

**UNIVERSITY OF SOUTH ALABAMA
COLLEGE OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIORESPIRATORY CARE**

Ventilator Rounds Checklist

Name: _____

Date _____

VENTILATOR: _____

Rating Scale: 0 = inappropriate, incorrect, or omitted
 1 = needs additional study and practice
 2 = appropriate and correct
 N/A = not applicable

One checklist must be submitted for each ventilator.

<u>Item</u>	<u>Rating</u>
1. Checks physician orders for parameters or receives verbal order.	_____
2. Performs patients assessment and suctioning, if indicated.	_____
3. Obtains spontaneous parameters and records on flow sheet, if indicated.	_____
4. Checks and adjusts mechanical parameters and records on flow sheet.	_____
5. Records most recent blood gases adjacent to their parameters, if indicated.	_____
6. Obtains and records cuff pressure, if indicated.	_____
7. Records patient assessment data.	_____

100% proficiency required to pass Score = $\frac{x}{14} \times 100 =$ _____% _____ pass _____ fail

Instructor's Signature: _____

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

Student's Signature: _____

Comments _____