

UNIVERSITY OF SOUTH ALABAMA
DEPARTMENT OF CARDIORESPIRATORY CARE
Clinical Competency Checklist
Oxygen 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

<u>ITEM</u>	<u>RATING</u>
1. Checks FiO ₂ with calibrated oxygen analyzer.	_____
2. Checks level of water in nebulizer/humidifier.	_____
3. Refills or replaces nebulizer/humidifier if necessary.	_____
4. Weans oxygen if necessary.	_____
5. Charts FiO ₂ /flow and time of check.	_____

Total = _____ out of 10

% = _____

70% proficiency required to pass

Instructor's Signature: _____

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

Student's Signature: _____