# Procedural Competency Evaluation

**Oxygen Hood**

**Setting:**  [ ] Lab  [ ] Clinical  
**Evaluator:**  [ ] Peer  [ ] Instructor

**Conditions (describe):**

________________________________________________________________________

________________________________________________________________________

**Equipment Used**

________________________________________________________________________

**Equipment and Patient Preparation**

1. Verifies, interprets, and evaluates physician’s order or protocol
2. Scans chart for diagnosis and any other pertinent data and notes
3. Selects, gathers, and assembles the necessary equipment
4. Washes hands and applies standard precautions and transmission-based isolation procedures as appropriate
5. Identifies patient, introduces self and department
6. Explains purpose of the procedure and confirms parental understanding

**Assessment and Implementation**

7. Assesses the patient before beginning oxygen therapy by measuring pulse, respiratory rate, quality of respirations, and color; a pulse oximeter may be used; determines the degree of labored breathing
8. Connects the blender or air and oxygen flowmeters
9. Attaches the nebulizer or humidifier
10. Fills the nebulizer or humidifier with sterile water
11. Inserts the heater in the nebulizer and plugs it into an electrical outlet
12. Adjusts the blender to the prescribed F1O2
13. Sets the flowmeter to 7 lpm or greater
14. Attaches the large-bore tubing to the nebulizer outlet and inlet of the oxygen hood
15. Inserts a temperature probe in to the open port on the top of the oxyhood
16. Inserts the infant mannequin into the hood
17. Analyzes the F1O2 at the level of the infant’s mouth
18. Allows for warm-up time, adjusts heater if necessary, and ensures a neutral thermal environment
19. Reassesses the patient after 5 min

**Follow-up**

20. Maintains/processes equipment
21. Disposes of infectious waste and washes hands
22. Records pertinent data in chart and departmental records
23. Notifies appropriate personnel and makes any necessary recommendations or modifications to the patient care plan

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**Signature of Evaluator**  
**Signature of Student**

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Oxygen Hood.docx
## PERFORMANCE RATING SCALE

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<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>5</td>
<td>EXCELLENT – FAR EXCEEDS EXPECTED LEVEL, FLAWLESS PERFORMANCE</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4</td>
<td>ABOVE AVERAGE – NO PROMPTING REQUIRED, ABLE TO SELF-CORRECT</td>
<td></td>
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<tr>
<td>3</td>
<td>AVERAGE – THE MINIMUM COMPETENCY LEVEL, NO CRITICAL ERRORS</td>
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<tr>
<td>2</td>
<td>IMPROVEMENT NEEDED – PROBLEM AREAS EXIST; CRITICAL ERRORS, CORRECTIONS NEEDED</td>
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<tr>
<td>1</td>
<td>POOR AND UNACCEPTABLE PERFORMANCE – GROSS INACCURACIES, POTENTIALLY HARMFUL</td>
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## PERFORMANCE CRITERIA

1. **DISPLAYS KNOWLEDGE OF ESSENTIAL CONCEPTS**
   - Scale: 5 4 3 2 1

2. **DEMONSTRATES THE RELATIONSHIP BETWEEN THEORY AND CLINICAL PRACTICE**
   - Scale: 5 4 3 2 1

3. **FOLLOWS DIRECTIONS, EXHIBITS SOUND JUDGEMENT, AND DEMONSTRATES ATTENTION TO SAFETY AND DETAIL**
   - Scale: 5 4 3 2 1

4. **EXHIBITS THE REQUIRED MANUAL DEXTERITY**
   - Scale: 5 4 3 2 1

5. **PERFORMS PROCEDURE IN A REASONABLE TIME FRAME**
   - Scale: 5 4 3 2 1

6. **MAINTAINS STERILE OR ASEPTIC TECHNIQUE**
   - Scale: 5 4 3 2 1

7. **INITIATES UNAMBIGUOUS GOAL-DIRECTED COMMUNICATION**
   - Scale: 5 4 3 2 1

8. **PROVIDES FOR ADEQUATE CARE AND MAINTENANCE OF EQUIPMENT AND SUPPLIES**
   - Scale: 5 4 3 2 1

9. **EXHIBITS COURTEOUS AND PLEASANT DEEMANOR**
   - Scale: 5 4 3 2 1

10. **MAINTAINS CONCISE AND ACCURATE RECORDS**
    - Scale: 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: ___________________________