

UNIVERSITY OF SOUTH ALABAMA
DEPARTMENT OF CARDIORESPIRATORY CARE
Clinical Competency Checklist
Infant Flow System (IFS)

Student Name _____ Date _____ Attempt # _____

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

<u>ITEM</u>	<u>RATING</u>
1. Washes hands.	_____
2. Performs patient assessment: nasal area, prong/mask and bonnet.	_____
3. Checks ventilator parameters and makes any necessary adjustments (e.g. CPAP level, FiO ₂ , flow, alarm settings, etc.)	_____
4. Checks ventilator for proper functioning (e.g. kinks in tubing, temperature, humidity settings).	_____
5. Correctly positions circuit.	_____
6. Documents ventilator 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: _____