

**UNIVERSITY OF SOUTH ALABAMA
DEPARTMENT OF CARDIORESPIRATORY CARE
Clinical Competency Checklist
Ventilator Rounds Checklist**

Student Name _____ **Date** _____ **Attempt #** _____

Rating Scale: **0 = Inappropriate, no, incorrect, undone, absent**
 1 = Needs additional study and practice
 2 = appropriate, yes, correct, done, present

ITEM

RATING

- | | |
|---|-------|
| 1. Washes hands. | _____ |
| 2. Performs patient assessment and suctioning, if indicated. | _____ |
| 3. Checks tube size and placement. Reviews x-ray for ET tube if applicable. | _____ |
| 4. Checks ventilator parameters, contacts physician and/or therapist on duty for discrepancies. | _____ |
| 5. Checks humidifier for water level. | _____ |
| 6. Records parameters and patient assessment. | _____ |

Total = _____ out of 12

% = _____

70% proficiency required to pass

Instructor's Signature: _____

Instructor's Name: _____ Credential: _____
(Please print)

Student's Signature: _____