



El Camino Community College
Respiratory Care Program

Clinical Preceptor Handbook

Fall 2003
Ver 1.0

The Clinical Preceptor Model

Due to decreases in funding for clinical instruction and to maintain quality in our graduates we have determined that a new model for clinical instruction will have to be developed and implemented. After investigation of all the programs in the area, those on campus at ECC and other RC programs across the country, we have found the *other* most common model used for clinical training by health care programs. We have determined that this *other* model has the following characteristics that we want to use:

1. The students do their clinical rotations by being paired (one student with one staff person) with staff members (referred to as clinical preceptors) who have a normal patient load assignment.
2. A limited amount of supervision is provided by the college through the use of its classroom and part-time faculty/clinical educators who visit the facility weekly.
3. At first the students just watch the staff member do the patient care procedures, and then gradually begin assisting the staff member with the accomplishment of their patient load, the students are eventually able to take and correctly accomplish the whole patient care assignment.
4. Only one or two students are likely to be scheduled per shift at any one time.
5. Students have to come for minimum of 4 and a max of 12 hours per shift.
6. The students are more like apprentices, vs students needing formal instruction.

PURPOSE OF THE CLINICAL PRECEPTOR PROGRAM:

The purpose of the clinical preceptor program is to assist the student to make a smooth transition from the student role to the entry-level respiratory therapist role by improving patient care skills and reducing the probability of role conflict upon entry into practice. In order to accomplish this, it is necessary to provide the student with a realistic clinical staff experience which will allow the student to:

- care for various types (different diseases, trauma and surgery) of patients in the clinical setting receiving different types of Respiratory Care (O₂, Humidity and Aerosol, Bronchial hygiene, Deep Breathing therapy, non-invasive and invasive ventilation, Cardio-pulmonary Resuscitation, arterial blood gases, pulmonary function testing, etc.)
- practice treatment plan organization, decision-making and priority-setting skills;
- implement respiratory care procedures and develop patient-management skills;

What is a preceptor?

The American Heritage® Dictionary of the English Language: Fourth Edition. 2000.

Preceptor

1. A teacher; an instructor.
2. An expert or specialist, such as a physician, who gives practical experience and training to a student, especially of medicine.

-According to Webster: teacher, instructor, tutor;

-According to a study done at Ohlone College supported by a Kellogg Foundation grant: role model, supervisor, guide, teacher;

-Morrow, (1984) basically believes that a preceptor is a person, generally a staff person who teaches, counsels, inspires, & acts as a role model. This person supports the growth and development of an individual (the novice) for a fixed and limited amount of time. The careful pairing of a novice with an experienced, precisely chosen staff therapist in the clinical setting provides an environment of nourishment and growth for the novice and of recognition and reward for the preceptor.

RC CLINICAL PRECEPTOR: A staff respiratory therapist selected and prepared to let a student work with them as they do their normal patient care assignment .

CRITERIA FOR SELECTION OF PRECEPTOR:

LICENSURE

The RT has an active California license.

EMPLOYMENT

The RT is employed in the institution.

SKILL

The RT has demonstrated expertise in the delivery of respiratory care. (As determined by the department administrator, clinical supervisors and/or ECC clinical educator pairing staff and students on a given shift)

ATTITUDE

The RT has expressed a desire to work with a student in the preceptor role.

COMMUNICATION

The RT has demonstrated ability to communicate effectively with patients, faculty, students, staff, and physicians.

GOALS OF PRECEPTOR PROGRAM

Goals for the student:

Complete clinical hours and competencies required by the State of California and the El Camino Community College Respiratory Care Program.

Make a smooth role transition from student role to entry-level respiratory therapist role.

Goals for the clinical Affiliate:

Contribute to the learning process of Respiratory Care Program students which will help ensure the preparation of competent graduate respiratory therapists.

Provide opportunity for selected staff respiratory therapists to gain experience in the role of preceptor.

Provide clinical learning opportunities for students to gain professional growth and accountability.

Assist in the transition that new graduates must make when they enter the job market.

**RESPONSIBILITIES OF EL CAMINO COLLEGE RESPIRATORY CARE PROGRAM
AND/OR CLINICAL EDUCATORS**

- 1 Appoint the Part-time faculty Clinical Educators to each facility to assist the preceptors.
- 2 Provide continuing education opportunities for preceptors.
- 3 Update the Update the clinical affiliate agreement to reflect the preceptor program.
- 4 Regularly Communicate with the clinical preceptors, department supervisors and department administrators.
- 5 Respond in a timely manner to all unscheduled calls from preceptors, department supervisors and department administrators
- 6 Schedule students in collaboration with department preceptors, department supervisors, department administrators.
- 7 Evaluate student competencies for grading and maintain all records pertaining to student evaluations.
- 8 Provide instruction and practice for students in various competencies in the Respiratory Care Program classroom/lab and/or the clinical facility.
- 9 Maintain a file with the names of all preceptors and dates of preceptorship.
- 10 Collect data and evaluate the effectiveness of the preceptor program. Make changes to improve the effectiveness of the preceptor program as indicated.
- 11 Provide a preceptor handbook, update and revise as needed.
- 12 Orient students to the clinical affiliates in conjunction with department staff.
- 13 Cooperate with the clinical affiliate in the selection of preceptors.
- 14 Schedule and conduct student competency evaluations.
- 15 Provide appropriate clinical staff with a list of students, and schedules.
- 16 Make weekly rounds and PRN visits at each facility.
- 17 Consult with each student and preceptor on progress and/or problems.
- 18 Schedule beginning, midway and/or terminal conferences with preceptor and student each rotation and/or semester.
- 19 Provide for individualized instruction in areas which are identified as weak by the student, preceptor, or ECC faculty.
- 20 Perform clinical competency evaluations and student grading.

RESPONSIBILITIES OF THE CLINICAL AFFILIATE AND/OR CLINICAL PRECEPTORS:

- 1 Provide clinical experience for selected students in the Respiratory Care Program.
- 2 Collaborate with El Camino College in appointing the preceptors.
- 3 Appoint alternate preceptor when needed, e.g. due to absence of assigned preceptor.
- 4 Orient student to the unit and shift responsibilities.
- 5 Direct student to clinical situations which would provide student with opportunity to meet goals and objectives, increase skills and pass competency evaluations.
- 6 Act as a clinical resource person for the student.
- 7 Be a role model demonstrating responsible RT behavior
- 8 Feedback the student's professional behavior through use a form provided by college.
- 9 Provide ongoing feedback to student regarding patient care & equipment use.
- 10 Participate in beginning, midway and/or terminal conference with ECC faculty member and student.
- 11 Confer with RC program clinical educators about student experience and progress during clinical educator's rounds.
12. Consult with ECC clinical educator regarding observed student behaviors that are unacceptable for staff Respiratory Therapists such as:
 - Content or skill weakness in a given area
 - Inability to perform patient care procedures
 - Lack of knowledge or inability to gain knowledge necessary for the implementation of patient care
 - Lack of technical competence
 - Any behavior which is in the opinion of the assistant clinical instructor is counter productive to the Respiratory Care Program process
13. Participate with ECC faculty in the evaluation of the preceptor program.

RESPONSIBILITIES OF THE EL CAMINO COLLEGE RC STUDENT:

- 1 Perform patient care under the supervision of a preceptor assuming an increasing level of responsibility on a daily basis.
- 2 Monitor their competency list, discuss competency list with clinical preceptor and/or clinical educator
- 3 Identify competencies yet to be completed and discuss with clinical preceptor and/or clinical educator
- 4 Notify clinical affiliate, clinical preceptor and/or clinical educator if going to be tardy or absent in a timely and appropriate manner.
- 5 Adhere to the ECC RC student dress guidelines when in a clinical facility.
- 6 Review necessary theory and clinical content to maximize safety and performance.
- 7 Consult with ECC clinical educator weekly and PRN
- 8 Participate in beginning, midway and terminal conference with preceptor and ECC faculty
- 9 Participate in the evaluation of the preceptor program
- 10 Conform to all policies and procedures particular to the clinical facility.

CLINICAL DRESS CODE:

The goal of DRESS CODE is to direct the Respiratory Care Program student towards a professional appearance and appropriate wardrobe in the clinical setting.

Any alterations in APPEARANCE from this dress code may result in the student being sent home by the department administrator, clinical supervisor and/or clinical educator.

- 1 Uniforms are to be standard dark blue scrubs as approved by ECC faculty in consultation with the clinical facility.
- 2 Shoes may be plain white athletic shoes and/or a dress shoes of a professional appearance. No sandals, clogs or high tops permitted.
- 3 Short length white lab jackets with long sleeves.
- 4 Jewelry: A watch with a second indicator must be worn. Confine any other jewelry to a plain, non-swinging and non-flashy and/or professional looking. The wearing of

Continued..

expensive rings, etc., is discouraged since they will have to be removed during hand washing and gloved patient care procedures.

5 Hair: Hair must be clean, neatly groomed and off the collar or tied back so it does not impair vision or swing into patient care areas during procedures.

6 Nails: Must be clean and trimmed to allow safe gloving and performance of patient care procedures with tearing the gloves or interfering with proper performance. Clear or neutral polish is okay in moderation.

7 Nametags must **WHITE WITH BLACK LETTERS** and be visible at all times the student is in the clinical facility and must say the following :

STUDENT'S FULL NAME
El Camino Community College
Respiratory Care Program
STUDENT

8 A back support belt are acceptable attire. Safety-lift back supports are optional. Some agencies provide back supports to students during their clinical rotation.

9 No gum- chewing is allowed while giving patient care

10 It is the responsibility of the student to adhere to these standards.

11 A standard, basic stet scope and small notebook

THE CLINICAL EDUCATOR – CLINICAL PRECEPTOR -- STUDENT INTERACTION

All three of the parties involved will have some insecurities and discomfort as we begin this experience and develop working relationships between us.

The progression of the workload that the student can handle is a mutual negotiation and assessment between the student, CP and/or the CE.

To help us develop realistic expectations the following is offered as how the roles may work on a practical level:

THE CLINICAL EDUCATOR'S ROLE:

The CE becomes the faculty/school liaison person to the clinical facility and preceptors.

During the clinical experiences when the clinical preceptor is paired with the student the CE will act as advisor, consultant, facilitator and coordinator.

The CE and CP will have direct lines of communication on a weekly and PRN basis.

The CE person's role with the student, when paired with a CP, will be primarily indirect rather than the direct bedside teacher or coach.

The CE is there to support, help and to intervene when the CP and/or the CE feels intervention is needed with any student assigned.

The CE will have limited contact with the student during these clinical sessions but will on occasion observe the student during direct patient care for the purpose of instruction and/or remediation and to evaluate the student's performance with respect to competency certification and grading.

The CE makes a conscious effort to develop a relationship with the CPs that is:

- relaxed and trusting;
- mutually respectful;
- informal and warm;
- collaborative and supportive

THE CLINICAL PRECEPTOR'S ROLE:

The CP functions as a role model for delivering effective Respiratory Care to patients.

The CP facilitates the student's progress towards accepting more and more of the patient care assignment and the development of good time-management skills to facilitate the education of capable graduate therapists.

The CP will treat the student as an adult learner in a teacher-learner relationship.

The CP must countersign all student charting.

The CP makes a conscious effort to develop relationships with students and CEs that is:

- relaxed and trusting;
- mutually respectful;
- informal and warm;
- collaborative and supportive

THE STUDENT'S ROLE:

It is the student who has the greatest changes to make in her/his method and means of communication and interpersonal interaction to become socialized to the health care industry and the Respiratory Care profession culture.

The student is on time for the start of shifts and end of breaks.

The student must learn to communicate directly with the CPs about patient care, this is done to encourage the student to learn how to develop a peer support system within the clinical facility.

The student is responsible for logging into the dataArc time clock at the beginning and end of each clinical shift.

The student is increasingly self-directed and enthusiastic about performing respiratory patient care.

Follow all HIPPA rules with respect to patient confidentiality and not use patient names or ID numbers if writing notes or preparing for a case presentation. In addition, students will be very careful not to discuss specifics about patients or their care in public places where they can be overheard by third parties.

The student makes a conscious effort to develop a relationship with the CPs that is:

- relaxed and trusting;
- mutually respectful;
- informal and warm;
- collaborative and supportive

The student must sign up for a minimum number of clinical hours per week (depending on the semester) and complete approximately 1100 clinical hours by the end of the program.

The student will arrive early enough to clock in and not be late for start of shift.

The student may work a 4, 8 or 12 hour shift depending on the clinical facility.

The student is responsible for entering observations and competency data into the dataArc system from their home computer or one at the college. Patient care time is never to be forfeited in order to enter data in the dataArc system while the student is at the clinical facility for a patient care shift.

Students should not make any changes in the prearranged clinical schedule without the approval of the facility CE and program faculty (clinical and program director).

The students should make contact with the preceptor before the start of the shift and introduce themselves. If there is a problem before or after identifying and making contact with your preceptor, notify your facility CE or other program faculty immediately.

In the event that you are unable to attend on a scheduled day, for whatever reason, you **MUST** notify your preceptor and/or hospital unit and your facility CE or other program faculty as soon as possible.

The facility CE or other program faculty must be notified and appropriate hospital incident reports completed if indicated, if any incidents occur to either patients and/or students.

An incident in which a student may sustain some injury may require that the hospital treat you. If this happens you must complete the form "Report of Accident or Illness." Without this form the student is financially responsible for any medical bills which may be forthcoming. See attached poster, and procedure document.

GENERAL INFORMATION

At any time (24/7) a facility CE and program faculty (clinical and program director) may be contacted via phone, email or other appropriate means by CPs or clinical facility supervisors/administrators.

Phone numbers will be available from the department administrator in each facility, these numbers are not to be given to or used by students.

A website will soon be available where CPs will be able to download additional information on being a preceptor and some of it will be designed for continuing education units if the CP decides to submit the test provided after reading the material. These units will help CPs meet requirements for RCP licensure renewal.

<http://www.logic-one.us/sinopoli/clinicalpreceptors>

CPs can also arrange for time in the RC program multimedia lab where they may use the many new computerized patient care simulations and ventilator simulations as well as three new state of the art ventilators that may not all be available at their facility.

All CPs should expect their name to be listed as clinical faculty on the ECC RC program website after they have signed up and taken students as preceptees for a month. If CPs do not want their name listed they must notify the program director of their preference. The website address for the program is: <http://www.elcamino.edu/respiratorycare>

Department administrators in our clinical facilities will be able to list job opportunities on the ECC RC website job board link free of charge because their staff are assisting in the education and training of ECC Respiratory Care Program students.

Appendix one:

EL CAMINO COMMUNITY COLLEGE DISTRICT

STUDENT ACCIDENT AND INJURY REPORTING PROCESS

<p><i>Off-Campus Injuries to students enrolled in the following clinical-site training programs while at that site:</i></p> <ul style="list-style-type: none">A. NursingB. Radiologic TechnologyC. Respiratory CareD. Fire/ParamedicE. Police Academy <p>Students enrolled only in the above programs are covered by the District's Workers' Compensation Insurance Program.</p> <p>Students must inform the treatment facility supervisor and the Office of Safety and Health so that the appropriate treatment and insurance coverage is used.</p>	<p><i>If EMERGENCY:</i> Stay at the clinical training site for treatment. Immediately report injury/accident to clinical site clinical educator and the campus Office of Safety & Health (310) 660-3156.</p> <p><i>If NON-EMERGENCY:</i> Immediately report injury/accident to clinical site clinical educator and the campus Office of Safety & Health (310) 660-3156 or, if closed Campus Police. Complete form.*</p> <p>Student will be referred to District's workers' compensation medical facility for initial and follow-up treatment.</p>
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<p><i>On-Campus Injuries/Accidents of all Enrolled students, including the above-type of students</i></p>	<p><i>If EMERGENCY:</i> Call, or get someone to call, 9-911 or press the Police button on ISDN phones for immediate response by Campus Police.</p> <p><i>If NON-EMERGENCY:</i> Step 1. Notify ECC RC faculty. Step 2. Complete Student/Non- Student Accident Report (Form #20435/8400)** Step 3. Go to the Health Center for initial treatment if it is open. To Office of Safety & Health if open, otherwise to Campus Police.</p>
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For medical claim forms, insurance coverage and additional assistance, contact the Office of Safety and Health located in the Administration Building, 2nd Floor, Room 218, (310) 660-3156.

* Report of Industrial Injury, Form # PN69-1180 for employees to complete and Form #PN-69-1180VS for Vocational Students to complete are both available from the Office of Safety and Health.

** Student/Non-Student Accident Report (Form #20435/8400) - available from Office of Safety and Health, Warehouse, and Division Offices

Students in these programs report to the following Divisions:
A, B, & C - Health Sciences & Athletics D - Industry & Technology
E - Administrative of Justice

(Rev. 10/03)

Appendix 2 Course Objectives and Content Outlines

RC- 176 The first Freshman clinical course in the program, taught every Spring, focuses on Respiratory Care to non-critically ill patients:

A. Course Objectives

1. Review existing clinical data and collect or recommend obtaining additional pertinent data relevant to the respiratory care plan.
2. Interpret existing clinical data, determine the appropriateness and participate in the development of the respiratory care plan.
3. Explain planned therapy goals to the patient; maintain records and communicate relevant information to members of the health care team concerning the respiratory care plan.
4. Conduct therapeutic procedures on non-critically ill patients to achieve:
 - a. adequate arterial and tissue oxygenation
 - b. maintenance of a patent airway
 - c. removal of bronchopulmonary secretions
 - d. adequate spontaneous and artificial ventilation
5. Evaluate and monitor patient's response to respiratory care and identify or verbalize appropriate action for the Respiratory Care Practitioner.
6. Protect patient from nosocomial infections by adherence to infection control policies and procedures.

III. OUTLINE OF SUBJECT MATTER

Approximate Time (Allotted in Weeks)	Major Topics
1	Introduction to course, review of syllabus, course expectations, clinical requirements and schedules
3	Review of oxygen, pulmonary and cardiac physiology with a focus on oxygen transportation and tissue oxygenation
2	Review of all respiratory care oxygen therapy equipment and its interaction with the patient's physiology
2	Oxygen therapy to prevent tissue hypoxia
4	Humidity and aerosol therapy for the purpose of maintaining and/or improving bronchial hygiene
4	Sustained maximum inspiration therapy and its relationship to spontaneous breathing and pulmonary dysfunction

RC-178 First Freshman critical care clinical course in sequence, Summer every year, focuses on patient-ventilator interaction:

II.

COURSE OBJECTIVES

1. Interpret arterial blood gases and classify according to clinical terms used in the management of adult patients on life support.
2. When given patient results at room air levels or higher, calculate FIO_2 and/or PaO_2 as a result of requested changes.
3. Identify use, settings, problems and indications for all alarms and monitoring devices found on adult artificial ventilators.
4. Identify and/or verbalize basic changes in FIO_2 , f , V_t , V_E , V_A , IFR, IE ratio, V_D etc., when given access to patient's ABGs, history, physical, and other appropriate information in order to manage adult patient ventilator interaction.
5. Conduct therapeutic procedures on critically-ill patients to achieve:
 - a. adequate arterial and tissue oxygenation
 - b. maintenance of a patent airway
 - c. removal of bronchopulmonary secretions
 - d. adequate spontaneous and artificial ventilation
6. Protect patient from nosocomial infections by adherence to infection control policies and procedures.

III.

OUTLINE OF SUBJECT MATTER

Approximate Time (Allotted in Weeks)	Major Topics
3	Arterial blood gas Interpretation a/A Ratio Basics of ventilators Ventilators and settings
2	Maintaining desired pH & $PACO_2$
3	Managing the patient/ventilator system Preventing nosocomial infections

RC-280 First senior clinical course, Fall each year, 2 semesters from graduation:

II. COURSE OBJECTIVES

- A. Course Objectives (List the major objectives stated as student outcomes in behaviorally measurable terms.)
1. Perform therapeutic procedures in the critically ill adult patient to achieve:
 - a. adequate arterial and tissue oxygenation
 - b. *maintenance of a patent airway*
 - c. removal of bronchopulmonary secretions
 - d. adequate spontaneous and artificial ventilation
 2. Identify subjective and objective indicators of effective therapeutic modalities while providing respiratory care for critically ill adult patients.
 3. Based on patient's response to oxygen therapy, identify and/or verbalize the pulmonary defect causing the response and appropriate therapy.
 4. Given access to appropriate patient information and a single or series of x-rays, identify and/or verbalize an interpretation of the patient's condition and appropriate treatment.
 5. Provided with inspiratory values, identify and/or verbalize peak and plateau pressures, the type of pulmonary resistance to ventilation present and appropriate treatment.
 6. Protect patient from nosocomial infections by adherence to infection control policies and procedures.
 7. Identify patients that require prolonged artificial ventilation and those who do not based on objective clinical respiratory care data.
 8. Identify and suggest changes in the amount of artificial ventilatory support the patient needs based on stated or identified objective clinical respiratory care data.

III. OUTLINE OF SUBJECT MATTER

The outline of topics should be detailed enough to enable an instructor to determine the major areas of knowledge and activities that should be cover so that the course may have consistency from instructor to instructor and semester to semester.

Approximate Time (Allotted in Weeks)	Major Topics
1	Introduction, syllabus, course expectations, grading, clinical rotations, etc.
2	The practice of respiratory care from a problem-oriented perspective including the POMR
3	Introduction and intermediate X-ray interpretation of chest films on Respiratory Care patients
3	Intermediate oxygen therapy administration and evaluation of its effectiveness

3	The initiation and weaning of ventilatory support from the adult critically-ill patient
2	Resistance to ventilation and objective determination of optimal positive end expiratory pressures
2	Classification of artificial ventilators in order to predict the effect of changes in patient's pneumatic characteristics on oxygenation and ventilation

RC-284 Last senior primary clinical course in sequence, Spring and then graduation:

II. COURSE OBJECTIVES

7. Interpret & classify arterial blood gases and deadspace to tidal volume ratios using clinical terms common to the management of patients with acute and chronic respiratory failure.
8. Terminate, recommend changes and/or modify the respiratory care plan based on the patient's disease and response to:
 - a. bronchial hygiene
 - b. artificial airway
 - c. deep breathing techniques
 - d. artificial ventilation & weaning
 - e. emergency resuscitation procedures
9. Communicate information regarding patient's clinical status to other members of the health care team with reference to the coordination of patient's care and discharge planning.
10. Perform and interpret bedside pulmonary function measures for the purpose of determining if the patient has normal, obstructive and/or restrictive defects.
11. Conduct therapeutic procedures to achieve:
 - a. adequate arterial and tissue oxygenation
 - b. maintenance of a patent airway
 - c. removal of bronchopulmonary secretions
 - d. adequate spontaneous and artificial ventilation
12. Protect patient from nosocomial infections by adherence to infection control policies and procedures.

III. OUTLINE OF SUBJECT MATTER

Approximate Time (Allotted in Weeks)	Major Topics
3	Types of respiratory failure and deadspace ratios
2	Transactional analysis as a communication tool
2	Bedside pulmonary function testing & screening
2	Obstructive and restrictive lung disease
3	Nosocomial infections and respiratory care equipment
4	Management of common respiratory diseases during prolonged artificial ventilation

RC-282 Secondary Senior Clinical Course, every Fall, focuses on Neonatal and Pediatric Respiratory Care:

II .

COURSE OBJECTIVES

1. Identify anatomical and physiological differences between the fetus, neonate, pediatric and adult Respiratory Care patient.
2. Terminate, recommend changes and/or modify the respiratory care plan based on the patient's disease and response to:
 - a. bronchial hygiene
 - b. artificial airway
 - c. deep breathing techniques
 - d. artificial ventilation & weaning
 - e. emergency resuscitation procedures
3. Identify signs and symptoms of respiratory conditions and diseases found in the neonate, fetus and pediatric respiratory patient.
4. Conduct therapeutic procedures on perinatal and pediatric critically ill patients to achieve:
 - a. adequate arterial and tissue oxygenation
 - b. maintenance of a patent airway
 - c. removal of bronchopulmonary secretions
 - d. adequate spontaneous and artificial ventilation
5. Protect patient from nosocomial infections by adherence to infection control policies and procedures.

III. OUTLINE OF SUBJECT MATTER

Approximate Time (Allotted in Weeks)	Major Topics
3	Anatomy and physiology of the fetus, neonate and pediatric patient
3	Common respiratory conditions and complications of pregnancy and birth
2	Use of common maternal history and perinatal data to determine the degree and type of respiratory assistance needed
2	Equipment and therapeutic procedures used in perinatal and pediatric respiratory care
2	Nosocomial infections in perinatal and pediatric respiratory care
4	Basic and advanced cardiopulmonary life support

RC-286 Secondary Senior Clinical Course, every Spring, focuses on Pulmonary Rehabilitation and Home Care

II .

COURSE OBJECTIVES

1. Perform pulmonary rehabilitation and home respiratory care procedures to achieve:
 - a. adequate arterial and tissue oxygenation
 - b. maintenance of a patent airway
 - c. removal of bronchopulmonary secretions
 - d. adequate spontaneous and artificial ventilation.
2. Identify subjective and objective indicators of effectiveness for each therapeutic modality provided to the chronically ill adult respiratory patient.
3. Based on the patient's response, identify and/or verbalize modifications to the respiratory care plan of the pulmonary rehabilitation and/or home care patient.
4. Given access to appropriate patient information and results of functional task evaluations, identify appropriate exercise prescriptions.
5. Identify and collect physical exam data from patients with chronic lung diseases to include percussion, inspection, palpation, auscultation and interview data.
6. Instruct patient and family about disease management and infection control in the

home care setting.

7. Identify appropriate assembly, function, operation, and cleanliness of home respiratory care equipment.

III. OUTLINE OF SUBJECT MATTER

The outline of topics should be detailed enough to enable an instructor to determine the major areas of knowledge and activities that should be cover so that the course may have consistency from instructor to instructor and semester to semester.

Approximate Time (Allotted in Weeks)	Major Topics
1	Introduction, syllabus, course expectations, grading, clinical rotations
3	The Respiratory Care plan for pulmonary rehabilitation and home care patients
4	Physical exam of patients with chronic respiratory diseases
3	Introduction to exercise physiology and chronic lung disease
3	Pulmonary rehabilitation and home respiratory care equipment
2	Educating the patient and family about chronic respiratory disease management and infection control in the home

RC-288 Secondary Senior Clinical Course, every Summer, focuses on Pulmonary Function Testing:

II .

COURSE OBJECTIVES

1. Calibrate blood gas analysis, exhaled flow, and volume measuring devices used in pulmonary function testing.
2. Operate blood gas analysis, exhaled flow, and volume measuring devices used in pulmonary function testing.
3. Identify components, operational sequence and valid values given access to test results, patient information and quality control data.
4. Identify proper pulmonary function methods, tests and equipment for public health screening, bedside measurements and laboratory diagnostic testing.
5. Perform exhaled flow and volume measurements for public health screening, bedside measurements and laboratory diagnostic testing.

6. Identify appropriate assembly, function, operation, and cleanliness of pulmonary function equipment.
7. Instruct patients to perform valid pulmonary function tests at public health fairs, the bedside and in the laboratory.

III. OUTLINE OF SUBJECT MATTER

Approximate Time (Allotted in Weeks)	Major Topics
1	Introduction, syllabus, course expectations, grading, clinical rotations
4	Arterial puncture and blood gas analysis
4	Pulmonary function tests on non-symptomatic populations and patients with chronic respiratory diseases
4	Calibration, operation and quality control of pulmonary function equipment
3	Interpretation of pulmonary function test results for screening, bedside measurement and diagnostic testing
2	Patient instruction before, during and after pulmonary function testing

Appendix 3 Competencies

El Camino Community College

Adult Daily Log Program List 84 Procedures - Version 1 Effective Date - Sunday, August 24, 2003						
Instructions: Please make any changes and submit.						
ADULT FLOOR THERAPIES						
General						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Isolation Procedures	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Charges	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Patient Data						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Vital Signs	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Chest Assessment	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Patient Assessment	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
X-Ray Interpretation	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Oxygen Therapy						
Procedure	Observed		Performed		Performed	

			with Assisance		Unassisted	
	Current	Change	Current	Change	Current	Change
Nasal Cannula	3	3 < font>	3	3 < font>	3	3 < font>
Simple Mask	3	3 < font>	3	3 < font>	3	3 < font>
Partial Rebreather	3	3 < font>	3	3 < font>	3	3 < font>
Non-Rebreather	3	3 < font>	3	3 < font>	3	3 < font>
Air Entrainment Mask	3	3 < font>	3	3 < font>	3	3 < font>
Pulse Oximetry	3	3 < font>	3	3 < font>	3	3 < font>
Transport with Oxygen	3	3 < font>	3	3 < font>	3	3 < font>
Aerosol & Humidity Therapy						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Face Tent	3	3 < font>	3	3 < font>	3	3 < font>
Face Mask	3	3 < font>	3	3 < font>	3	3 < font>
Trach Collar	3	3 < font>	3	3 < font>	3	3 < font>
T-Piece	3	3 < font>	3	3 < font>	3	3 < font>
Ultrasonic Nebulizer	3	3 < font>	3	3 < font>	3	3 < font>
Aerosol Drug Administration						

Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Metered Dose Inhaler	3	3 < font>	3	3 < font>	3	3 < font>
Dry Powder Inhaler	3	3 < font>	3	3 < font>	3	3 < font>
Small Volume Nebulizer	3	3 < font>	3	3 < font>	3	3 < font>

Hyperinflation Therapy

Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Incentive Spirometry	3	3 < font>	3	3 < font>	3	3 < font>
Intermittent Positive Pressure Breathing	3	3 < font>	3	3 < font>	3	3 < font>

Bronchial Hygiene

Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Chest Physiotherapy	3	3 < font>	3	3 < font>	3	3 < font>
Coughing	3	3 < font>	3	3 < font>	3	3 < font>
Breathing Exercises	3	3 < font>	3	3 < font>	3	3 < font>
Mucous Clearance Adjuncts	3	3 < font>	3	3 < font>	3	3 < font>
Intrapulmonary Percussive Ventilation	3	3 < font>	3	3 < font>	3	3 < font>

ADULT CRITICAL CARE

Resuscitation

Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Setup & Ventilation via Endotracheal Tube	3	3 < font>	3	3 < font>	3	3 < font>
Setup & Ventilation via Mask	3	3 < font>	3	3 < font>	3	3 < font>
CPR Airway & Ventilation	3	3 < font>	3	3 < font>	3	3 < font>
Adult CPR Compressions	3	3 < font>	3	3 < font>	3	3 < font>

Suction Procedures

Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Endotracheal Suctioning	3	3 < font>	3	3 < font>	3	3 < font>
Nasotracheal Suctioning	3	3 < font>	3	3 < font>	3	3 < font>
Tracheal Suctioning	3	3 < font>	3	3 < font>	3	3 < font>
In-Line Suctioning	3	3 < font>	3	3 < font>	3	3 < font>

Endotracheal Tube / Tracheostomy Care

Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Securing Artificial	3	3 < font>	3	3 < font>	3	3 < font>

Airway		font>		font>		font>
Tracheostomy Care	3	3 < font>	3	3 < font>	3	3 < font>
Cuff Management	3	3 < font>	3	3 < font>	3	3 < font>
Heat / Moisture Exchanger	3	3 < font>	3	3 < font>	3	3 < font>
Intubation	3	3 < font>	3	3 < font>	3	3 < font>
Extubation	3	3 < font>	3	3 < font>	3	3 < font>
Aerosol Drug Administration						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
In-Line Metered Dose Inhaler	3	3 < font>	3	3 < font>	3	3 < font>
In-Line Small Volume Nebulizer	3	3 < font>	3	3 < font>	3	3 < font>
Ventilatory Care						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Ventilator Setup	3	3 < font>	3	3 < font>	3	3 < font>
Routine Ventilator Check	3	3 < font>	3	3 < font>	3	3 < font>
Ventilator Parameter Change	3	3 < font>	3	3 < font>	3	3 < font>
Ventilator Circuit Change	3	3 < font>	3	3 < font>	3	3 < font>

Ventilator Graphics Analysis	3	3 < font>	3	3 < font>	3	3 < font>
Capnography	3	3 < font>	3	3 < font>	3	3 < font>
Weaning from Mechanical Ventilation						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Weaning Parameters	3	3 < font>	3	3 < font>	3	3 < font>
Weaning	3	3 < font>	3	3 < font>	3	3 < font>
Noninvasive Positive Pressure Ventilation						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Noninvasive Ventilator Setup	3	3 < font>	3	3 < font>	3	3 < font>
Noninvasive Ventilator Check	3	3 < font>	3	3 < font>	3	3 < font>
Patient Transports						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Manual Ventilation during Transport	3	3 < font>	3	3 < font>	3	3 < font>
Transport Ventilation Setup	3	3 < font>	3	3 < font>	3	3 < font>
ICU Performance Level						
Procedure	Observed	Performed	Performed	Performed	Performed	Performed

			Assisance			
	Current	Change	Current	Change	Current	Change
Surgical ICU	3	3 < font>	3	3 < font>	3	3 < font>
Medical ICU	3	3 < font>	3	3 < font>	3	3 < font>

ADULT DIAGNOSTICS

Pulmonary Function Testing

Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Peak Flow	3	3 < font>	3	3 < font>	3	3 < font>
Bedside Spirometry	3	3 < font>	3	3 < font>	3	3 < font>
Spirometry	3	3 < font>	3	3 < font>	3	3 < font>
Methacholine Challenge	3	3 < font>	3	3 < font>	3	3 < font>
Nitrogen Washout / Helium Dilution	3	3 < font>	3	3 < font>	3	3 < font>
Diffusion Study	3	3 < font>	3	3 < font>	3	3 < font>
Plethysmography	3	3 < font>	3	3 < font>	3	3 < font>
Pulmonary Function Test Quality Assurance	3	3 < font>	3	3 < font>	3	3 < font>

Arterial Blood Gasses

Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change

ABG Sampling	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
ABG Analysis	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
ABG Analyzer Quality Assurance	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>

Hemodynamic Monitoring

Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Arterial Line Sampling	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Pulmonary Artery Line Sampling	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Pulmonary Artery Pressure Measurement	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Thermodilution Cardiac Output Measurement	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>

Pulmonary Testing

Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Bronchoscopy	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Metabolic Assessment	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Stress Testing	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Adult Sleep Studies	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>

Radiology Testing

Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Lung Scan	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Computed Tomography Scan	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Magnetic Resonace Imaging	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Cardiology Testing						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Electrocardiography	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Cardiac Catheterization	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Echocardiography	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Holter Monitoring	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
<input type="button" value="Modify"/> <input type="button" value="Clear_Form"/>						

El Camino Community College

Neonatal Daily Log Program List

34 Procedures - Version 1

Effective Date - **Sunday, August 24, 2003**

Instructions: Please make any changes and submit.

NEONATAL CRITICAL CARE

Patient Data

Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Vital Signs	3	3 <small>font></small>	3	3 <small>font></small>	3	3 <small>font></small>
Chest Assessment	3	3 <small>font></small>	3	3 <small>font></small>	3	3 <small>font></small>
Patient Assessment	3	3 <small>font></small>	3	3 <small>font></small>	3	3 <small>font></small>
X-Ray Interpretation	3	3 <small>font></small>	3	3 <small>font></small>	3	3 <small>font></small>

Oxygen Therapy

Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Nasal CPAP	3	3 <small>font></small>	3	3 <small>font></small>	3	3 <small>font></small>
Oxygen Hood	3	3 <small>font></small>	3	3 <small>font></small>	3	3 <small>font></small>
Nasal Cannula	3	3 <small>font></small>	3	3 <small>font></small>	3	3 <small>font></small>
Pulse Oximetry	3	3 <small>font></small>	3	3 <small>font></small>	3	3 <small>font></small>

Transcutaneous Monitoring	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Aerosol Drug Administration						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Metered Dose Inhaler via Manual Resuscitator	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Small Volume Nebulizer via Blowby	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
In-Line Metered Dose Inhaler	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
In-Line Small Volume Nebulizer	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Bronchial Hygiene						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Chest Physiotherapy	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Resuscitation						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Setup & Ventilation via Endotracheal Tube	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Setup & Ventilation via Mask	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Newborn Assessment / Resuscitation	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>

Neonatal CPR	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Suction Procedures						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Bulb Suctioning	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Endotracheal Suctioning	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Nasotracheal Suctioning	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
In-Line Suctioning	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Endotracheal Tube / Tracheostomy Care						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Securing Artificial Airway	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Tracheostomy Care	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Extubation	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Ventilatory Care						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Ventilator Setup	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>

Routine Ventilator Check	3	3 < font>	3	3 < font>	3	3 < font>
Ventilator Parameter Change	3	3 < font>	3	3 < font>	3	3 < font>
Ventilator Circuit Change	3	3 < font>	3	3 < font>	3	3 < font>
Surfactant Administration	3	3 < font>	3	3 < font>	3	3 < font>
Weaning from Mechanical Ventilation						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Weaning	3	3 < font>	3	3 < font>	3	3 < font>
Patient Transports						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Manual Ventilation during Transport	3	3 < font>	3	3 < font>	3	3 < font>
Transport Ventilation Setup	3	3 < font>	3	3 < font>	3	3 < font>
NEONATAL DIAGNOSTICS						
Arterial Blood Gasses						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Capillary Blood Gas Sampling	3	3 < font>	3	3 < font>	3	3 < font>

El Camino Community College

Pediatric Daily Log Program List

69 Procedures - Version 1

Effective Date - **Sunday, August 24, 2003**

Instructions: Please make any changes and submit.

PEDIATRIC FLOOR THERAPIES

Patient Data

Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Vital Signs	3	3 font>	3	3 font>	3	3 font>
Chest Assessment	3	3 font>	3	3 font>	3	3 font>
Patient Assessment	3	3 font>	3	3 font>	3	3 font>
X-Ray Interpretation	3	3 font>	3	3 font>	3	3 font>

Oxygen Therapy

Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Nasal Cannula	3	3 font>	3	3 font>	3	3 font>
Simple Mask	3	3 font>	3	3 font>	3	3 font>
Non-Rebreather	3	3 font>	3	3 font>	3	3 font>
Air Entrainment Mask	3	3 font>	3	3 font>	3	3 font>

Pulse Oximetry	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Transport with Oxygen	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Aerosol & Humidity Therapy						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Aerosol / Oxygen Tent	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Face Mask	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Ultrasonic Nebulizer	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Aerosol Drug Administration						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Metered Dose Inhaler via Mask or Mouthpiece	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Dry Powder Inhaler	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Small Volume Nebulizer via Mask, Mouthpiece, or Blowby	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Hyperinflation Therapy						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Incentive Spirometry	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>

Bronchial Hygiene

Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Chest Physiotherapy	3	3 < font>	3	3 < font>	3	3 < font>
Mucous Clearance Adjuncts	3	3 < font>	3	3 < font>	3	3 < font>
Intrapulmonary Percussive Ventilation	3	3 < font>	3	3 < font>	3	3 < font>

PEDIATRIC CRITICAL CARE

Oxygen Therapy

Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Oxygen Hood	3	3 < font>	3	3 < font>	3	3 < font>

Aerosol & Humidity Therapy

Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Trach Collar	3	3 < font>	3	3 < font>	3	3 < font>
Tracheal HME with Oxygen Adaptor	3	3 < font>	3	3 < font>	3	3 < font>

Resuscitation

Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change

Setup & Ventilation via Endotracheal Tube	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Setup & Ventilation via Mask	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Pediatric CPR Airway & Ventilation	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Pediatric CPR Compressions	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Suction Procedures						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Bulb Suctioning	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Endotracheal Suctioning	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Nasotracheal Suctioning	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Tracheal Suctioning	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
In-Line Suctioning	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Endotracheal Tube / Tracheostomy Care						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Securing Artificial Airway	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Tracheostomy Care	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Cuff Management	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>

		font>		font>		font>
Extubation	3	3 < font>	3	3 < font>	3	3 < font>
Aerosol Drug Administration						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
In-Line Metered Dose Inhaler	3	3 < font>	3	3 < font>	3	3 < font>
In-Line Small Volume Nebulizer	3	3 < font>	3	3 < font>	3	3 < font>
Small Particle Aerosol Generator	3	3 < font>	3	3 < font>	3	3 < font>
Seimens 300 Ultrasonic Nebulizer	3	3 < font>	3	3 < font>	3	3 < font>
Ventilatory Care						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Ventilator Setup	3	3 < font>	3	3 < font>	3	3 < font>
Routine Ventilator Check	3	3 < font>	3	3 < font>	3	3 < font>
Ventilator Parameter Change	3	3 < font>	3	3 < font>	3	3 < font>
Ventilator Circuit Change	3	3 < font>	3	3 < font>	3	3 < font>
Weaning from Mechanical Ventilation						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change

Weaning	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Noninvasive Positive Pressure Ventilation						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Noninvasive Ventilator Setup	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Noninvasive Ventilator Check	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Patient Transports						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Manual Ventilation during Transport	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Transport Ventilation Setup	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Intensive Care Unit Performance Level						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Pediatric ICU	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
PEDIATRIC DIAGNOSTICS						
Pulmonary Function Testing						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change

Peak Flow	3	3 < font>	3	3 < font>	3	3 < font>
Infant Pulmonary Function Test	3	3 < font>	3	3 < font>	3	3 < font>
Spirometry	3	3 < font>	3	3 < font>	3	3 < font>
Exercise Induced Asthma Test	3	3 < font>	3	3 < font>	3	3 < font>
Methacholine Challenge	3	3 < font>	3	3 < font>	3	3 < font>
Nitrogen Washout / Helium Dilution	3	3 < font>	3	3 < font>	3	3 < font>
Diffusion Study	3	3 < font>	3	3 < font>	3	3 < font>
Plethysmography	3	3 < font>	3	3 < font>	3	3 < font>
Arterial Blood Gasses						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Capillary Blood Gas Sampling	3	3 < font>	3	3 < font>	3	3 < font>
Arterial Blood Gas Sampling	3	3 < font>	3	3 < font>	3	3 < font>
Arterial Blood Gas Analysis	3	3 < font>	3	3 < font>	3	3 < font>
Pulmonary Testing						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Bronchoscopy	3	3 < font>	3	3 < font>	3	3 < font>

		font>		font>		font>
Infant Sleep Studies	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Pediatric Sleep Studies	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Radiology Testing						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Computed Tomography Scan	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Magnetic Resonace Imaging	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Cardiology Testing						
Procedure	Observed		Performed with Assisance		Performed Unassisted	
	Current	Change	Current	Change	Current	Change
Electrocardiography	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Cardiac Catheterization	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
Echocardiography	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>	3	<input type="text" value="3"/> < font>
	<input type="button" value="Modify"/>		<input type="button" value="Clear Form"/>			

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