-4	Assess patient. <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
5	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6-10	a. Artificial airway type. <ul style="list-style-type: none"> <input type="checkbox"/> endotracheal <input type="checkbox"/> tracheostomy <input type="checkbox"/> nasopharyngeal <input type="checkbox"/> oropharyngeal <input type="checkbox"/> other _____ b. Check suitability of patient for weaning from artificial airway.	Considered relevant information: <ul style="list-style-type: none"> • pulmonary mechanics • tracheostenosis • fistula • tracheomalacia • tracheal erosion • infection • subcutaneous emphysema • hemorrhage • pulmonary secretion clearance • aspiration risk • airway protective reflex • respiratory drive • upper airway edema • medications 	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
11-14	a. Select weaning modality. <input type="checkbox"/> tracheal button <input type="checkbox"/> cork/plug <input type="checkbox"/> alternative tube size <input type="checkbox"/> alternative tube type <input type="checkbox"/> other _____	Modality selected was consistent with patient's need.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Implemented modality.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		b. Assess patient progress. Determined that patient could maintain airway according to: <ul style="list-style-type: none"> • oxygenation/ventilation status • patient's comfort • cardiovascular stability 	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		c. Adjust weaning as required. Determined whether patient was ready for extubation/decannulation.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
15	a. Remove artificial airway. b. Assess patient post extubation. <input type="checkbox"/> apnea <input type="checkbox"/> hypoxemia <input type="checkbox"/> stridor <input type="checkbox"/> aspiration <input type="checkbox"/> bleeding <input type="checkbox"/> closure of stoma <input type="checkbox"/> patient comfort	Removed airway according to site protocol.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Completed rapid assessment. <ul style="list-style-type: none"> • airway • breathing • circulation 	<input type="checkbox"/> F <input type="checkbox"/> P
		Performed inspection and auscultation.	<input type="checkbox"/> F <input type="checkbox"/> P
		Took appropriate action.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
16	Discontinue. <ul style="list-style-type: none"> <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Met criteria for predefined procedure.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
17	Discharge planning. <ul style="list-style-type: none"> • physical environment • social support • equipment • funding • care plan • documentation • follow-up 	Met criteria for predefined procedure.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P

Anaesthetic Administration – General (assist with)

Name

Date

Site

Code

12.1-12.12

Rotation

Neonatal

☐

Location

Paediatric

☐

Adult

☐

Supplemental Assessment

☐

Indications

To provide:

- ☐ analgesia
- ☐ bronchodilation
- ☐ other _____

Grade

Failed at least one of the steps.

☐ AR

Passed all steps.

☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

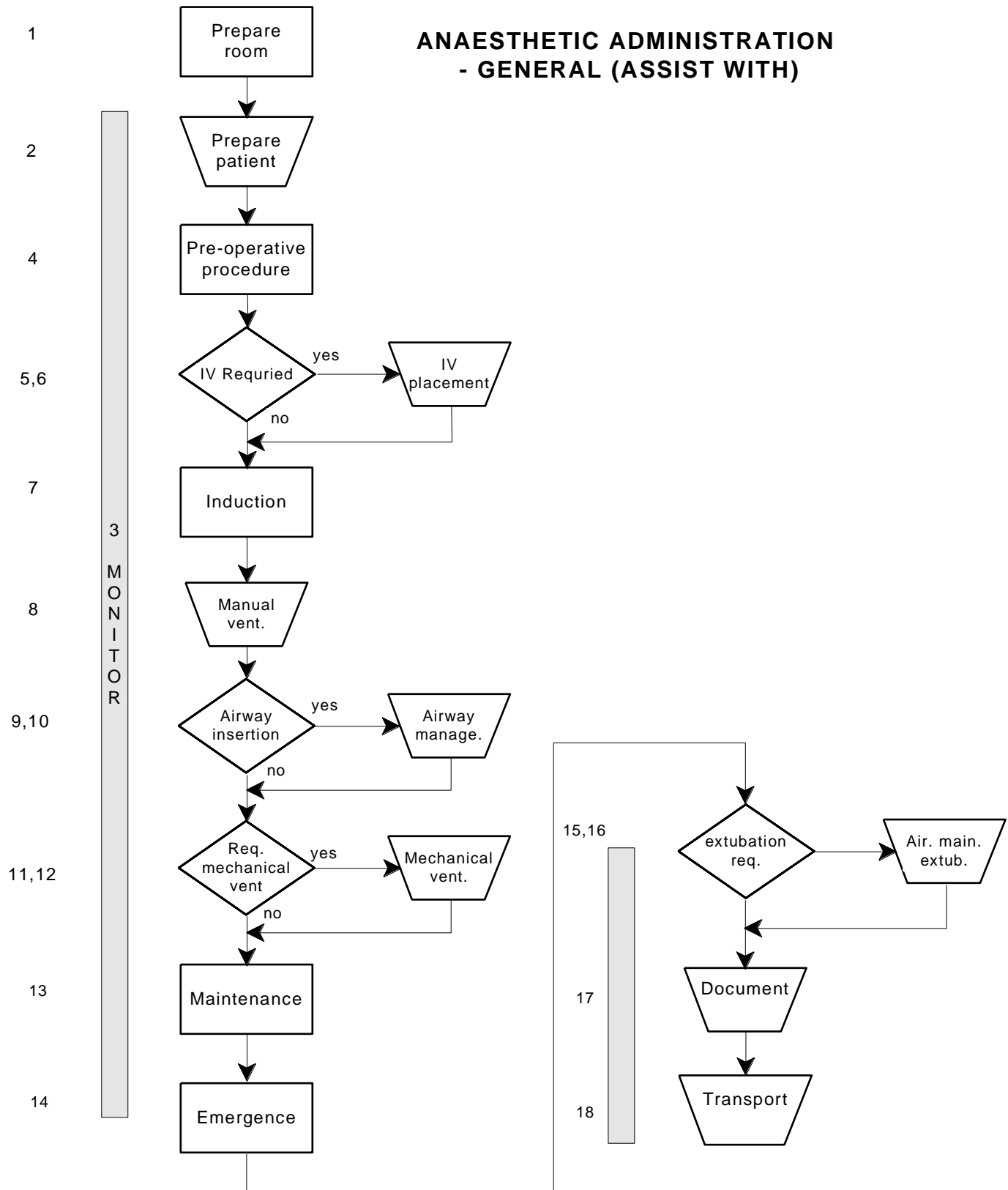
Candidate - Read and Understood

Date

Evaluator's Signature

Date

ANAESTHETIC ADMINISTRATION - GENERAL (ASSIST WITH)



Ref. #	Description	Criteria	Score
1	Prepare room.		
	a. Perform operational check of anesthetic machine.	Determined that equipment performed as per manufacturer's specifications:	<input type="checkbox"/> F <input type="checkbox"/> P
		<ul style="list-style-type: none"> • O₂ fail safe device • flow meters • vaporizer • O₂ analyzer • gas inlets and pressure regulators • O₂ flush valve • ventilators and disconnect alarms • waste gas scavenger • leak test 	
	b. Perform operational check of:		<input type="checkbox"/> nr
	<input type="checkbox"/> non-invasive monitoring devices		<input type="checkbox"/> F
	<input type="checkbox"/> invasive monitoring devices	Determined that equipment performed as per manufacturer's specifications.	<input type="checkbox"/> P
	c. Perform operational check of breathing system.		<input type="checkbox"/> F
	<input type="checkbox"/> Circle system	Verified assembly of breathing circuit.	<input type="checkbox"/> P
	<ul style="list-style-type: none"> • unidirectional valve • CO₂ absorbent 		
	<input type="checkbox"/> Mapleson system		
	<input type="checkbox"/> other _____	Verified operation:	<input type="checkbox"/> F <input type="checkbox"/> P
		<ul style="list-style-type: none"> • adjustable pressure limiting valve • reservoir bag • breathing tubes • filters • in-line gas sampling device • leak test 	
	d. Prepare airway management equipment.		<input type="checkbox"/> F
		Met criteria for predefined procedure.	<input type="checkbox"/> P
	e. Prepare fluid administration equipment.		<input type="checkbox"/> nr
			<input type="checkbox"/> F
		Prepared fluid administration equipment as per site protocol.	<input type="checkbox"/> P

Ref. #	Description	Criteria	Score
	f. Verify operation of suction equipment.	Ensured equipment was operational.	<input type="checkbox"/> F <input type="checkbox"/> P
	g. Prepare standard drugs.	Prepared drugs as per site protocol.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	h. Assemble additional equipment as per anesthetic/surgical/patient requirements. <input type="checkbox"/> fluid-blood replacement <input type="checkbox"/> thermal regulation <input type="checkbox"/> circuit adjuncts <input type="checkbox"/> other _____	Prepared equipment as per site protocol.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Anaesthetic equipment and supplies assembled were consistent with anaesthetic/surgical/patient requirement.	<input type="checkbox"/> F <input type="checkbox"/> P
2	Prepare patient. • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
3	Continuously monitor patient. • evaluation • case management • education • documentation	Monitored patient as per predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
4-6	Perform pre-operative procedures. a. Obtain pre-operative assessment data.	Ensured that anaesthetic equipment and supplies assembled were consistent with pre-operative assessment data	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	b. Start intravenous fluid administration.	Inserted peripheral intravenous as per predefined procedure.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Administered fluids as per site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
	c. Administer pharmacological agents.	Administered pharmacological agents as per site protocol.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
7-12	Patient induction.		<input type="checkbox"/> nr
	a. Admit patient to operating room.	Admitted patient to operating room.	<input type="checkbox"/> F
	<input type="checkbox"/> check Identification		<input type="checkbox"/> P
	<input type="checkbox"/> transfer patient to OR table		
	<input type="checkbox"/> airway evaluation		
	<input type="checkbox"/> consent		
	<input type="checkbox"/> NPO status		
	<input type="checkbox"/> allergies		
	<input type="checkbox"/> other		
	b. Apply non-invasive monitors and obtain base line data.	Applied non-invasive monitors as per site protocol.	<input type="checkbox"/> F
	<input type="checkbox"/> ECG		<input type="checkbox"/> P
	<input type="checkbox"/> BP		
	<input type="checkbox"/> oximeter		
	<input type="checkbox"/> other _____		
	c. Insert line(s).	Inserted arterial lines as per site protocol obtaining baseline data.	<input type="checkbox"/> nr
	<input type="checkbox"/> arterial		<input type="checkbox"/> F
	<input type="checkbox"/> other _____		<input type="checkbox"/> P
	d. Assist with invasive monitoring.	Assisted with invasive monitoring as per site protocol and obtained baseline data.	<input type="checkbox"/> nr
	<input type="checkbox"/> pulmonary artery catheter		<input type="checkbox"/> F
	<input type="checkbox"/> arterial line		<input type="checkbox"/> P
	<input type="checkbox"/> central line/CVP		
	e. Assist with general anaesthetic induction procedure.	Assisted with induction procedure as per site protocol and patient requirements.	<input type="checkbox"/> F
	<input type="checkbox"/> standard induction		<input type="checkbox"/> P
	<input type="checkbox"/> rapid sequence induction	Pre-oxygenated patient.	<input type="checkbox"/> F
	<input type="checkbox"/> mask induction		<input type="checkbox"/> P
		Recognized level of consciousness.	<input type="checkbox"/> F
			<input type="checkbox"/> P
		Assessed ventilatory status.	<input type="checkbox"/> F
			<input type="checkbox"/> P
		Performed manual ventilation as per predefined procedure.	<input type="checkbox"/> F
			<input type="checkbox"/> P
		Applied cricoid pressure.	<input type="checkbox"/> nr
			<input type="checkbox"/> F
			<input type="checkbox"/> P

Anaesthetic Administration – Regional (assist with)

Name

Date

Site

Code

12.3

Rotation

Neonatal

☐

Location

Paediatric

☐

Adult

☐

Supplemental Assessment

☐

Indications

To provide:

- ☐ anaesthesia
☐ analgesia

Grade

Failed at least one of the steps.

☐ AR

Passed all steps.

☐ P

Rationale Code

- 1 Forgot to do the skill
2 Lack of knowledge
3 Chose not to perform (judgment)
4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

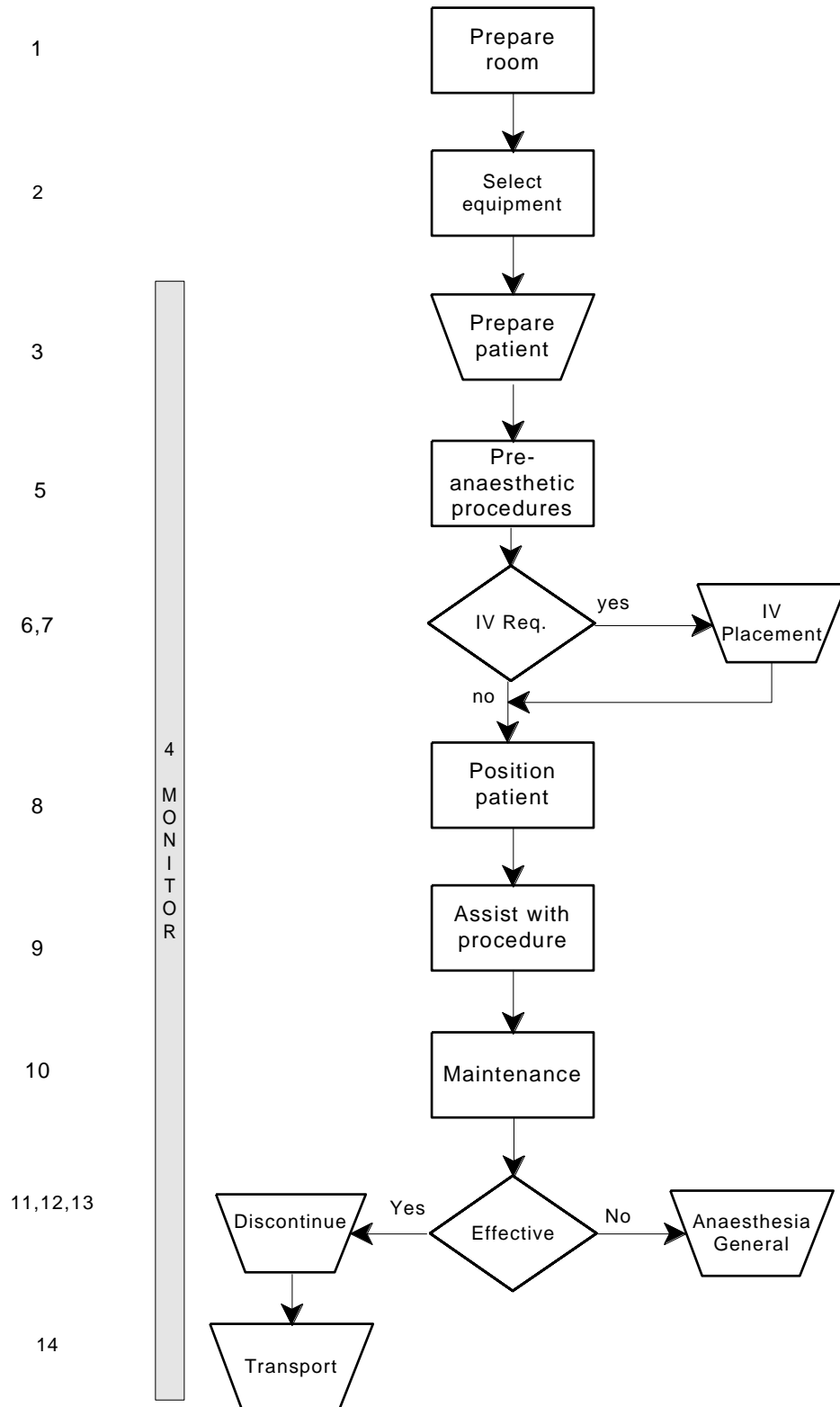
Candidate - Read and Understood

Date

Evaluator's Signature

Date

ANAESTHETIC ADMINISTRATION - REGIONAL (ASSIST WITH)



Ref. #	Description	Criteria	Score
1	Prepare room.		
	a. Perform operational check of anaesthetic machine.	Determined that equipment performed as per manufacturer's specifications: <ul style="list-style-type: none"> • O₂ fail safe device • flow meters • vaporizer • O₂ analyzer • gas inlets and pressure regulators • O₂ flush valve • ventilators and disconnect alarms • waste gas scavenger • leak test 	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Perform operational check of:		
	<input type="checkbox"/> non-invasive monitoring devices <input type="checkbox"/> invasive monitoring devices	Determined that equipment performed as per manufacturer's specifications.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	c. Perform operational check of breathing system.		
	<input type="checkbox"/> Circle system <ul style="list-style-type: none"> • unidirectional valve • CO₂ absorbent <input type="checkbox"/> Mapleson system <input type="checkbox"/> other _____	Verified assembly of breathing circuit.	<input type="checkbox"/> F <input type="checkbox"/> P
		Verified operation of: <ul style="list-style-type: none"> • adjustable pressure limiting valve • reservoir bag • breathing tubes • filters • in-line gas sampling device • leak test 	<input type="checkbox"/> F <input type="checkbox"/> P
	d. Prepare airway management equipment.	Prepared equipment as per site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
	e. Prepare fluid administration equipment.	Prepared fluid administration equipment as per site protocol.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	f. Verify operation of suction equipment.	Ensured equipment was operational.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
	g. Prepare standard drugs.		<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	h. Assemble additional equipment as per anaesthetic/surgical/patient requirements. <input type="checkbox"/> fluid-blood replacement <input type="checkbox"/> thermal regulation <input type="checkbox"/> circuit adjuncts <input type="checkbox"/> other _____	Prepared drugs as per site protocol.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Anesthetic equipment and supplies assembled were consistent with anaesthetic/surgical/patient requirement.	<input type="checkbox"/> F <input type="checkbox"/> P
2	Select equipment for regional anaesthetic techniques: <input type="checkbox"/> spinal <input type="checkbox"/> epidural <input type="checkbox"/> nerve block <input type="checkbox"/> intravenous (Bier) block <input type="checkbox"/> infiltration <input type="checkbox"/> topical	Selected equipment according to site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
		Prepared equipment maintaining sterile conditions.	<input type="checkbox"/> F <input type="checkbox"/> P
3	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
4	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Monitored patient as per predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
5-7	Perform pre-anaesthetic procedures a. Obtain pre- anaesthetic assessment data	Ensured that anaesthetic equipment and supplies assembled were consistent with pre-operative assessment data	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	b. Start intravenous fluid administration	Inserted peripheral intravenous as per predefined procedure.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Administered fluids as per site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
	c. Administer pharmacological agents	Administered pharmacological agents as per site protocol.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	d. Admit patient to operating room. <input type="checkbox"/> check identification <input type="checkbox"/> airway evaluation <input type="checkbox"/> consent <input type="checkbox"/> NPO status <input type="checkbox"/> allergies	Admitted patient to operating room.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	e. Apply non-invasive monitors and obtain base line data. <input type="checkbox"/> ECG <input type="checkbox"/> BP <input type="checkbox"/> oximeter <input type="checkbox"/> other _____	Applied non-invasive monitors as per site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
	f. Insert line(s). <input type="checkbox"/> arterial <input type="checkbox"/> other _____	Inserted arterial lines as per site protocol obtaining baseline data.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
8	a. Position patient.	Positioned patient consistent with anaesthetic technique.	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Instruct and reassure patient.	Instructed patient for surgical intervention as per site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
		Reassured patient in response to physiological and psychological.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
9	Assist with procedure.	Assisted with procedure as per site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
10	Maintain sedation/anaesthetic level.	Administered pharmacological agents as per site protocol and patient conditions.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Monitored patient as per site protocol and in response to physiological change	<input type="checkbox"/> F <input type="checkbox"/> P
		Administered fluids as per site protocol and patient condition.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
12-13	Identify need for general anaesthetic.	Determined need for general anaesthetic.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Assisted with general anaesthetic as per predefined procedure.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
11	Discontinue. <ul style="list-style-type: none"> <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
14	Transport patient.	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
	f. Monitor patient.	Performed artificial airway insertion as per predefined airway management templates.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Initiated mechanical ventilation as per predefined procedure.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Adjusted gas flow.	<input type="checkbox"/> F <input type="checkbox"/> P
		Adjusted and/or initiated vapour settings.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Positioned patient as per surgical procedure.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Monitored patient as per site protocol and in response to physiological changes.	<input type="checkbox"/> F <input type="checkbox"/> P
13	Maintain general anaesthesia.	Maintained anaesthesia as per site protocol and in response to physiological reactions or surgical interventions.	<input type="checkbox"/> F <input type="checkbox"/> P
		Recognized a crisis situation and took appropriate action.	<input type="checkbox"/> np <input type="checkbox"/> F <input type="checkbox"/> P
		Monitored patient as per site protocol and in response to physiological changes.	<input type="checkbox"/> F <input type="checkbox"/> P
		Administered pharmacological agents as per site protocol.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
		Adjusted ventilation relative to physiological data and surgical requirements.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Administered fluid and blood products as per site protocol.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
14-16	Emergence/extubation. <input type="checkbox"/> awake <input type="checkbox"/> deep	Discontinued anaesthetic agent.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Reversed muscle relaxation as per patient requirements and site protocol.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Determined level of consciousness.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Extubated patient as per predefined procedure.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
17	Document <ul style="list-style-type: none"> • assessment data • action • response • plan 	Met criteria for predefined procedures.	<input type="checkbox"/> F <input type="checkbox"/> P
18	Transport patient.	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Intravenous Placement (Peripheral)

Name

Site

Rotation

Location

Supplemental Assessment

Date

Code

Neonatal ☐

Paediatric ☐

Adult ☐

Indications

- ☐ provide a route for fluid administration
- ☐ provide a route for drug administration
- ☐ other _____

Grade		Rationale Code	
Failed at least one of the steps.	<input type="checkbox"/> AR	1	Forgot to do the skill
Passed all steps.	<input type="checkbox"/> P	2	Lack of knowledge
		3	Chose not to perform (judgment)
		4	Performed incorrectly

ORAL DEBRIEF					
Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

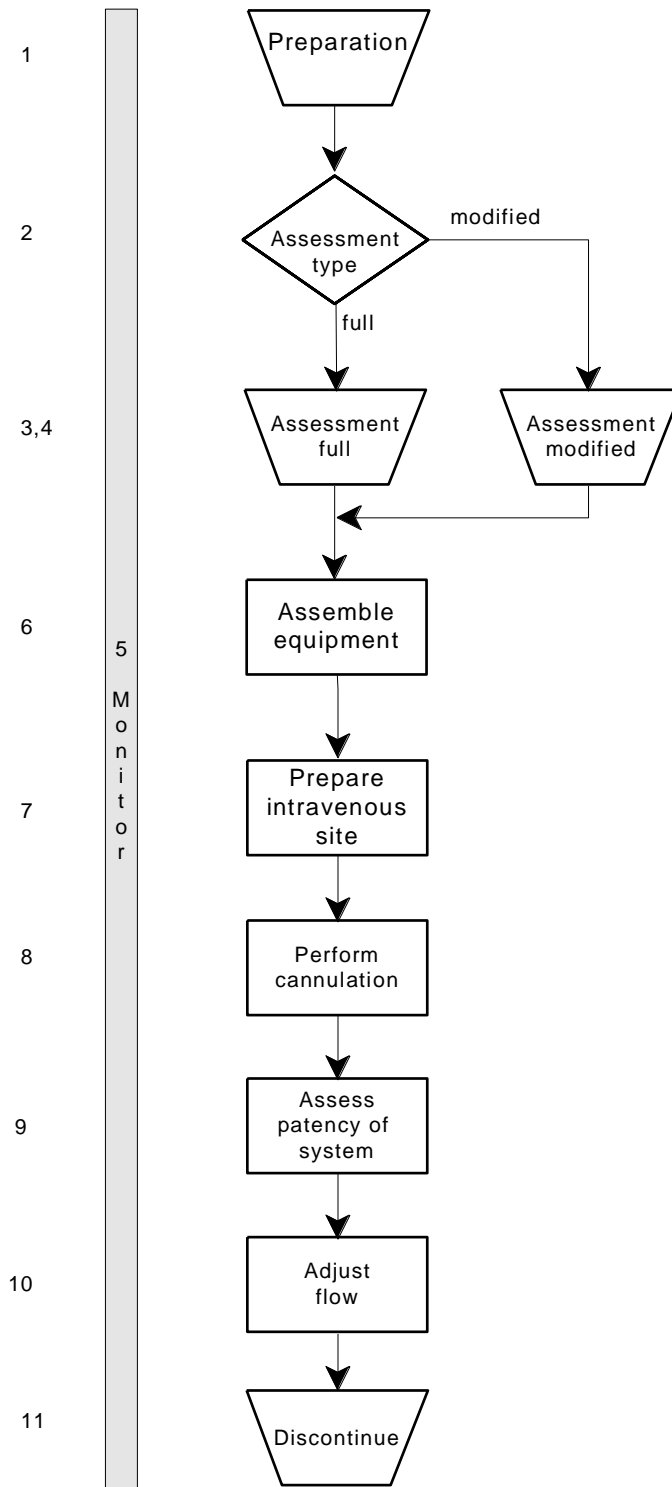
Candidate - Read and Understood

Date

Evaluator's Signature

Date

Intravenous Placement (Peripheral)



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-4	Assess patient. <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure. <hr/> Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> P
5	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6	Assemble equipment and supplies. <ul style="list-style-type: none"> • intravenous solution bag • sterile IV tubing (flushed of bubbles) • topical disinfectant • appropriate catheter size • sterile dressing, clear dressing • tape • IV Pole <input type="checkbox"/> local anesthetic <input type="checkbox"/> medication pump 	Set up equipment according to site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
7	Prepare site for intravenous placement. <ul style="list-style-type: none"> <input type="checkbox"/> Administer local anaesthesia 	Selected appropriate site & applied tourniquet. Maximized vein fullness using limb position, thermal compress & site percussion Palpated & stabilized the vein. Disinfected the site	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
		Administered local anaesthetic according to site protocol.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
8	Perform cannulation	Inserted cannulation device bevel up and observed for flashback. Advanced the catheter-stylet unit forward another few millimeters to ensure the catheter tip entered the vein. Ensured catheter had not gone interstitial	<input type="checkbox"/> F <input type="checkbox"/> P
		Advanced catheter and removed stylet.	<input type="checkbox"/> F <input type="checkbox"/> P
		Released tourniquet.	<input type="checkbox"/> F <input type="checkbox"/> P
		Attached intravenous tubing.	<input type="checkbox"/> F <input type="checkbox"/> P
9	a. Assess patency of system.	Checked for intravenous line occlusion / back flow of blood.	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Secure catheter and tubing to skin.	Recognized complications and took appropriate action. Secured catheter and tubing according to site protocol.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> P
10	Adjust flow. <input type="checkbox"/> perform calculation <input type="checkbox"/> adjust intravenous fluid pump	Flow adjusted to meet clinical requirement.	<input type="checkbox"/> F <input type="checkbox"/> P
11	Discontinue. <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Assist with vascular access (central line, pulmonary artery catheter)

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Indications

- ☐ provide a route for fluid administration
- ☐ provide a route for drug administration
- ☐ hemodynamic monitoring

Grade

Failed at least one of the steps. ☐ AR
Passed all steps. ☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

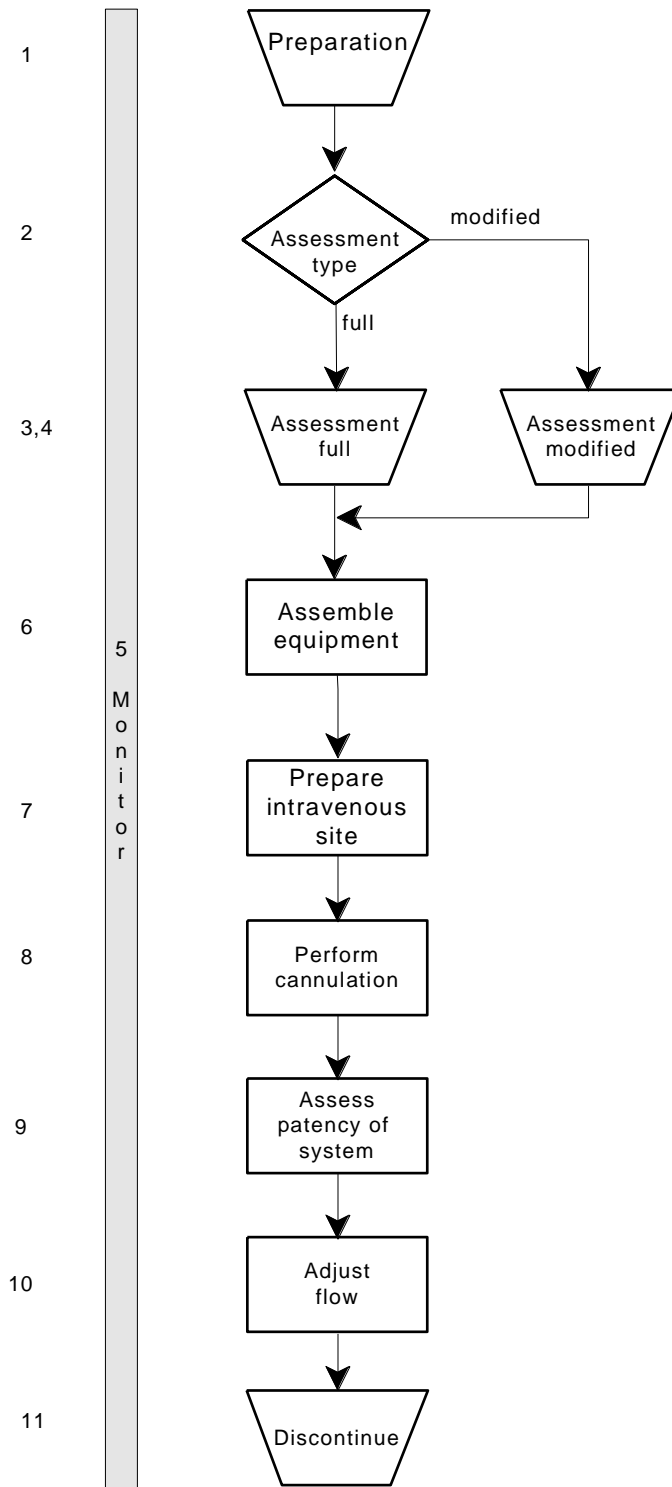
Candidate - Read and Understood

Date

Evaluator's Signature

Date

Intravenous Placement (Peripheral)



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-4	Assess patient. <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
5	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6	Assemble equipment and supplies. <ul style="list-style-type: none"> • intravenous solution bag with anticoagulant • sterile IV tubing (flushed of bubbles) • topical disinfectant • appropriate catheter size • sterile dressing, clear dressing • tape • IV Pole • Pressure transducer(s) 	Set up equipment according to site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
7	Prepare site for intravenous placement. <ul style="list-style-type: none"> <input type="checkbox"/> Assist with administering local anaesthesia 	Administered local anaesthetic according to site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
8	Assisted with cannulation.	Maintained asepsis when assisting during procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
9	b. Assess patency of system.	Checked for intravenous line occlusion / back flow of blood.	<input type="checkbox"/> F <input type="checkbox"/> P
		Recognized complications and took appropriate action.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	c. Secure catheter and tubing to skin.	Secured catheter and tubing according to site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
10	Adjust flow and calibrate system. <input type="checkbox"/> perform calculation <input type="checkbox"/> adjust intravenous fluid pump	Flow adjusted to maintain patency. System calibrated to correct physical location.	<input type="checkbox"/> F <input type="checkbox"/> P
11	Discontinue. <input type="checkbox"/> therapy <input type="checkbox"/> procedure • equipment handling • infection control • safety • documentation • communication	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Blood Sample Procedures

Name

Date

Site

Code

13.3/.4;13.7-.13

Rotation

Neonatal

☐

Location

Paediatric

☐

Adult

☐

Supplemental Assessment

☐

Indications

- ☐ Obtain blood sample by arterial puncture
- ☐ Obtain blood sample by capillary puncture
- ☐ Obtain blood sample from indwelling line

Grade

Failed at least one of the steps.

☐ AR

Passed all steps.

☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

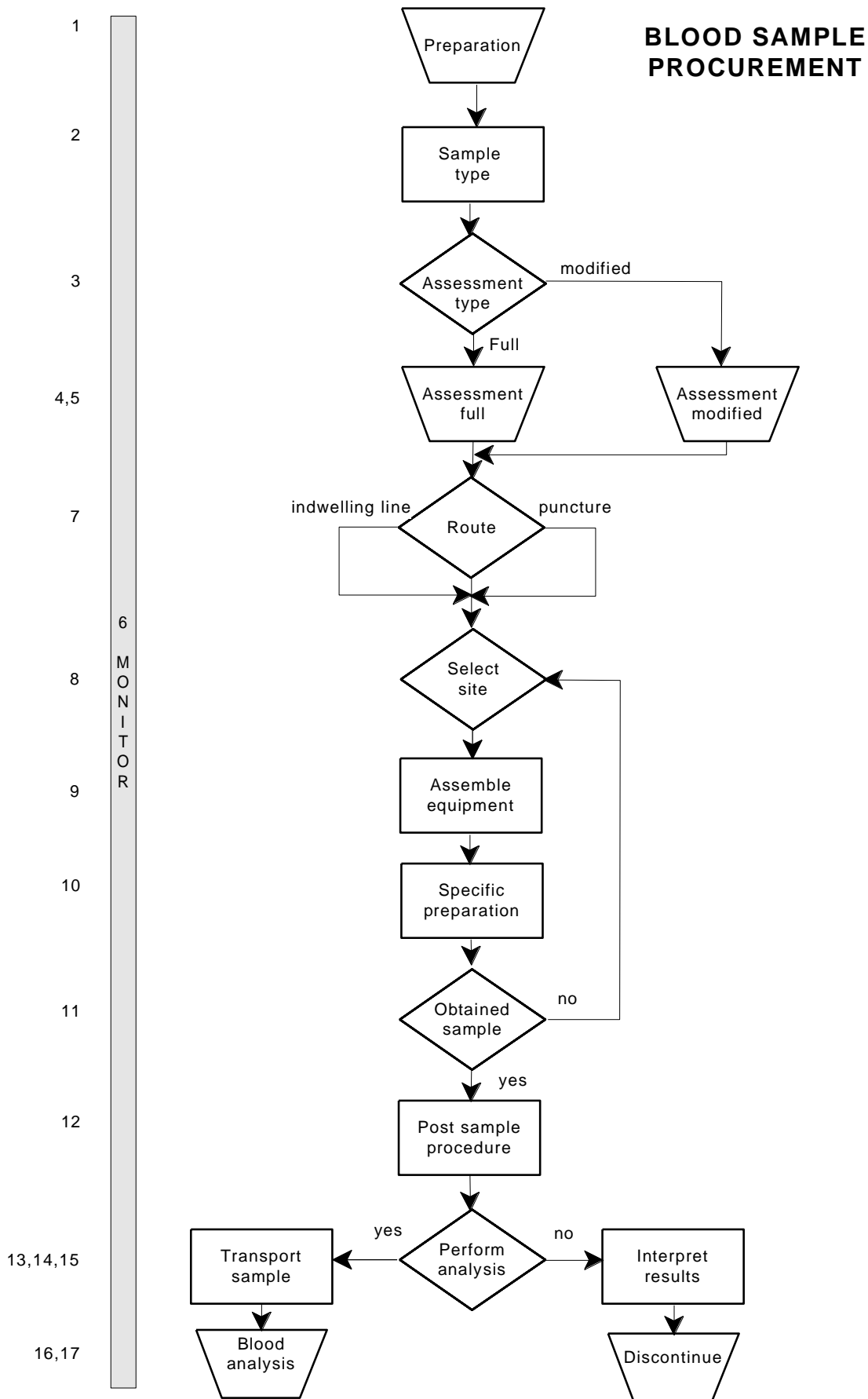
Comments

Candidate - Read and Understood

Date

Evaluator's Signature

Date



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2	Determine type of sample: <ul style="list-style-type: none"> <input type="checkbox"/> arterial <input type="checkbox"/> capillary <input type="checkbox"/> mixed venous <input type="checkbox"/> other _____ 	Identified type(s) of sample required.	<input type="checkbox"/> F <input type="checkbox"/> P
3-5	Assess patient. <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
7	Determine sample route. <ul style="list-style-type: none"> <input type="checkbox"/> puncture <input type="checkbox"/> indwelling line <input type="checkbox"/> other _____ 	Determined sample route.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
8	Determine sample site: <ul style="list-style-type: none"> <input type="checkbox"/> Arterial puncture <ul style="list-style-type: none"> <input type="checkbox"/> radial <input type="checkbox"/> brachial <input type="checkbox"/> femoral <input type="checkbox"/> dorsalis pedis artery <input type="checkbox"/> other _____ <input type="checkbox"/> Indwelling line <ul style="list-style-type: none"> <input type="checkbox"/> arterial <input type="checkbox"/> umbilical artery <input type="checkbox"/> umbilical vein <input type="checkbox"/> pulmonary artery <input type="checkbox"/> central venous <input type="checkbox"/> Capillary puncture <ul style="list-style-type: none"> <input type="checkbox"/> scalp <input type="checkbox"/> heel <input type="checkbox"/> ear <input type="checkbox"/> digit <input type="checkbox"/> Other _____ 	Identified preferred sample site. Recognized any contraindications present.	<input type="checkbox"/> F <input type="checkbox"/> P
9	Assemble equipment.	Assembled all of the equipment prior to beginning procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
10	Prepare site and sampling equipment. <ul style="list-style-type: none"> <input type="checkbox"/> assess puncture site <input type="checkbox"/> assess collateral circulation <input type="checkbox"/> disinfect site <input type="checkbox"/> position patient <input type="checkbox"/> warm site <input type="checkbox"/> silence monitors <input type="checkbox"/> ready syringes <input type="checkbox"/> ready capillary tube <input type="checkbox"/> ready vacuum containers <input type="checkbox"/> prepare auxiliary supplies 	Prepared site.	<input type="checkbox"/> F <input type="checkbox"/> P
		Prepared equipment. Equipment was positioned safely and within reach.	<input type="checkbox"/> F <input type="checkbox"/> P
11	Obtain sample.	Reassured patient as appropriate. Obtained sufficient volume of sample in a manner that minimized hazards Utilized standard precautions. Minimized all pre-analytic sampling errors.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
12	a. Complete patient post sampling procedures.	Patient and monitoring equipment returned to pre-procedure condition.	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Complete sample post sampling procedures. <input type="checkbox"/> no gas contamination <input type="checkbox"/> minimize metabolism <input type="checkbox"/> minimize hemolysis	Maintained sample integrity. Labeled sample.	<input type="checkbox"/> F <input type="checkbox"/> P
13,14	Transport sample.	Transported sample in a safe and timely manner.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
16	Analyze sample.	Met criteria for predefined procedure.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
14,15	Interpret results.	Provided a differential interpretation of data consistent with presenting condition.	<input type="checkbox"/> F <input type="checkbox"/> P
17	Discontinue. <input type="checkbox"/> therapy <input type="checkbox"/> procedure • equipment handling • infection control • safety • documentation • communication	Met predefined procedure criteria.	<input type="checkbox"/> F <input type="checkbox"/> P

- * Internal Consistency - All of the parameters from one sample are consistent with each other.
eg) normal pH, normal HCO₃ and elevated CO₂ are not internally consistent.
- * External Consistency - All of the parameters from one sample are consistent with patient condition.
eg) PaO₂=400mmHg on FiO₂=0.21 at sea level is not externally consistent.

Blood Sample Analysis

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Indications

- ☐ Analysis of metabolic acid/base status
- ☐ Analysis of oxygenation and ventilation
- ☐ Hemoglobin determinations
- ☐ Analysis of pleural fluid pH
- ☐ Analysis of electrolytes
- ☐ Analysis of metabolites

Grade	Rationale Code
Failed at least one of the steps. <input type="checkbox"/> AR	1 Forgot to do the skill
Passed all steps. <input type="checkbox"/> P	2 Lack of knowledge
	3 Chose not to perform (judgment)
	4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

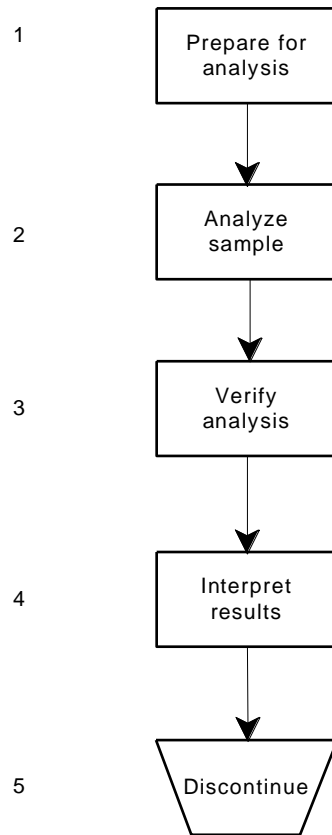
Candidate - Read and Understood

Date

Evaluator's Signature

Date

BLOOD ANALYSIS



Ref. #	Description	Criteria	Score
1	a. Determine sample type. <input type="checkbox"/> arterial <input type="checkbox"/> venous <input type="checkbox"/> capillary <input type="checkbox"/> cord blood <input type="checkbox"/> pleural fluid <input type="checkbox"/> other _____	Prepared sample and analyzer for analysis according to manufacturer's specification.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	b. Prepare for analysis.	Correct analyzer and mode selected for sample type.	<input type="checkbox"/> F <input type="checkbox"/> P
2	Analyze sample: <input type="checkbox"/> pH <input type="checkbox"/> blood gases <input type="checkbox"/> co-oximetry <input type="checkbox"/> electrolytes	Analyzed sample according to manufacturer's specification.	<input type="checkbox"/> F <input type="checkbox"/> P
3	Verify analysis.	Analysis report checked for internal and external consistency.*	<input type="checkbox"/> F <input type="checkbox"/> P
4	Interpret results.	Provided a differential interpretation of data consistent with presenting condition.	<input type="checkbox"/> F <input type="checkbox"/> P
5	Discontinue. <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Recognized need for immediate action.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

- * Internal Consistency - All of the parameters from one sample are consistent with each other.
eg) normal pH, normal HCO₃ and elevated CO₂ are not internally consistent.
- * External Consistency - All of the parameters from one sample are consistent with patient condition.
eg) PaO₂=400mmHg on FiO₂=0.21 at sea level is not externally consistent.

Arterial Line Insertion

Name

Date

Site

Code

13.5-13.6

Rotation

Neonatal

☐

Location

Paediatric

☐

Adult

☐

Supplemental Assessment

Indications

- ☐ hemodynamic monitoring
☐ blood gas analysis

Grade

Failed at least one of the steps.

☐ AR

Passed all steps.

☐ P

Rationale Code

- 1 Forgot to do the skill
2 Lack of knowledge
3 Chose not to perform (judgment)
4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

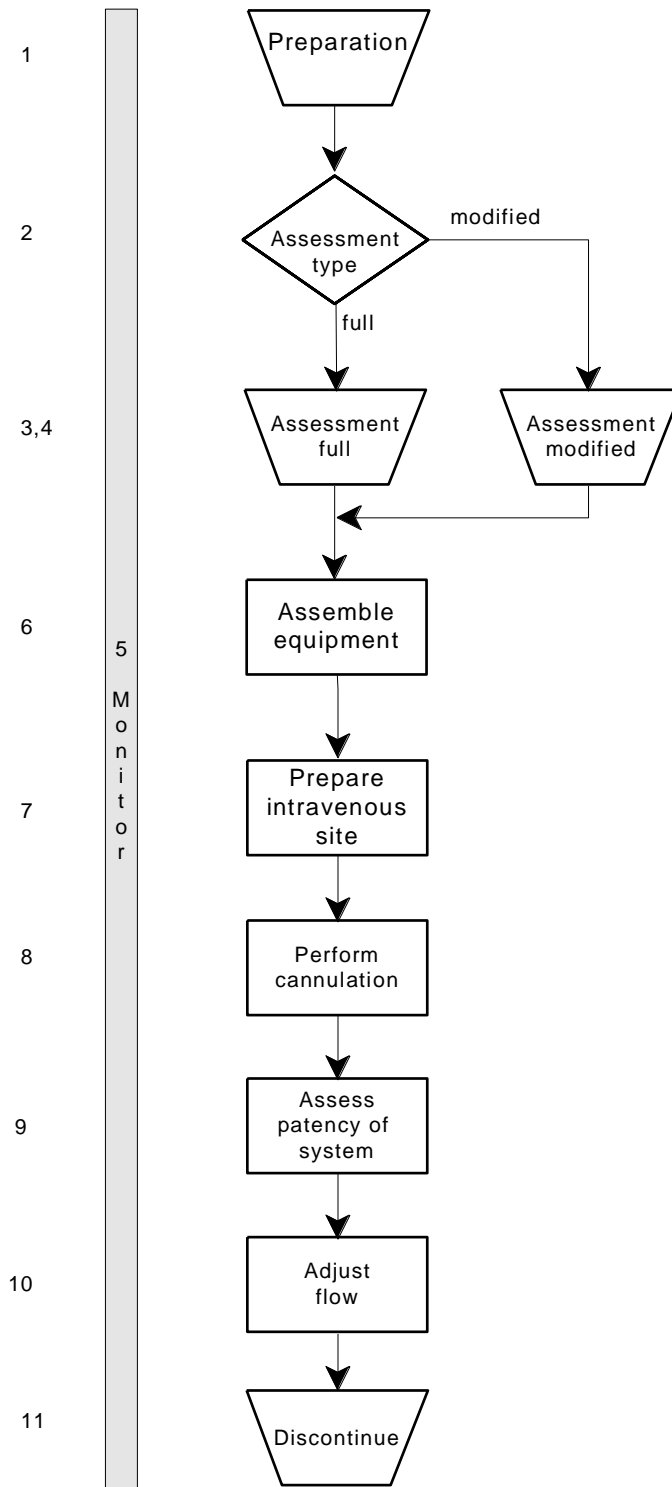
Candidate - Read and Understood

Date

Evaluator's Signature

Date

Intravenous Placement (Peripheral)



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-4	Assess patient. <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
5	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6	Assemble equipment and supplies. <ul style="list-style-type: none"> • intravenous solution bag with anticoagulant • sterile IV tubing (flushed of bubbles) • topical disinfectant • appropriate catheter size • sterile dressing, clear dressing • tape • IV Pole • Pressure transducer(s) 	Set up equipment according to site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
7	Prepare site for arterial catheter placement. <ul style="list-style-type: none"> <input type="checkbox"/> Assist with administering local anaesthesia <input type="checkbox"/> Performed modified Allens test 	Site prepared according to site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
8	Perform cannulation. <input type="checkbox"/> Insertion <input type="checkbox"/> Assistance	Maintained asepsis during procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
9	c. Assess patency of system.	Checked for intravenous line occlusion / back flow of blood.	<input type="checkbox"/> F <input type="checkbox"/> P
		Recognized complications and took appropriate action.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	d. Secure catheter and tubing to skin.	Secured catheter and tubing according to site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
10	Adjust flow and calibrate system. <input type="checkbox"/> perform calculation <input type="checkbox"/> adjust intravenous fluid pump	Flow adjusted to maintain patency. System calibrated to correct physical location.	<input type="checkbox"/> F <input type="checkbox"/> P
11	Discontinue. <input type="checkbox"/> therapy <input type="checkbox"/> procedure • equipment handling • infection control • safety • documentation • communication	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Mechanical Ventilation - Initiation

Name

Date

Site

Code

14.1/14.3/14.10

Rotation

Neonatal

☐

Location

Paediatric

☐

Adult

☐

Supplemental Assessment

☐

Indications

- ☐ apnea
- ☐ ventilatory failure
- ☐ respiratory (oxygenation) failure
- ☐ impending ventilatory failure
- ☐ ventilator support

Grade

Failed at least one of the steps.

☐ AR

Passed all steps.

☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

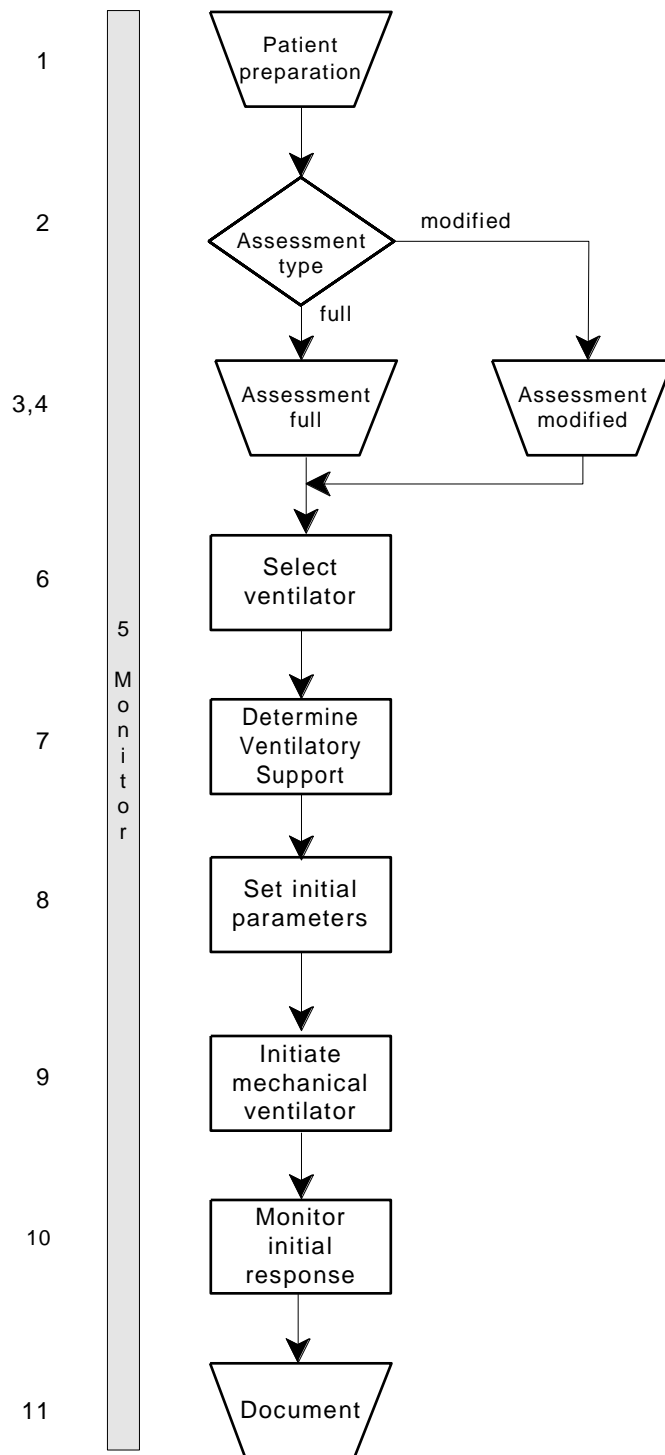
Candidate - Read and Understood

Date

Evaluator's Signature

Date

MECHANICAL VENTILATION INITIATION



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-4	Assess patient. <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure <hr/> Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> P
5	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6	Select ventilator. <p>a. Select equipment according to:</p> <ul style="list-style-type: none"> • modes and adjuncts • trigger mechanism • patient weight • pathophysiological condition • artificial airway requirements • circuit <p>b. Connect to power source/gas.</p>	Equipment selected was based on the following factors: <ul style="list-style-type: none"> • patient condition • cost effectiveness • duration of therapy • availability • environmental factors <hr/> Connected ventilator consistent with patient care setting.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> P
7	Determine level of ventilatory support required. <ul style="list-style-type: none"> <input type="checkbox"/> partial <input type="checkbox"/> full 	Selected support system consistent with assessment data.	<input type="checkbox"/> F <input type="checkbox"/> P

Mechanical Ventilation - Management

Name

Date

Site

Code

14.2/.4;14.7-

Rotation

Neonatal

☐

Location

Paediatric

☐

Adult

☐

Supplemental Assessment

☐

Indications

- ☐ monitor
- ☐ provide optimum care

Grade

Failed at least one of the steps.

☐ AR

Passed all steps.

☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
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Comments

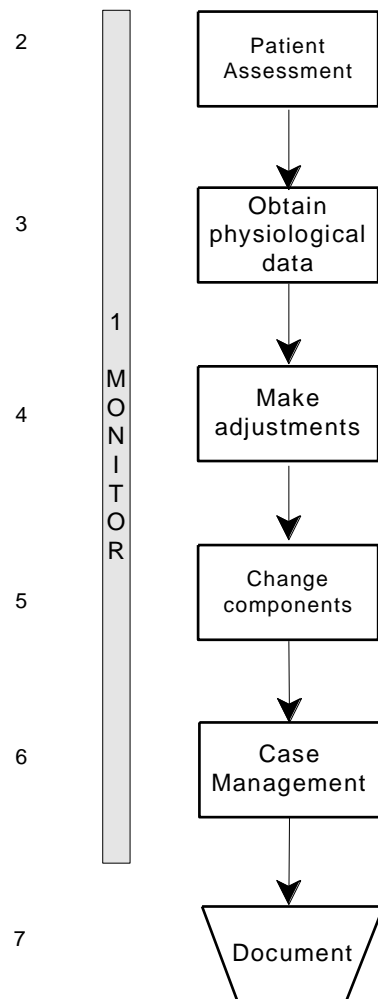
Candidate - Read and Understood

Date

Evaluator's Signature

Date

MECHANICAL VENTILATION: MANAGEMENT



Ref. #	Description	Criteria	Score
1	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2	Assess patient: <ul style="list-style-type: none"> <input type="checkbox"/> airway patency <input type="checkbox"/> IPPA <input type="checkbox"/> vital signs <input type="checkbox"/> CXR <input type="checkbox"/> apnea episodes <input type="checkbox"/> patient comfort <input type="checkbox"/> pathophysiological process <input type="checkbox"/> level of activity <input type="checkbox"/> sleep patterns <input type="checkbox"/> nutritional status <input type="checkbox"/> sputum characteristics <input type="checkbox"/> psychosocial <ul style="list-style-type: none"> • anxiety • apprehension • support system • family/community <input type="checkbox"/> other_____ 	Evaluation was complete.	<input type="checkbox"/> F <input type="checkbox"/> P
		Interpretation of data was consistent with patient condition.	<input type="checkbox"/> F <input type="checkbox"/> P
		Recognized a critical situation and took corrective action.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
3	Complete a physiological assessment. <p>a. Measure/assess respiratory mechanics.</p> <ul style="list-style-type: none"> • C_L static • C_L dynamic • P_{plateau} • MIP • MEP • PIP • V_{EI} • auto PEEP • P_{O.1} 	Obtained accurate values. Assessed the validity of results. Calculated values were correct. Used ventilator graphics during assessment.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
	b. Measure/assess oxygenation status. <ul style="list-style-type: none"> • DO_2 • DO_2 index • \dot{Q}_S/\dot{Q}_T • PaO_2 • $\text{P(A-a)}\text{O}_2$ • $\text{SaO}_2, \text{HbO}_2$ • $\text{PaO}_2/\text{FIO}_2$ • $\text{PaO}_2/\text{P}_A\text{O}_2$ • CaO_2 • $\text{C}_{(\bar{v})}\text{O}_2$ • $\text{C}_{(\bar{v})}\text{O}_2$ index • O_2ER • $\text{S}_{\bar{v}}\text{O}_2$ • $\text{P}_{\bar{v}}\text{O}_2$ • $\dot{V}\text{O}_2$ • $\dot{V}\text{O}_2$ index • S_{pO_2} • $\text{P}_{\text{TC}}\text{PO}_2$ • Oxygen index • HbCO • Hb_{met} • Capillary O_2 	Obtained accurate values. Assessed the validity of results. Calculated values were correct.	<input type="checkbox"/> F <input type="checkbox"/> P
		Waited a minimum of 15 minutes after oxygenation adjustment.	<input type="checkbox"/> F <input type="checkbox"/> P
	c. Measure/assess ventilation status. <ul style="list-style-type: none"> • PaCO_2 • $\text{P}_{\text{ET}}\text{CO}_2$ • V_D/V_T • \dot{V}_A • RQ • $\text{P}_{\text{TC}}\text{CO}_2$ • $\dot{V}\text{CO}_2$ • $\dot{V}\text{CO}_2\text{I}$ • Capillary CO_2 	Obtained accurate values. Assessed the validity of results. Calculated values were correct.	<input type="checkbox"/> F <input type="checkbox"/> P
	d. Measure/assess cardiovascular status. <ul style="list-style-type: none"> • capillary refill • ECG • pulsatile force • HR • BP • \dot{Q}_T • CVP • PCWP • PAP • MAP • SVR • SVRI • PVR • PVRI • CI • SWI 	Obtained accurate values. Assessed the validity of results. Calculated values were correct.	<input type="checkbox"/> F <input type="checkbox"/> P
	e. Note neurological status. <ul style="list-style-type: none"> • LOC • anxiety • apnea test • Glasgow coma scale • spinal cord reflexes • brain stem reflexes • presence of CNS depressants • sleep deprivation • activity level • ICP 	Assessed the validity of the results. Interpretation of data was consistent with patient condition.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
	f. Note renal status. <ul style="list-style-type: none"> intake/output electrolytes BUN creatinine fluid balance and distribution elevated urine proteins 	Assessed the validity of the results. Interpretation of data was consistent with patient condition.	<input type="checkbox"/> F <input type="checkbox"/> P
	g. Obtained lab data <ul style="list-style-type: none"> albumin glucose hemoglobin CBC hematocrit clotting time PT/PTT/NR bilirubin cardiac enzymes drug levels lactate other_____ 	Assessed the validity of the results. Interpretation of data was consistent with patient condition.	<input type="checkbox"/> F <input type="checkbox"/> P
	h. Measure acid/base status <ul style="list-style-type: none"> pH, H⁺ HCO₃⁻ base excess anion gap 	Assessed the validity of the results. Interpretation of data was consistent with patient condition.	<input type="checkbox"/> F <input type="checkbox"/> P
		Recognized a critical situation and took appropriate action.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
4	a. Make adjustments to care plan to meet therapeutic goals. <ul style="list-style-type: none"> parameter adjustments chest hygiene tube placement drug administration follow up 	Actions were consistent with therapeutic protocol and assessment findings.	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Re-educate patient/caregiver.	Instruction was complete and accurate.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
5	Perform ventilator circuit/component change. <ul style="list-style-type: none"> <input type="checkbox"/> change patient circuit <input type="checkbox"/> change filters <input type="checkbox"/> change batteries or gas sources. <input type="checkbox"/> perform leak test 	Explained procedures to patient/caregiver. Changed circuit/component according to site protocol. Changed accessory equipment according to site protocol. Maintained patient ventilation. Followed Standard Precautions. Ensured patient safety. Ensured patient/ventilatory system status was restored.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
6	Participate in patient's case management.	Suggested an optimum respiratory care plan and alternatives.	<input type="checkbox"/> F <input type="checkbox"/> P
7	Document. <ul style="list-style-type: none"> • assessment data • action • response • plan 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Mechanical Ventilation - Wean

Name

Site

Rotation

Location

Supplemental Assessment

Date

Code

Neonatal ☐

Paediatric ☐

Adult ☐

Indications

- ☐ discontinue ventilatory support
- ☐ reduce ventilatory support

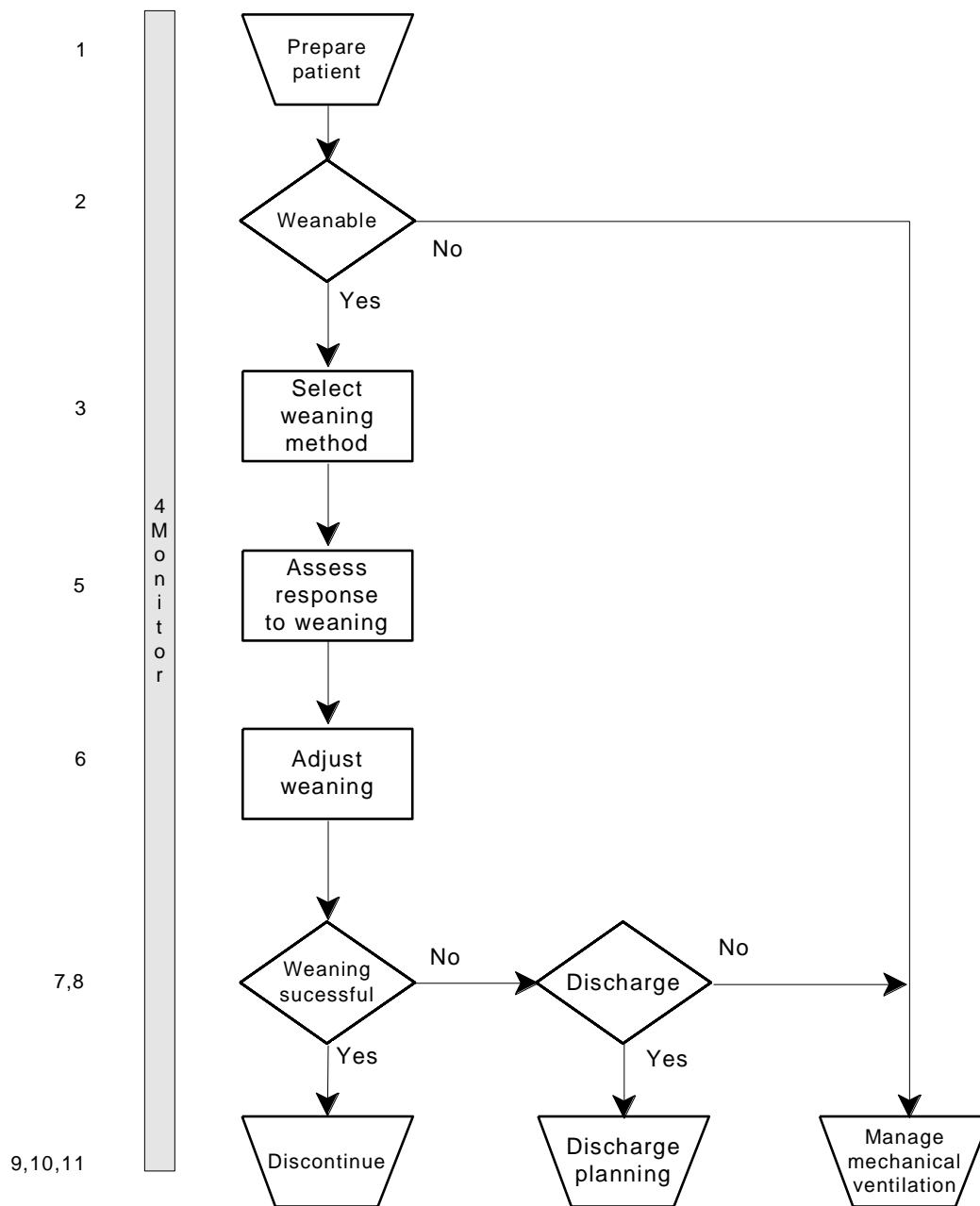
Grade		Rationale Code	
Failed at least one of the steps.	<input type="checkbox"/> AR	1	Forgot to do the skill
Passed all steps.	<input type="checkbox"/> P	2	Lack of knowledge
		3	Chose not to perform (judgment)
		4	Performed incorrectly

ORAL DEBRIEF					
Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

Candidate - Read and Understood	Date	Evaluator's Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MECHANICAL VENTILATION: WEANING



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2	a. Assess patient's condition in terms of weaning: <ul style="list-style-type: none"> <input type="checkbox"/> pulmonary mechanics <input type="checkbox"/> medication status <input type="checkbox"/> oxygenation status <input type="checkbox"/> ventilation status <input type="checkbox"/> cardiovascular status <input type="checkbox"/> neurological status <input type="checkbox"/> renal status <input type="checkbox"/> lab data <input type="checkbox"/> acid base status <input type="checkbox"/> nutritional status <input type="checkbox"/> respiratory drive <input type="checkbox"/> short/long term therapeutic goals <input type="checkbox"/> other _____ b. Determine weaning eligibility. c. Perform apnea testing for the determination of brain death	Obtained accurate values. Assessed the validity of results. Calculated values were correct.	<input type="checkbox"/> F <input type="checkbox"/> P
		Determined patient's suitability for weaning consistent with site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
		Apnea testing performed according to site protocol.	<input type="checkbox"/> NR <input type="checkbox"/> F <input type="checkbox"/> P
		Recommendation to wean was consistent with data.	<input type="checkbox"/> F <input type="checkbox"/> P
3	Select weaning method _____ _____.	Method selected was consistent with weaning protocol and patient condition.	<input type="checkbox"/> F <input type="checkbox"/> P
4	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
5	Assess patient's response to weaning.	Pace of weaning was consistent with patient's condition and selected protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
		Identified changes in patient's physiological or psychological status.	<input type="checkbox"/> F <input type="checkbox"/> P
		Recognized a critical situation and took corrective action.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
6	Adjust weaning.	Adjusted weaning method according to protocol.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
7-8	Determine the need for alternate therapy: <input type="checkbox"/> O ₂ <input type="checkbox"/> CPAP/bi-level CPAP <input type="checkbox"/> T piece <input type="checkbox"/> mechanical ventilation <input type="checkbox"/> other _____	Determination was consistent with patient condition.	<input type="checkbox"/> F <input type="checkbox"/> P
9	Discontinue. <input type="checkbox"/> therapy <input type="checkbox"/> procedure • equipment handling • infection control • safety • documentation • communication	Met predefined procedure criteria.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
10	Discharge planning. • physical environment • social support • equipment • funding • care plan • documentation • follow-up	Met criteria for predefined procedure.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
11	Manage mechanical ventilation	Met criteria for predefined procedure.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P

Transportation

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment

Indications

- ☐ in hospital transport
- ☐ out of hospital – mode of transport _____

Grade		Rationale Code	
Failed at least one of the steps.	<input type="checkbox"/> AR	1	Forgot to do the skill
Passed all steps.	<input type="checkbox"/> P	2	Lack of knowledge
		3	Chose not to perform (judgment)
		4	Performed incorrectly

ORAL DEBRIEF					
Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

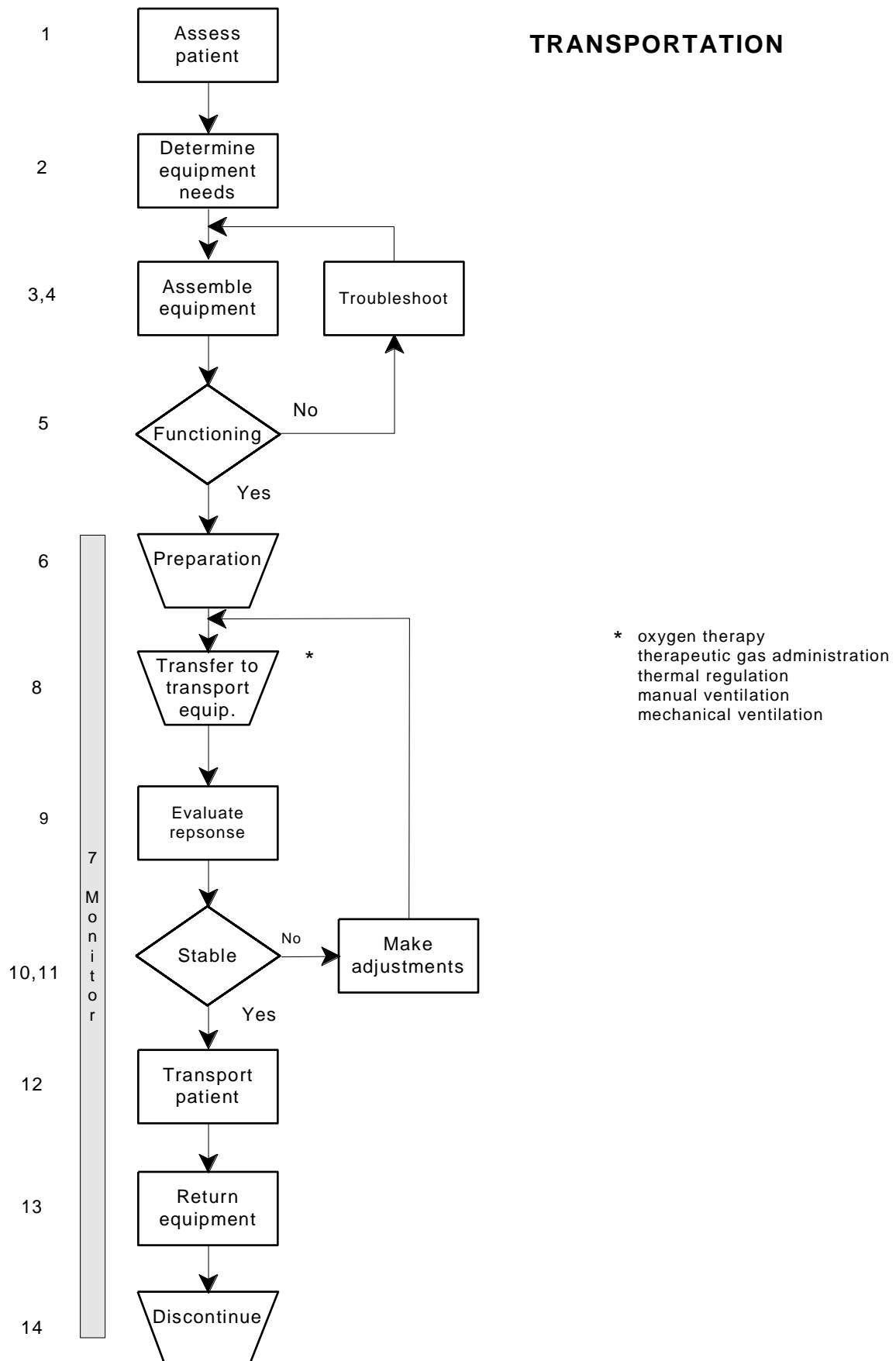
Candidate - Read and Understood

Date

Evaluator's Signature

Date

TRANSPORTATION



Ref. #	Description	Criteria	Score
1	a. Assess patient's condition in terms of suitability for transport <input type="checkbox"/> airway status <input type="checkbox"/> oxygenation status <input type="checkbox"/> ventilation status <input type="checkbox"/> cardiovascular status <input type="checkbox"/> neurological status <input type="checkbox"/> renal status <input type="checkbox"/> lab data <input type="checkbox"/> infection control requirements	Assessment was consistent with patient's condition.	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Prepare a summary of the patient's respiratory care.	Summary was accurate and pertinent.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
2-5	a. Provide input for transportation requirements.	Compared transport vehicle with patient's condition and time limitations.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	b. Determine equipment needs: <input type="checkbox"/> oxygen <input type="checkbox"/> therapeutic gas <input type="checkbox"/> aerosol <input type="checkbox"/> suction/drainage <input type="checkbox"/> thermal regulation <input type="checkbox"/> manual ventilation <input type="checkbox"/> mechanical ventilation <input type="checkbox"/> other _____	Equipment selected was consistent with patient needs and transport conditions.	<input type="checkbox"/> F <input type="checkbox"/> P
	c. Assemble equipment and supplies according to mode of transportation. <input type="checkbox"/> helicopter <input type="checkbox"/> fixed wing <input type="checkbox"/> ground <input type="checkbox"/> water	Checked equipment and supplies for sufficient quantities to meet patient needs for duration of transport.	<input type="checkbox"/> F <input type="checkbox"/> P
	d. Verify equipment function.	Completed a performance check as per manufacturer's specifications.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
6	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
7	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
8	Transfer patient to transport equipment. <ul style="list-style-type: none"> <input type="checkbox"/> oxygen <input type="checkbox"/> therapeutic gas <input type="checkbox"/> thermal regulation unit <input type="checkbox"/> manual ventilation <input type="checkbox"/> mechanical ventilation 	Transferred patient considering individual requirements.	<input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
9	a. Evaluate initial patient response: <ul style="list-style-type: none"> <input type="checkbox"/> vital signs <input type="checkbox"/> breathing pattern <input type="checkbox"/> auscultation <input type="checkbox"/> SpO₂ <input type="checkbox"/> comfort <input type="checkbox"/> anxiety <input type="checkbox"/> other _____ 	Assessed patient response and took appropriate action. Reassured patient.	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Complete a safety check. <ul style="list-style-type: none"> <input type="checkbox"/> vital signs <input type="checkbox"/> unobstructed tubing <input type="checkbox"/> circuit integrity <input type="checkbox"/> alarms activated <input type="checkbox"/> safe patient environment <input type="checkbox"/> humidification <input type="checkbox"/> other _____ 	Completed a safety check.	<input type="checkbox"/> F <input type="checkbox"/> P
10,11	Make adjustments to ensure patient condition is sufficiently stable for transport.	Made adjustment to ensure patient stabilization.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
12	Transport Patient a. Assess patient's status during transport.	Assessed patient's: <ul style="list-style-type: none"> • vital signs • airway status • oxygenation • ventilation • comfort 	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Assess patient's equipment function during transport.	Recognized critical situation and took corrective action.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	c. Transfer patient. <ul style="list-style-type: none"> <input type="checkbox"/> receiving health care provider <input type="checkbox"/> original site 	Verbal report accurately reflected discharge summary and included details of transport.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
13	Return equipment and unused supplies.	Made arrangements for return of equipment and supplies and/or notified department for follow-up.	<input type="checkbox"/> F <input type="checkbox"/> P
14	Discontinue. <ul style="list-style-type: none"> <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Electrocardiography

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Indications

- ☐ routine screening
- ☐ evaluate symptoms
- ☐ identify and evaluate suspected abnormalities
- ☐ evaluate treatment

Grade

Failed at least one of the steps. ☐ AR
Passed all steps. ☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

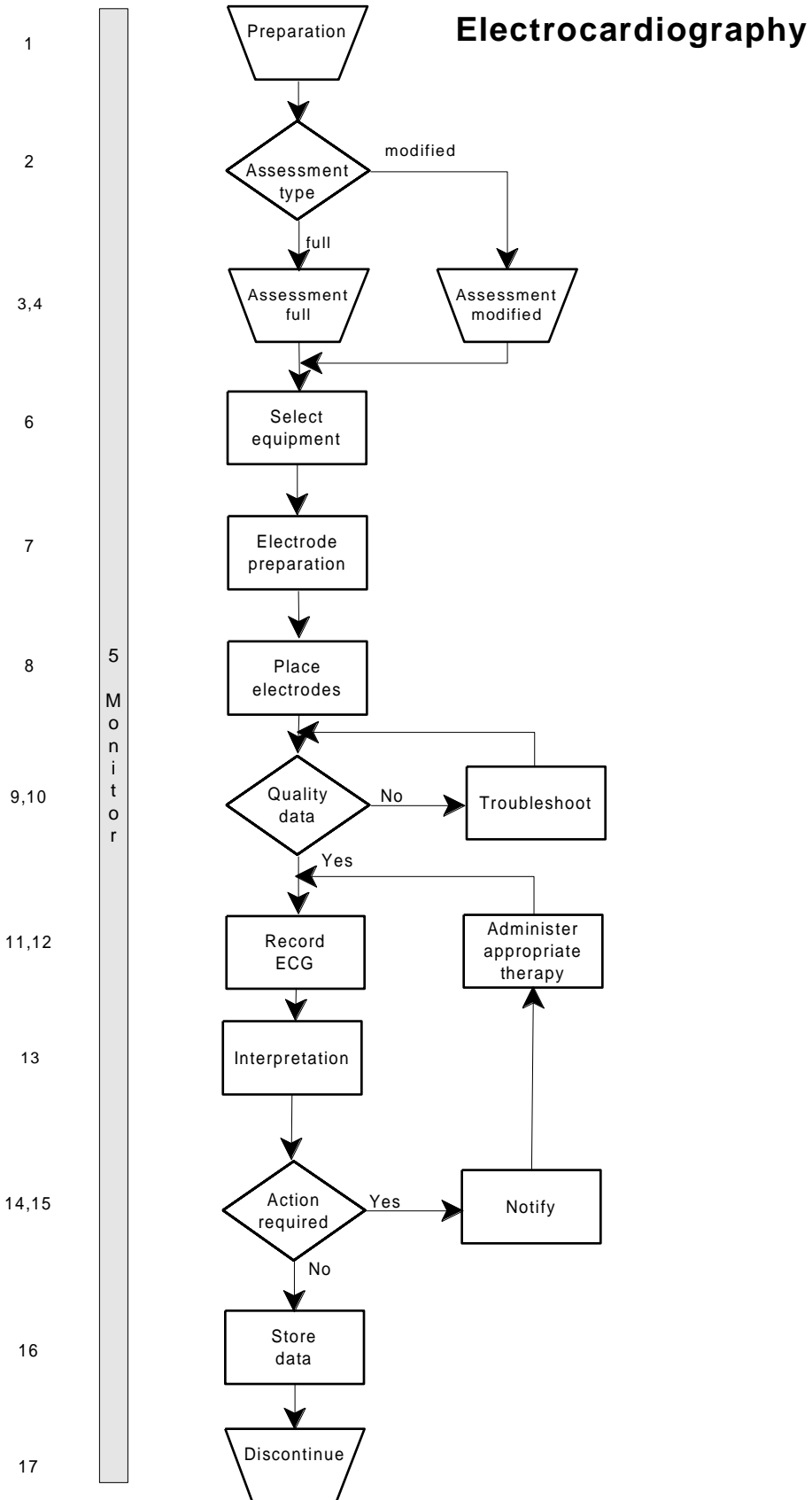
Comments

Candidate - Read and Understood

Date

Evaluator's Signature

Date



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-4	Assess patient. <div> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document </div> <div> <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document </div>	Selected appropriate type of assessment for this patient & procedure. <hr/> Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> P
5	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6	Select equipment for appropriate patient type.	Selected correct size of electrodes and leads.	<input type="checkbox"/> F <input type="checkbox"/> P
7	a. Instruct patient/caregiver to remove patient's garments. b. Select electrode sites. c. Prepare electrode sites.	Ensured privacy. Identified correct sites. <hr/> Shaved skin. Abraded skin.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
8	a. Apply electrode gel if required. 12 leads other _____ b. Attach electrodes.	Applied and attached electrodes according to the standard or a modified configuration.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
	c. Connect leads		
9-10	Resolve data quality problems: <input type="checkbox"/> muscle artifact <input type="checkbox"/> 60 cycle interference <input type="checkbox"/> baseline wander <input type="checkbox"/> respiratory artifact <input type="checkbox"/> intermittent/absent signal	Obtained an artifact free reading for data quality.	<input type="checkbox"/> F <input type="checkbox"/> P
		Obtained interpretable reading. Optimized data quality.	<input type="checkbox"/> F <input type="checkbox"/> P
11	Make recording of ECG and rhythm strip. <input type="checkbox"/> paper speed <input type="checkbox"/> voltage	Obtained final reading within 15 minutes.	<input type="checkbox"/> F <input type="checkbox"/> P
13	Identify: <ul style="list-style-type: none"> • rate • rhythm • axis • hypertrophy • ischemia • infarct 	Interpreted ECG data.	<input type="checkbox"/> F <input type="checkbox"/> P
		Recognized crisis situation and took appropriate action.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Notified the appropriate personnel in a timely manner	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
12,14 15	Administer appropriate therapy. SPECIFY: _____	Followed physician's orders. Administered protocol correctly.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
16	Store data.	Stored data in machine and made copy.	<input type="checkbox"/> F <input type="checkbox"/> P
17	Discontinue. <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Pulmonary Function Testing

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Indications

- ☐ to quantify changes in the degree of pulmonary function and impairment.
- ☐ epidemiological surveillance for pulmonary disease (i.e. related to infections, environment/occupational, or lifestyle factors).
- ☐ pre-operative pulmonary assessment.
- ☐ to aid in the determination of degree of pulmonary disability.
- ☐ to evaluate and quantify therapeutic effectiveness.

Grade	Rationale Code
Failed at least one of the steps. <input type="checkbox"/> AR	1 Forgot to do the skill
Passed all steps. <input type="checkbox"/> P	2 Lack of knowledge
	3 Chose not to perform (judgment)
	4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

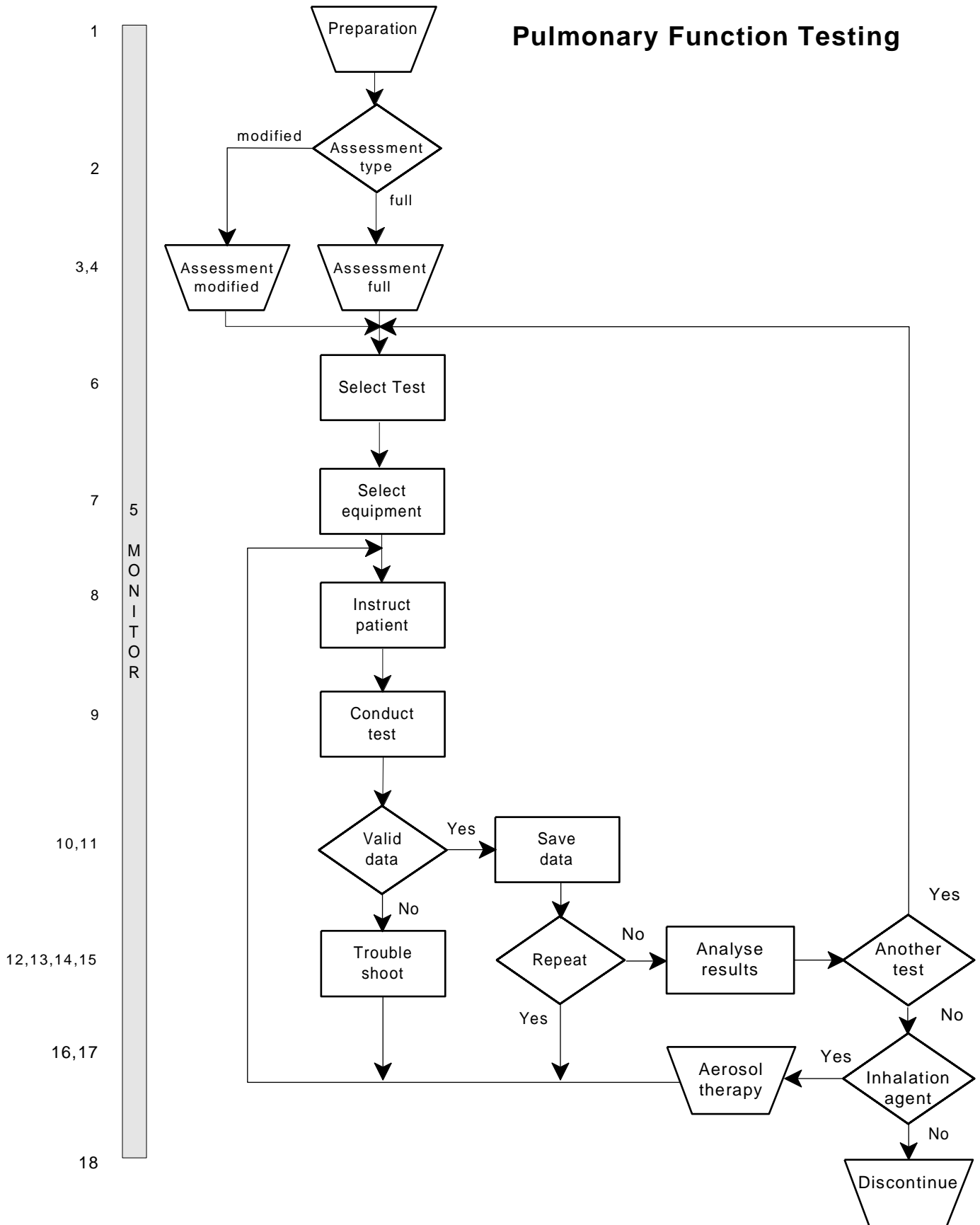
Candidate - Read and Understood

Date

Evaluator's Signature

Date

Pulmonary Function Testing



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-4	Assess patient. <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
5	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6	Select test(s). <ul style="list-style-type: none"> <input type="checkbox"/> flow <input type="checkbox"/> volume <input type="checkbox"/> diffusion <input type="checkbox"/> mechanics <input type="checkbox"/> other _____ 	Selected test that met diagnostic goals.	<input type="checkbox"/> F <input type="checkbox"/> P
		Selected correct sequence for administering more than one test.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
7	a. Select equipment. <ul style="list-style-type: none"> <input type="checkbox"/> bedside/portable unit <input type="checkbox"/> lab b. Assemble equipment.	Equipment selected was consistent with test requirements. Maximized lab efficiency.	<input type="checkbox"/> F <input type="checkbox"/> P
		Assembled equipment and verified equipment function.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
8	Explain the specific maneuvers and the correct sequence for the selected test.	Explanation(s) was clear, concise and confirmed understanding by asking and answering questions.	<input type="checkbox"/> F <input type="checkbox"/> P
9-13	a. Perform test	Coached patient throughout test. Reassured patient and minimized anxiety.	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Assess the validity of the data.	Checked data to determine if results were within expected standard.	<input type="checkbox"/> F <input type="checkbox"/> P
	c. Save data.	Took corrective action to resolve problems. Achieved test repeatability.	<input type="checkbox"/> nr
	d. Repeat test		<input type="checkbox"/> F <input type="checkbox"/> P
14-17	a. Analyze data	Selected results according to ATS standards. Results are consistent with patient status.	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Determine the need for further testing.	Identified those results that indicated the need for further testing.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	c. Determine if inhalation agent is indicated: <input type="checkbox"/> bronchodilator <input type="checkbox"/> provocation agent	Identified those results that indicated the need for an inhalation agent as per site protocol.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	d. Administer inhalation agent.	Met criteria for predefined procedure.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	e. Repeat relevant test(s).	Repeated relevant test.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	f. Determine when to abort test.	Recognized patient condition that required the testing procedure to be aborted.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
		Recognized a crisis situation and took corrective action.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
18	Discontinue. <ul style="list-style-type: none"> <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Bronchoscopy Assist

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Diagnostic Indications

- ☐ bronchoalveolar lavage
- ☐ biopsy
- ☐ cytology brushing
- ☐ microbiology brushing
- ☐ microbiology protected brushing
- ☐ transbronchial needle aspiration
- ☐ bronchial washing
- ☐ other _____

Therapeutic Indications

- ☐ foreign body removal
- ☐ intubation
- ☐ ETT placement
- ☐ extubation
- ☐ pulmonary hemorrhage
- ☐ airway complications
- ☐ bronchial washing
- ☐ other _____

Grade	Rationale Code
Failed at least one of the steps. <input type="checkbox"/> AR	1 Forgot to do the skill
Passed all steps. <input type="checkbox"/> P	2 Lack of knowledge
	3 Chose not to perform (judgment)
	4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

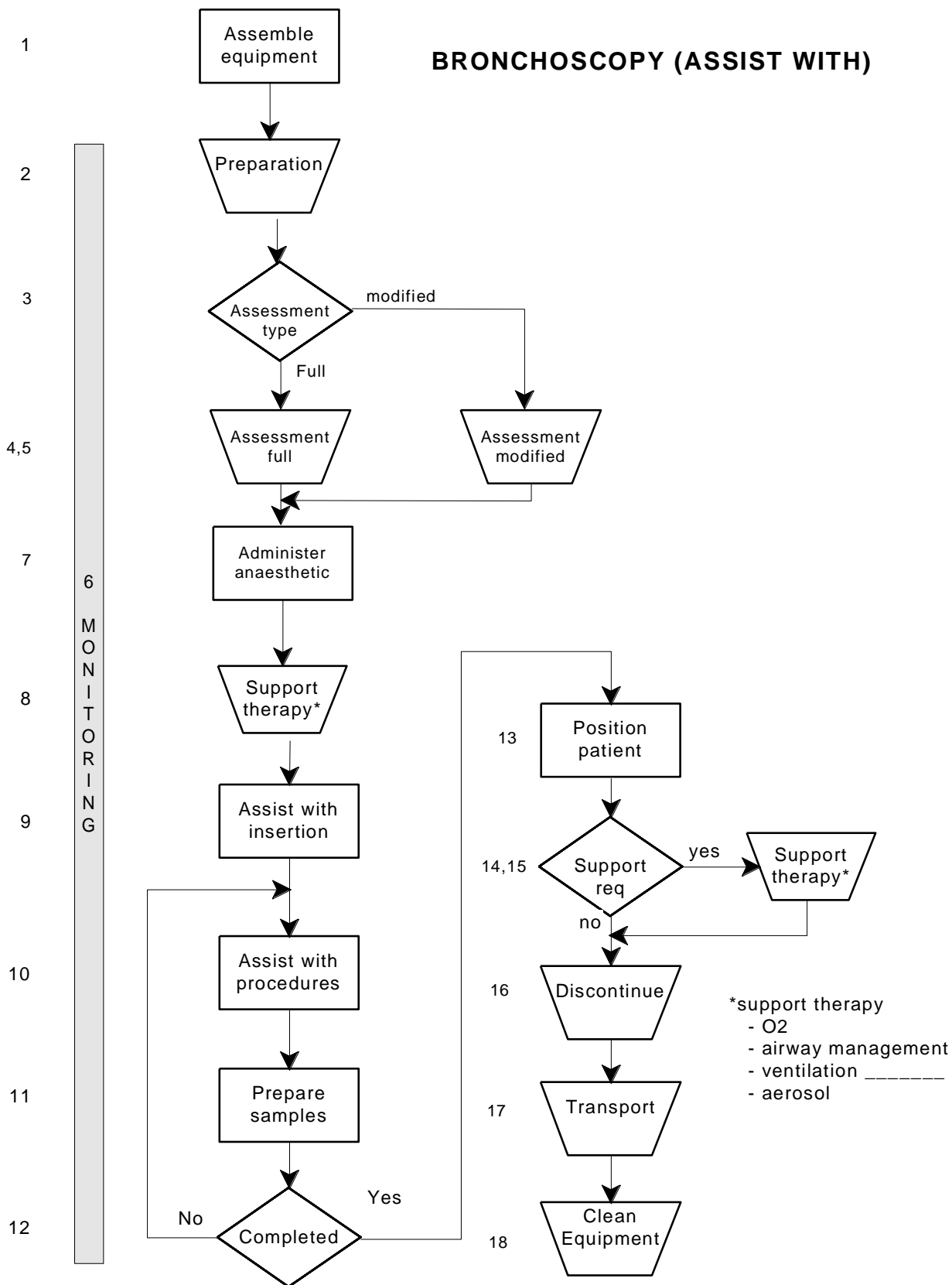
Comments

Candidate - Read and Understood

Date

Evaluator's Signature

Date



Ref. #	Description	Criteria	Score
1	a. Select bronchoscope <input type="checkbox"/> flexible <input type="checkbox"/> rigid	Selected correct scope considering <ul style="list-style-type: none"> • size • patient anatomy • size of artificial airway • specimens required 	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	b. Inspect light source.	Ensured that there was: <ul style="list-style-type: none"> • sufficient illumination • cooling fan is functional 	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	c. Check scope for: <input type="checkbox"/> damage or irregularities <input type="checkbox"/> range of motion for scope tip meets manufacturers specifications <input type="checkbox"/> angulation lock control is in the insertion position <input type="checkbox"/> number of broken fibers	Verified bronchoscope operation.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	d. Assemble and/or prepare accessories: <input type="checkbox"/> slides <input type="checkbox"/> containers <input type="checkbox"/> brushes <input type="checkbox"/> video equipment <input type="checkbox"/> teaching head <input type="checkbox"/> other _____	Focused scope and documented the number of broken fibers according to site protocol.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	e. Prepare solutions.	Material selected is consistent with procedural requirements.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	f. Set suction level.	Prepared required agents such as: <ul style="list-style-type: none"> • local anesthetic • lavage solutions • cleaning solutions 	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Noted that suction level met procedure requirements.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
2	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
3-5	Assess patient <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
7	Administer local anaesthetic. <ul style="list-style-type: none"> <input type="checkbox"/> spray <input type="checkbox"/> gel <input type="checkbox"/> liquid 	Administered anaesthetic according to site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
8	Determine what support therapy is required. <ul style="list-style-type: none"> <input type="checkbox"/> O₂ <input type="checkbox"/> airway management <input type="checkbox"/> ventilation _____ <input type="checkbox"/> aerosol <input type="checkbox"/> other _____ 	Provided required therapy as per predefined procedure criteria.	<input type="checkbox"/> F <input type="checkbox"/> P
9	a. Utilize adjunctive equipment. <ul style="list-style-type: none"> <input type="checkbox"/> lens cleaner <input type="checkbox"/> bite block <input type="checkbox"/> bronch adapter 	Utilized adjunctive equipment according to site policy.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
	b. Lubricate bronchoscope	Lubricated scope.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	c. Maintain stable airway.	Minimized artificial airway movement.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	a. Assist with procedures. <input type="checkbox"/> diagnostic <input type="checkbox"/> therapeutic	Performed the procedure according to site policy.	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Prepare samples	Obtained samples according to site policy.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
10-12		Processed samples according to site policy.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Recognized a crisis situation and took corrective action.	<input type="checkbox"/> np <input type="checkbox"/> F <input type="checkbox"/> P
	a. Position patient post procedure.	Patient position was consistent with procedure requirement and patient condition.	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Establish, maintain or adjust post bronchoscopy support therapy. <input type="checkbox"/> O ₂ <input type="checkbox"/> airway management <input type="checkbox"/> ventilation _____ <input type="checkbox"/> aerosol <input type="checkbox"/> other _____	Met criteria for predefined procedure.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
13-15			
16	Discontinue. <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Met predefined procedure criteria.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
17	Transport patient	Met predefined procedure criteria.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
18	Clean equipment.	Met criteria for predefined procedure.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P

Pulse Oximetry

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Indications

- ☐ Non-invasive monitoring of oxygenation status

Grade

Failed at least one of the steps. ☐ AR
Passed all steps. ☐ P

Rationale Code

- 1 Forgot to do the skill
2 Lack of knowledge
3 Chose not to perform (judgment)
4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

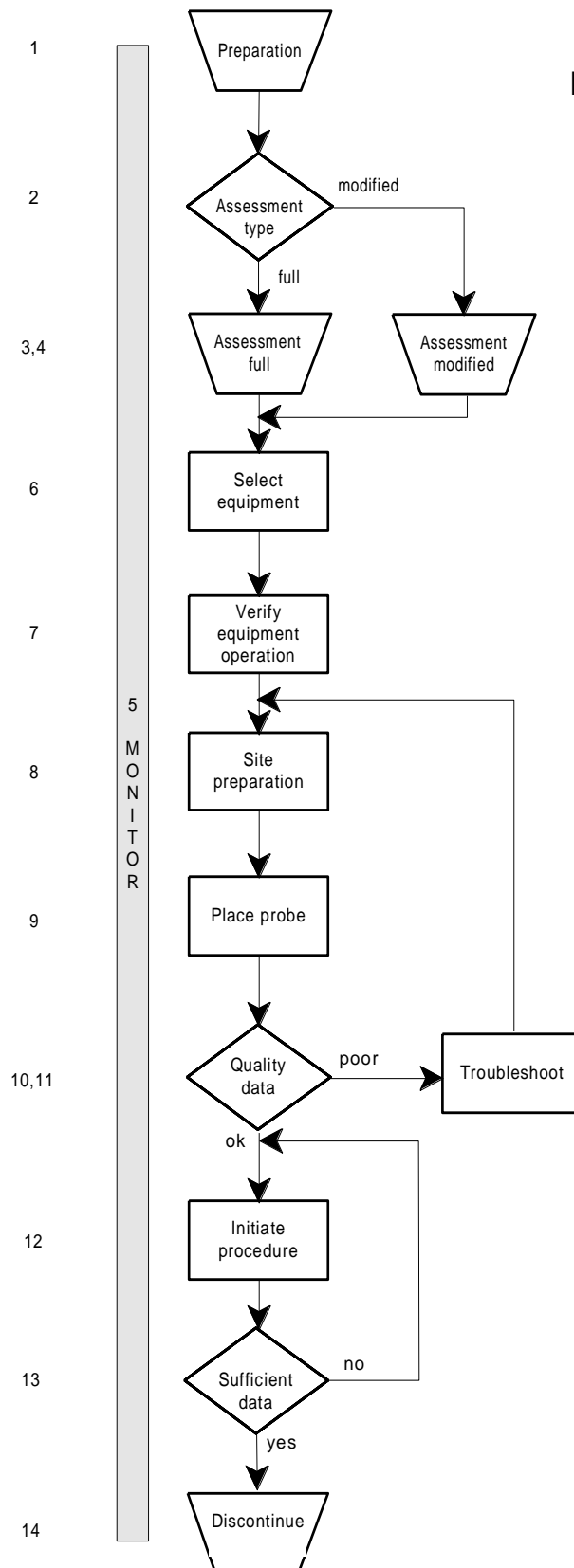
Candidate - Read and Understood

Date

Evaluator's Signature

Date

PULSE OXIMETRY



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-4	Assess patient. <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure. <hr/> Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P <hr/> <input type="checkbox"/> F <input type="checkbox"/> P
5	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6	Select equipment: <ul style="list-style-type: none"> <input type="checkbox"/> continuous <input type="checkbox"/> exercise <input type="checkbox"/> intermittent 	Selected correct size/type probe, monitor, and data storage system.	<input type="checkbox"/> F <input type="checkbox"/> P
7	Verify equipment operation.	Verified equipment operation according to manufacturer's specifications.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
8	a. Select site considering: <ul style="list-style-type: none"> <input type="checkbox"/> expected perfusion <input type="checkbox"/> dermal integrity <input type="checkbox"/> freedom from arterial catheters, AV shunts and BP cuffs <input type="checkbox"/> freedom from excessive motion <input type="checkbox"/> pre/post ductal shunt b. Prepare site for application of probe. <ul style="list-style-type: none"> <input type="checkbox"/> nail polish removal <input type="checkbox"/> warm site 	Selected site most appropriate to patient condition.	<input type="checkbox"/> F <input type="checkbox"/> P
		Prepared site.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
9	Apply probe.	LED and photodiode opposed each other (transmission oximetry). Secured probe.	<input type="checkbox"/> F <input type="checkbox"/> P
10,11	Recognize data quality problems: <ul style="list-style-type: none"> <input type="checkbox"/> variant hemoglobin <input type="checkbox"/> motion artifact <input type="checkbox"/> hypoperfusion <input type="checkbox"/> LED interference <input type="checkbox"/> intermittent/absent signal <input type="checkbox"/> other _____ 	Recognized and minimized data quality problems.	<input type="checkbox"/> np <input type="checkbox"/> F <input type="checkbox"/> P
		Ensured pulse reading correlated with heart rate reading within $\pm 3\%$.	<input type="checkbox"/> F <input type="checkbox"/> P
12,13	Initiate procedure. <ul style="list-style-type: none"> <input type="checkbox"/> Set alarms relative to patient condition. <input type="checkbox"/> Reassess site. <input type="checkbox"/> Change probe site if necessary. <input type="checkbox"/> Set recording intervals as required. 	Recognized that the obtained reading was consistent with patient condition.	<input type="checkbox"/> F <input type="checkbox"/> P
14	Discontinue. <ul style="list-style-type: none"> <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Transcutaneous Monitoring

Name

Site

E3 – E4

Rotation

Location

Supplemental Assessment

Date

Code

Indications

- ☐ Non-invasive monitoring of oxygenation/ventilation status

Neonatal

Paediatric

Adult

Grade

Failed at least one of the steps.

☐ AR

Passed all steps.

☐ P

Rationale Code

1 Forgot to do the skill

2 Lack of knowledge

3 Chose not to perform (judgment)

4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

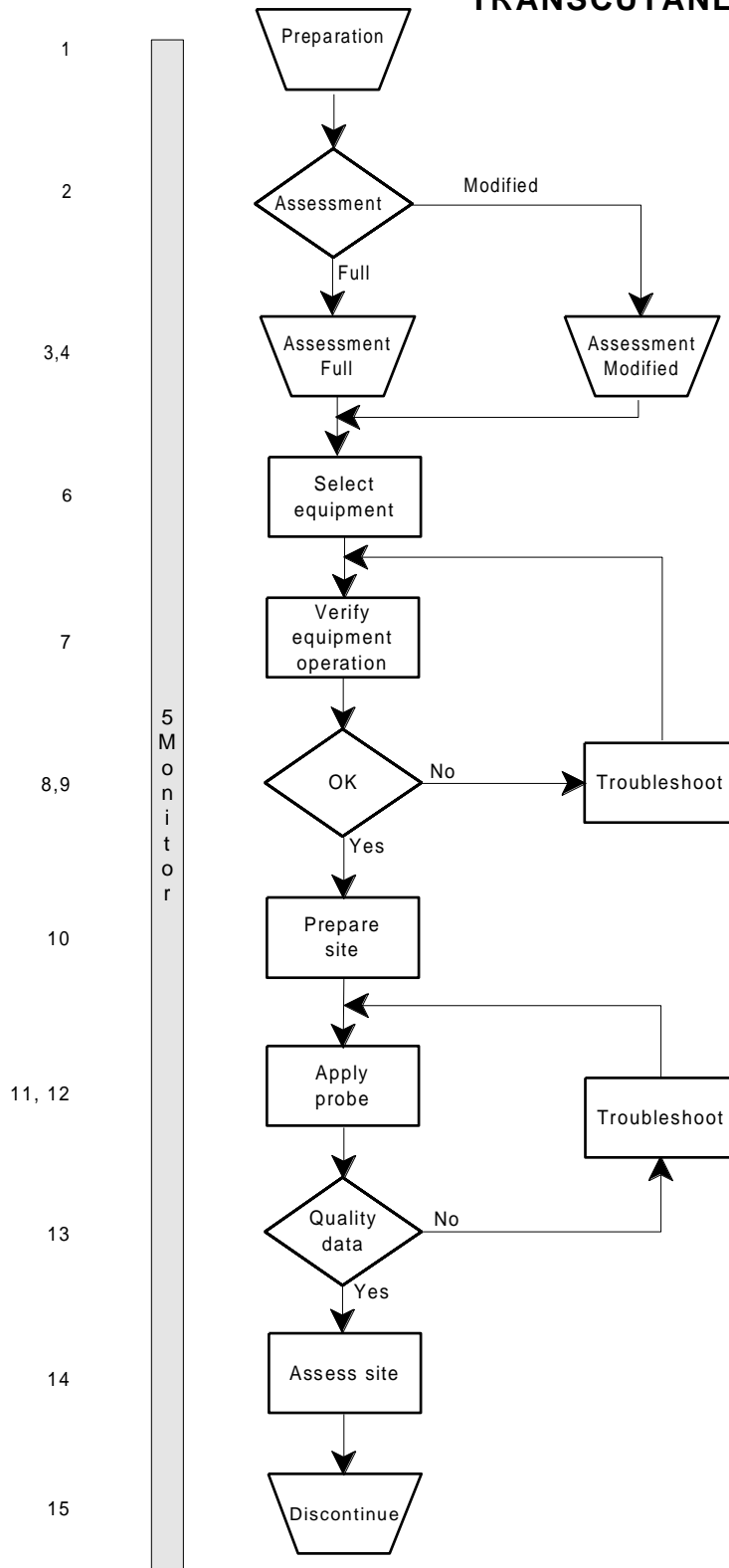
Candidate - Read and Understood

Date

Evaluator's Signature

Date

TRANSCUTANEOUS MONITORING



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-4	Assess patient. <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
5	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6	Select equipment.	Selected correct monitor and probe type considering therapeutic goals and patient condition.	<input type="checkbox"/> F <input type="checkbox"/> P
7-9	Verify equipment operation.	Verified equipment operation according to manufacturer's specifications.	<input type="checkbox"/> F <input type="checkbox"/> P
		Resolved any equipment malfunction problems.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
10	Select/prepare site for application of probe considering: <ul style="list-style-type: none"> • perfusion • dermal integrity • convenience 	Selected/prepared site to achieve optimum results.	<input type="checkbox"/> F <input type="checkbox"/> P
11	Apply probe.	Applied probe to achieve optimum results.	<input type="checkbox"/> F <input type="checkbox"/> P
12,13	a. Resolve data quality problems: <ul style="list-style-type: none"> <input type="checkbox"/> hypoperfusion <input type="checkbox"/> membrane malfunction <input type="checkbox"/> compared reading to blood gas results 	Optimized data quality by any of the following: <ul style="list-style-type: none"> • recalibrate • changing probe site • adjusting temperature • changing membrane 	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Recognized that reading was consistent with patient condition	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Set alarms	Set alarms relative to readings and patient condition	<input type="checkbox"/> F <input type="checkbox"/> P
14	a. Assess site	Assessed site for skin integrity.	<input type="checkbox"/> F <input type="checkbox"/> P
		Recognized adverse effects and took corrective action.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	b. Change probe site	Changed probe site according to site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
15	Discontinue. <ul style="list-style-type: none"> <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

End Tidal Carbon Dioxide Measurement

Name

Date

Site

Code

17.16

Rotation

Neonatal

☐

Location

Paediatric

☐

Supplemental Assessment

☐

Adult

☐

Indications

- ☐ measure deadspace
- ☐ assist in assessing nutritional needs
- ☐ assess patient suitability for weaning
- ☐ other _____

Grade

Failed at least one of the steps.

☐ AR

Passed all steps.

☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

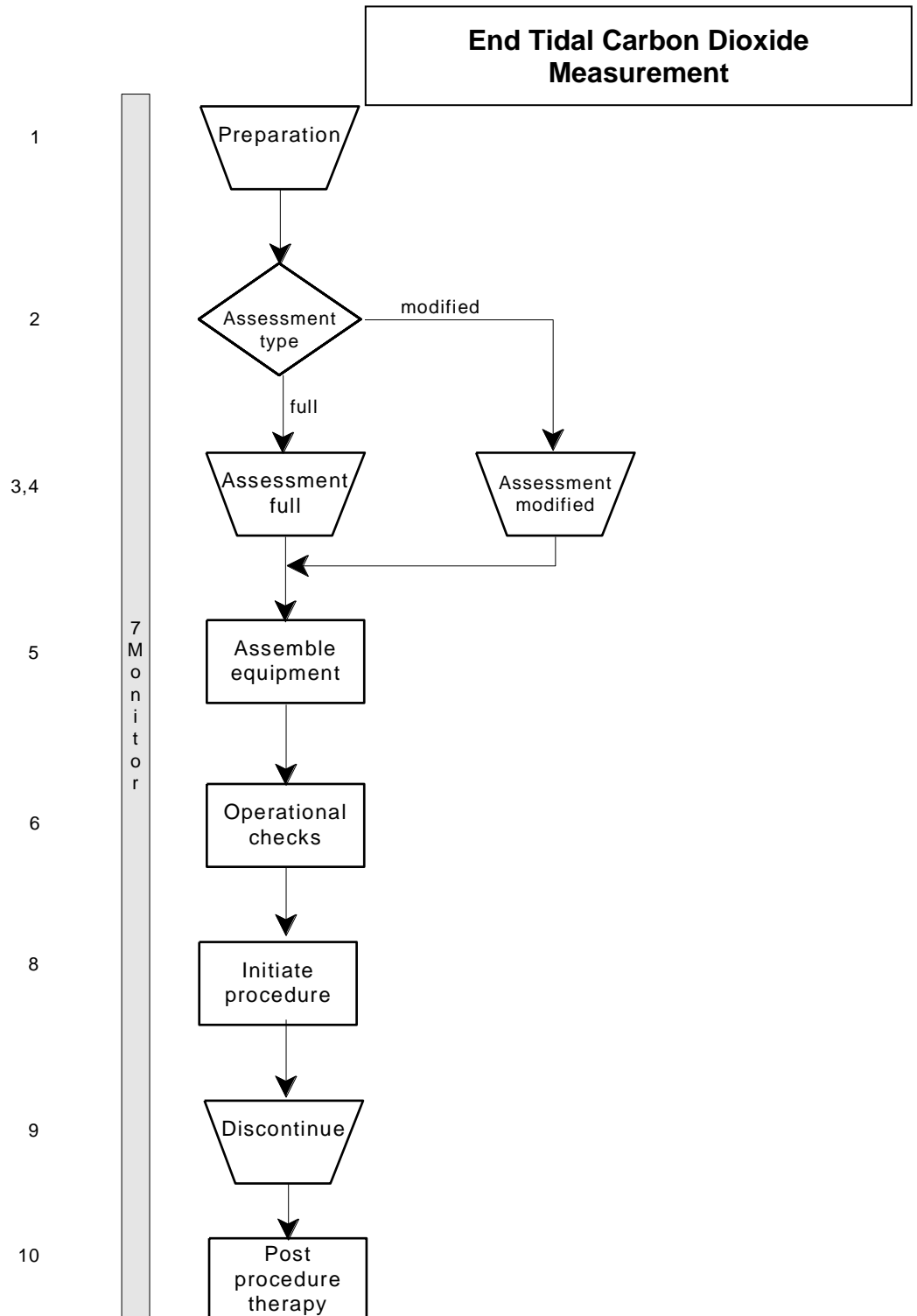
Comments

Candidate - Read and Understood

Date

Evaluator's Signature

Date



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-4	Assess patient. <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
5	Assemble equipment <ul style="list-style-type: none"> <input type="checkbox"/> mechanically ventilated <input type="checkbox"/> spontaneous breathing 	Assembled and calibrated equipment as per site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
6	Perform operational check.	Checked equipment performance as per manufacturer's specifications.	<input type="checkbox"/> NR <input type="checkbox"/> F <input type="checkbox"/> P
7	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
8	Initiate procedure. a. Connect patient to apparatus. b. Displayed data <input type="checkbox"/> alphanumeric <input type="checkbox"/> waveforms c. Interpret data.	Demonstrated proficiency with monitoring equipment. Able to manipulate equipment to produce varying sets of data.	<input type="checkbox"/> F <input type="checkbox"/> P
		Interpreted data in relation to patient condition.	<input type="checkbox"/> F <input type="checkbox"/> P
9	Discontinue. <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
10	Establish, maintain, or adjust post procedural support therapy.	Support therapy was administered according to sit protocol.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P

Perform Sleep Studies

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Indications

- ☐ Prescribe and evaluate treatment
- ☐ Evaluation of obstructive, central, or mixed apnea
- ☐ Evaluation of sleeping disorders
- ☐ Other _____

Grade	Rationale Code
Failed at least one of the steps. <input type="checkbox"/> AR	1 Forgot to do the skill
Passed all steps. <input type="checkbox"/> P	2 Lack of knowledge
	3 Chose not to perform (judgment)
	4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

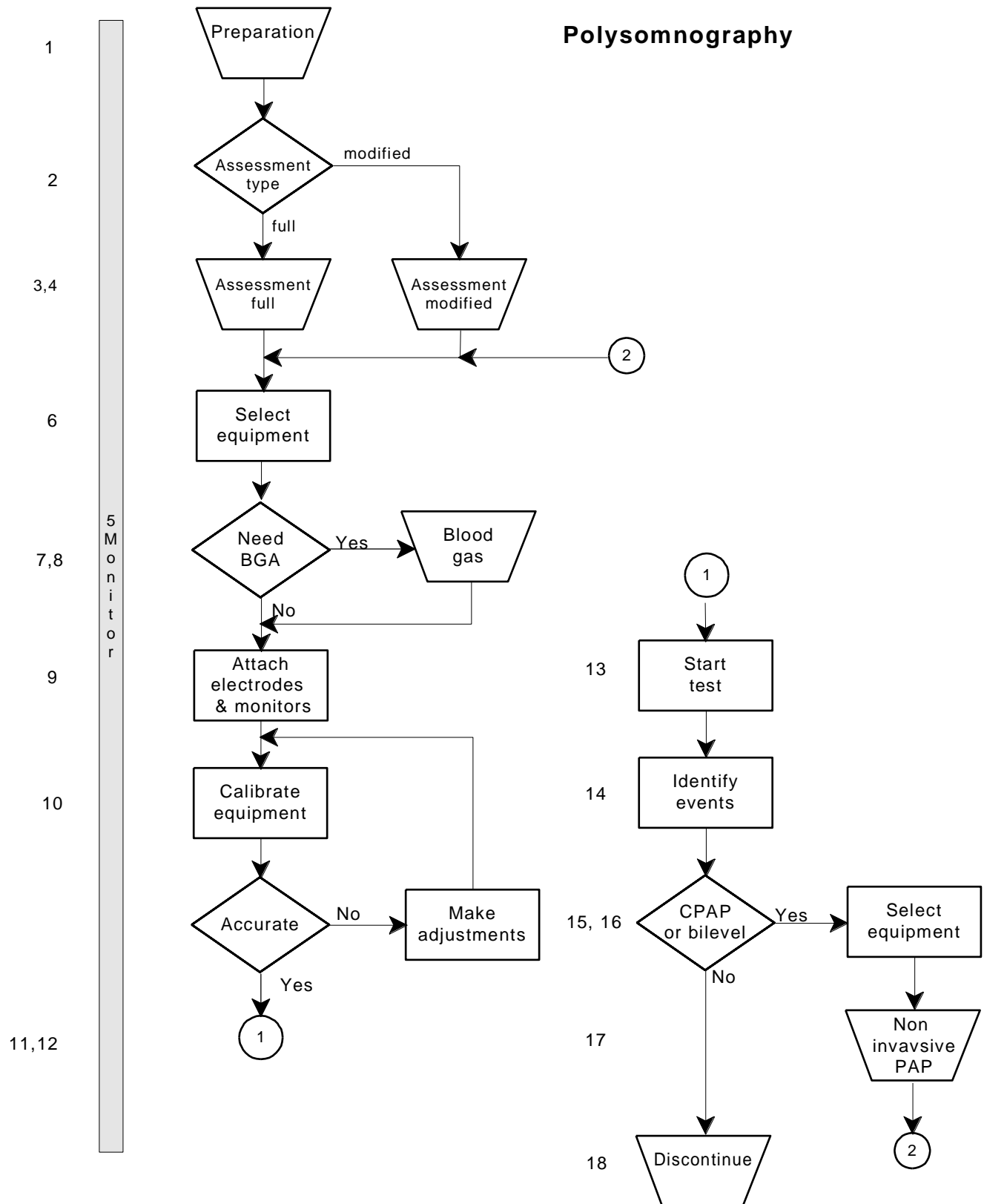
Comments

Candidate - Read and Understood

Date

Evaluator's Signature

Date



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-4	Assess patient. <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
5	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6	Select equipment: <ul style="list-style-type: none"> <input type="checkbox"/> EEG <input type="checkbox"/> ECG <input type="checkbox"/> chin EMG <input type="checkbox"/> auxiliary respiratory equipment <input type="checkbox"/> intercostal EMG <input type="checkbox"/> anterior-tibialis EMG <input type="checkbox"/> thoracic/abdominal cardiopneumograph <input type="checkbox"/> EOG <input type="checkbox"/> end tidal CO₂ <input type="checkbox"/> pneumotachograph <input type="checkbox"/> impedance plethysmography <input type="checkbox"/> oximeter probe, transcutaneous O₂/CO₂ <input type="checkbox"/> other _____ 	Selected correct electrodes and patient monitoring interfaces.	<input type="checkbox"/> F <input type="checkbox"/> P
		Applied monitors required for specific polysomnographic screening according to site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
7,8	a. Assess need for blood gas analysis.	Assessed need as per site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Procure blood sample: <input type="checkbox"/> pre procedure <input type="checkbox"/> post procedure	Met criteria for predefined procedure.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
9	a. Select and prepare electrode sites b. Apply electrodes and connect leads.	Shaved and abraded skin if required. Applied electrodes according to site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
	c. Attach monitors.	Attached all required monitors according to site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
10	Ensure proper function of all monitors.	Calibrated all monitors/measuring devices as per manufacturer's specifications.	<input type="checkbox"/> F <input type="checkbox"/> P
11,12	Resolve data quality problems: <input type="checkbox"/> muscle artifact <input type="checkbox"/> 60 second cycle interference <input type="checkbox"/> baseline wander <input type="checkbox"/> intermittent or absent signal <input type="checkbox"/> respiratory artifact <input type="checkbox"/> other _____	Optimized data quality.	<input type="checkbox"/> F <input type="checkbox"/> P
13	a. Obtain baseline data.	Performed maneuvers as per site protocol.	<input type="checkbox"/> F
	b. Initiate test procedure.		<input type="checkbox"/> P
14	Identify significant events during study. <input type="checkbox"/> respiratory <input type="checkbox"/> neurological <input type="checkbox"/> neuromuscular	Recognized variations from baseline readings.	<input type="checkbox"/> np <input type="checkbox"/> F <input type="checkbox"/> P
15,16	Identify need for: <input type="checkbox"/> CPAP <input type="checkbox"/> Bi-level CPAP <input type="checkbox"/> other _____	Selected equipment needed for non-invasive ventilatory support.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
17	a. Apply for non-invasive positive airway pressure device.	Met criteria for predefined procedure.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	b. Arrange for polysomnography during non-invasive positive airway pressure therapy.	Made arrangements according to site protocol and patient requirements.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
18	Discontinue. <ul style="list-style-type: none"> <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Administer Specialty Medical Gases

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Indications

- ☐ Nitric Oxide
 - pulmonary hypertension
- ☐ Heliox
 - partial airway obstruction
- ☐ anaesthetic vapors
 - refractory bronchoconstriction
- ☐ Other

Grade

Failed at least one of the steps. ☐ AR
 Passed all steps. ☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

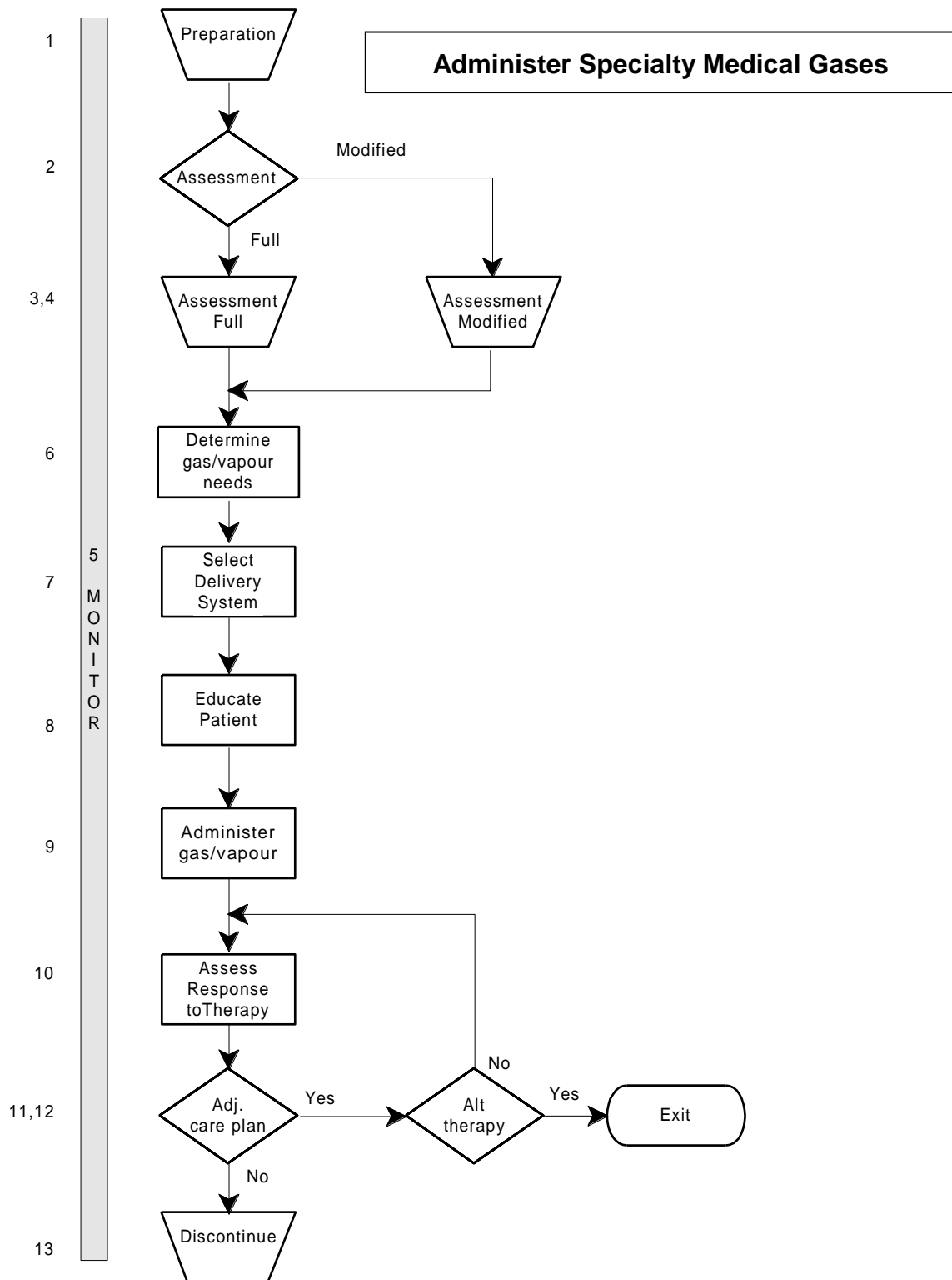
Comments

Candidate - Read and Understood

Date

Evaluator's Signature

Date



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-4	Assess patient. <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
5	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6	Determine gas/vapor needs. <ul style="list-style-type: none"> <input type="checkbox"/> cylinder <input type="checkbox"/> vaporizer 	Correctly calculated cylinder's duration and determined gas supply to meet patient needs.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Concentration met patient needs.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
7	a. Assemble required equipment considering: <ul style="list-style-type: none"> <input type="checkbox"/> $F_{I}O_2$ <input type="checkbox"/> humidification <input type="checkbox"/> flow <input type="checkbox"/> ventilator <input type="checkbox"/> scavenging system <input type="checkbox"/> patient condition <input type="checkbox"/> analyzer <input type="checkbox"/> vaporizer b. Perform operational checks.	Equipment assembled according to site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
		Operational checks performed as per manufacturer's specifications.	<input type="checkbox"/> F <input type="checkbox"/> P
8	Educate patient/caregiver in equipment use.	Instruction was complete, accurate and included safety considerations.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
9	Apply gas/vapor delivery system.	Gas/vapor flow met concentration requirements.	<input type="checkbox"/> F <input type="checkbox"/> P
10	Assess initial response to therapy. <ul style="list-style-type: none"> <input type="checkbox"/> oxygenation <input type="checkbox"/> dyspnea <input type="checkbox"/> airway pressure <input type="checkbox"/> pulmonary hemodynamics <input type="checkbox"/> pulmonary mechanics <input type="checkbox"/> vital signs 	Assessment was consistent with therapeutic goals.	<input type="checkbox"/> F <input type="checkbox"/> P
		Noted adverse effects and took corrective action.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
11,12	Adjust care plan.		<input type="checkbox"/> F
		Checked for objective improvement	<input type="checkbox"/> P
			<input type="checkbox"/> np
			<input type="checkbox"/> F
		Checked for subjective improvement..	<input type="checkbox"/> P
			<input type="checkbox"/> nr
13	Discontinue. <input type="checkbox"/> therapy <input type="checkbox"/> procedure • equipment handling • infection control • safety • documentation • communication		<input type="checkbox"/> F
		Adjustment met therapeutic goals.	<input type="checkbox"/> P
			<input type="checkbox"/> nr
			<input type="checkbox"/> F
		Recognized need for alternate therapy.	<input type="checkbox"/> P
			<input type="checkbox"/> F
		Met criteria for predefined procedure.	<input type="checkbox"/> P

Suctioning - Gastric

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Indications

☐ gastric emptying

Grade

Failed at least one of the steps. ☐ AR
Passed all steps. ☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

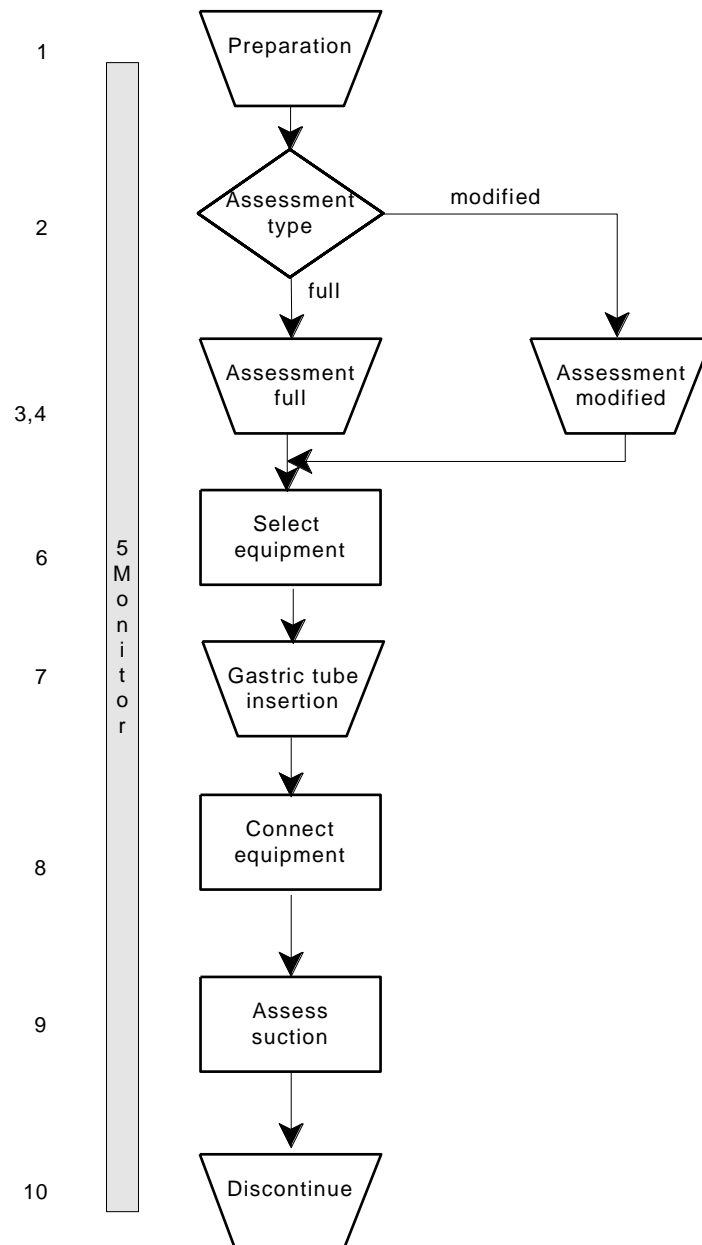
Candidate - Read and Understood

Date

Evaluator's Signature

Date

SUCTIONING - GASTRIC



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-4	Assess patient. <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • rapid priority • essential history • inspection • auscultation • diagnostics • goals • document <input type="checkbox"/> full <ul style="list-style-type: none"> • rapid priority • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Selected appropriate type of assessment for this patient & procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
		Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
5	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
6	Assemble equipment. <ul style="list-style-type: none"> <input type="checkbox"/> nasogastric tube <input type="checkbox"/> intermittent suction source <input type="checkbox"/> continuous suction source <input type="checkbox"/> collecting bottle <input type="checkbox"/> suction tubing <input type="checkbox"/> connectors 	Assembled equipment according to site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
		Performed operational check according to manufacturer's specifications	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
7,8	a. Insert gastric tube <input type="checkbox"/> oral route <input type="checkbox"/> nasal route b. Set suction levels. c. Position patient. d. Connect gastric tube to equipment. e. Adjust suction.	Met criteria for predefined procedure.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Used prescribed settings.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Positioned patient for optimal drainage.	<input type="checkbox"/> F <input type="checkbox"/> P
		Ensured all connections were secure.	<input type="checkbox"/> F <input type="checkbox"/> P
		Adjusted suction to meet clinical goals.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
		Effective drainage was achieved.	<input type="checkbox"/> F <input type="checkbox"/> P
		Recognized an unsafe condition and took corrective action.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
9	Assess gastric suction. <ul style="list-style-type: none"> • gastric tube for debris. • connection seal. • overflow valve operation. • amount of drainage of gastric contents. • check drainage rate and adjust suction as required. 		<input type="checkbox"/> F <input type="checkbox"/> P
			<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
10	Discontinue. <ul style="list-style-type: none"> <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P

Suctioning – Thoracic Drainage

Name

Date

Site

Code

Rotation

Neonatal ☐

Location

Paediatric ☐

Adult ☐

Supplemental Assessment ☐

Indications

- ☐ therapeutic drainage
- ☐ diagnostic drainage

Grade

Failed at least one of the steps. ☐ AR
 Passed all steps. ☐ P

Rationale Code

- 1 Forgot to do the skill
- 2 Lack of knowledge
- 3 Chose not to perform (judgment)
- 4 Performed incorrectly

ORAL DEBRIEF

Ref #	Rationale	Retest	Retrain	Description	Attach
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Comments

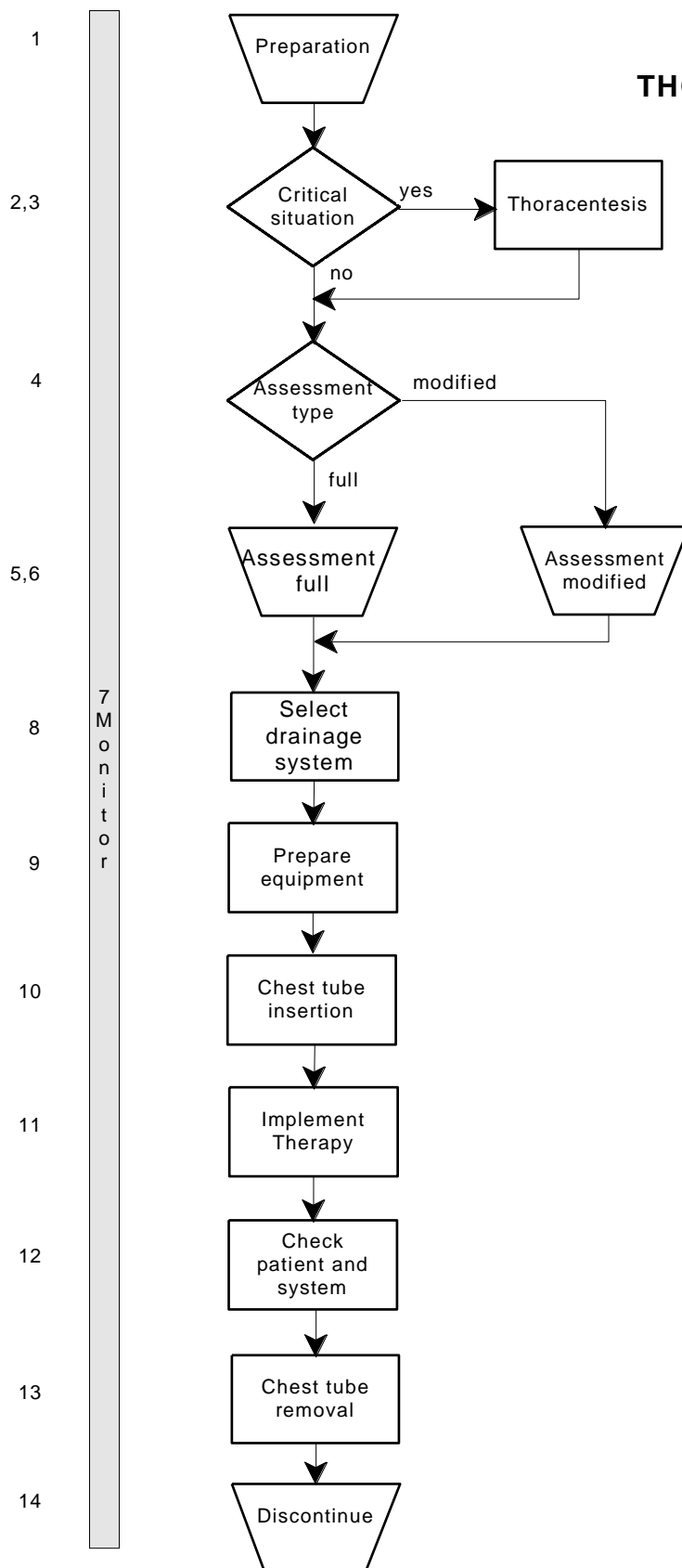
Candidate - Read and Understood

Date

Evaluator's Signature

Date

SUCTIONING THORACIC DRAINAGE



Ref. #	Description	Criteria	Score
1	Prepare patient. <ul style="list-style-type: none"> • verify orders • infection control • communicate with patient • educate patient/caregiver • inspect patient environment 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
2-6	a. Complete a rapid priority assessment.	Recognized crisis situation and took appropriate action.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	b. Assist with/perform rapid needed decompression (thoracentesis).	Assisted with/performed procedure as per site protocol.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	c. Complete assessment. <ul style="list-style-type: none"> <input type="checkbox"/> modified <ul style="list-style-type: none"> • essential history • inspection • auscultation • diagnostics • goals • document <input type="checkbox"/> full <ul style="list-style-type: none"> • history • inspection • palpation • percussion • auscultation • diagnostics • goals • document 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
7	Continuously monitor patient. <ul style="list-style-type: none"> • evaluation • case management • education • documentation 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P
8	Select a drainage system. <ul style="list-style-type: none"> <input type="checkbox"/> disposable <input type="checkbox"/> non disposable <input type="checkbox"/> flutter valve 	Selected type of system that met existing condition.	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
9	Prepare equipment. a. Assemble equipment and supplies.	Assembled equipment according to site protocol.	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Connect to suction source.	Checked negative pressure level.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	c. Perform operational checks.	Water levels and connections correct. Set up prevented backflow.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
10	Assist with chest tube insertion.	Assisted with procedure as per site protocol.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
11	a. Connect system to patient's chest tube.	Procedure was completed aseptically.	<input type="checkbox"/> F <input type="checkbox"/> P
	b. Establish flow/suction level.	Flow/suction level produced a gentle slow bubble or activated float indicator.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
12	Check patient and system: a. chest X-ray	Checked x-ray for tube placement and re-expansion of the chest.	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	b. insertion site	Checked site for: <ul style="list-style-type: none"> • subcutaneous emphysema • infection 	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
	c. drainage system	<p>Checked for:</p> <ul style="list-style-type: none"> • suction level • connection seals • pressure relief valve operation • fluid levels • tideling • amount and type of drainag. 	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	d. milk the system	<p>Checked for fresh bleeding. Cleared clots as per hospital protocol.</p>	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	e. clamp tubing <input type="checkbox"/> leak testing <input type="checkbox"/> exchanging for new drainage system <input type="checkbox"/> determining if pneumothorax has resolved	<p>Clamping was done as per site protocol and for the correct reasons.</p>	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
13	a. Determine if chest tube can be removed.	<p>Checked if leak was sealed and lung was re-expanded. Checked that fluid drainage was appropriate for patient.</p>	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	b. Assist with tube removal.	<p>Cut chest tube sutures. Coached patient to maximal inspiration. Coached patient to perform Valsalva maneuver. Chest tube was withdrawn smoothly and quickly. Occlusive dressing applied aseptically.</p>	<input type="checkbox"/> nr <input type="checkbox"/> F <input type="checkbox"/> P
	c. Follow up monitoring	<p>Checked for re-accumulation of air/fluid</p>	<input type="checkbox"/> F <input type="checkbox"/> P

Ref. #	Description	Criteria	Score
14	Discontinue. <ul style="list-style-type: none"> <input type="checkbox"/> therapy <input type="checkbox"/> procedure <ul style="list-style-type: none"> • equipment handling • infection control • safety • documentation • communication 	Met criteria for predefined procedure.	<input type="checkbox"/> F <input type="checkbox"/> P