

PROCEDURAL COMPETENCY EVALUATION

Name _____

Date _____

Capnography

Setting: Lab Clinical

Evaluator: Peer Instructor

Conditions (describe): _____

Equipment Used

S
A
T
I
S
F
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C
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O
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Y

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Equipment and Patient Preparation

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Verifies, interprets, and evaluates physician's order or protocol; determines F ₁ O ₂ and ventilator settings | <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. Selects, gathers, and assembles the necessary equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Tests equipment and verifies calibration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 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"/> |
| 6. Identifies patient, introduces self and department | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Explains purpose of the procedure and confirms patient understanding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Assessment and Implementation

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 8. Assesses patient and confirms F ₁ O ₂ and ventilator settings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Turns unit on and allows warm-up time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Connects sampling tube to patient's nose or in-line to ventilator circuit with proper adaptor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ensures that there is no excess pull on airway | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Records highest P _E CO ₂ after 3 min | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Prints capnograph wave if applicable and determines ventilatory status | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Follow-up

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 14. Maintains/processes equipment as necessary; if continuous monitoring performed, checks line and water trap for moisture, debris | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Disposes of infectious waste and washes hands | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Records pertinent data in chart and departmental records | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Notifies appropriate personnel and makes any necessary recommendations or modifications to the patient care plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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: _____