

OPTIONAL

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UNIVERSITY OF SOUTH ALABAMA
DEPARTMENT OF CARDIORESPIRATORY CARE
Clinical Competency Checklist
Intermittent Therapy (Aerosol/CPT) of the Neonate

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. Check physician's orders for therapy. | _____ |
| 2. Wash hands. | _____ |
| 3. Secure equipment for treatment. | _____ |
| 4. Assess patient. | _____ |
| 5. Perform therapy as ordered. | _____ |
| 6. Reassess patient and perform suctioning if indicated. | _____ |
| 7. Chart therapy. | _____ |

Total = _____ out of 14 % = _____ 70% proficiency required to pass

Instructor's Signature: _____

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

Student's Signature: _____