

PROCEDURAL COMPETENCY EVALUATION

Name _____

Date _____

Aerosol Medication Delivery

Setting: Lab Clinical

Evaluator: Peer Instructor

Conditions (describe): _____

Equipment Used

S	U	N	N
A	N	O	O
T	S	T	T
I	S		
S	A	O	A
F	T	I	P
A	I	S	P
C	S	F	L
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R	T	V	A
Y	O	E	B
	R	D	A
	Y		B
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Equipment and Patient Preparation

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Verifies, interprets, and evaluates physician's order or protocol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Scans chart for diagnosis and any other pertinent data and notes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Determines most appropriate medication(s) to achieve therapeutic goals, and calculates correct drug dosage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Determines most appropriate delivery device (DPI, MDI, SVN, USN, LVN, SPAG, Respirgard, Cadema, Circulaire, or Heart) to achieve therapeutic goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Determines most appropriate patient interface to achieve therapeutic goals (mouth-piece, spacer, mask, T-piece, tracheostomy collar, ventilator in-line adaptor) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Selects, gathers, and assembles the necessary equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Washes hands and applies standard precautions and transmission-based isolation procedures as appropriate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Identifies patient, introduces self and department | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Explains purpose of the procedure and confirms patient understanding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Assessment and Implementation

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. Positions patient in an upright position | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Assesses patient before therapy for heart rate and pattern, respiratory rate and pattern, auscultation and peak flow measurement, and level of dyspnea | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. If MDI is used, instructs patient on MDI administration as follows: | | | | |
| a. Removal of dust cap, inspection of the actuator mouthpiece for any foreign objects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Shaking of MDI, actuation for one puff into air while holding the canister upside down if more than 24 hours have elapsed since last use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Placement of spacer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Normal exhalation (not to RV) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Slow inspiration with coordination of MDI actuation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Maximal inhalation with inspiratory hold for up to 10 sec if possible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Waiting at least 1 to 2 min between puffs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Recapping the mouthpiece when finished | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Rinsing mouth when done to prevent infection, side effects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Rinsing of mouthpiece and spacer with warm water at least daily | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Determination of MDI contents remaining | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. If ventilator interface is used, coordinates actuation with inspiratory phase of ventilator cycle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. If SVN is used, aseptically fills the nebulizer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Adjusts appropriate compressed gas source to 6 to 8 lmp | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Applies appropriate patient interface and instructs patient to take slow, deep breaths with occasional inspiratory hold as tolerated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Periodically reassesses patient throughout the treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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- 17. Modifies patient's technique as needed based on responses, and reinstructs as necessary
- 18. Terminates treatment when complete medication dosage is nebulized or significant adverse reactions occur
- 19. Reassesses vital signs, breath sounds, and peak flow
- 20. Encourages patient to cough and expectorate sputum or suction as needed; observes sputum for volume, color, consistency, odor, and presence or absence of blood
- 21. Collects sputum, labels, and sends to lab if indicated
- 22. Rinses nebulizer with sterile water and air dries; places it aseptically in a patient treatment bag
- 23. If an inhaled corticosteroid is being used, has the patient rinse mouth and gargle throat with water when finished
- 24. Instructs patient or family on disinfection of aerosol equipment

Follow-up

- 25. Disposes of infectious waste and washes hands
- 26. Records pertinent data in chart and departmental records
- 27. Notifies appropriate personnel and makes any necessary recommendations or modification to the patient care plan

Signature of Evaluator

Signature of Student

PERFORMANCE RATING SCALE

- 5** EXCELLENT – FAR EXCEEDS EXPECTED LEVEL, FLAWLESS PERFORMANCE
- 4** ABOVE AVERAGE – NO PROMPTING REQUIRED, ABLE TO SELF-CORRECT
- 3** AVERAGE – THE MINIMUM COMPETENCY LEVEL, NO CRITICAL ERRORS
- 2** IMPROVEMENT NEEDED – PROBLEM AREAS EXIST; CRITICAL ERRORS, CORRECTIONS NEEDED
- 1** POOR AND UNACCEPTABLE PERFORMANCE – GROSS INACCURACIES, POTENTIALLY HARMFUL

PERFORMANCE CRITERIA

SCALE

1. DISPLAYS KNOWLEDGE OF ESSENTIAL CONCEPTS	5	4	3	2	1
2. DEMONSTRATES THE RELATIONSHIP BETWEEN THEORY AND CLINICAL PRACTICE	5	4	3	2	1
3. FOLLOWS DIRECTIONS, EXHIBITS SOUND JUDGEMENT, AND DEMONSTRATES ATTENTION TO SAFETY AND DETAIL	5	4	3	2	1
4. EXHIBITS THE REQUIRED MANUAL DEXTERITY	5	4	3	2	1
5. PERFORMS PROCEDURE IN A REASONABLE TIME FRAME	5	4	3	2	1
6. MAINTAINS STERILE OR ASEPTIC TECHNIQUE	5	4	3	2	1
7. INITIATES UNAMBIGUOUS GOAL-DIRECTED COMMUNICATION	5	4	3	2	1
8. PROVIDES FOR ADEQUATE CARE AND MAINTENANCE OF EQUIPMENT AND SUPPLIES	5	4	3	2	1
9. EXHIBITS COURTEOUS AND PLEASANT DEMEANOR	5	4	3	2	1
10. MAINTAINS CONCISE AND ACCURATE RECORDS	5	4	3	2	1

ADDITIONAL COMMENTS: INCLUDE ERRORS OF OMISSION OR COMMISSION, COMMUNICATIVE SKILLS, AND EFFECTIVENESS OF PATIENT INTERACTION:

SUMMARY PERFORMANCE EVALUATION AND RECOMMENDATIONS

SATISFACTORY PERFORMANCE – Performed without error or prompting, or able to self-correct, no critical errors.

_____ LABORATORY EVALUATION. SKILLS MAY BE APPLIED/OBSERVED IN THE CLINICAL SETTING.

_____ CLINICAL EVALUATION. STUDENT READY FOR MINIMALLY SUPERVISED APPLICATION AND REFINEMENT.

UNSATISFACTORY PERFORMANCE – Prompting required; performed with critical errors, potentially harmful.

_____ STUDENT REQUIRES ADDITIONAL LABORATORY PRACTICE.

_____ STUDENT REQUIRES ADDITIONAL SUPERVISED CLINICAL PRACTICE.

SIGNATURES

STUDENT: _____

EVALUATOR: _____

DATE: _____

DATE: _____

