

Employee:	Date of Evaluation:			
Procedure: <b>CPAP/BiPAP mask fitting</b>	<b>PEL/VIP, LTD 9840 Southwest Highway Oak Lawn, IL 60453 708-423-8888</b>			
Age-Specific Resident Type:	Setting:	<b>A</b>	<b>UA</b>	<b>NA</b>
<b>PRELIMINARY STEPS</b>				
Verifies physicians orders				
<b>RESIDENT INTERACTION AND EQUIPMENT PREPARATION</b>				
Obtains appropriate equipment and supplies (if applicable)				
Correctly identifies resident				
Introduces self and identifies department				
Explains procedure to resident				
Confirms resident understanding				
Washes hands and implements Universal Precautions				
For <u>nasal mask</u> : checks to see that mask is placed over the nose				
Looks for any sign of loose headgear straps				
Tightens any loose straps, checks to be sure straps are snug, not too tight				
Checks straps to see that they are properly positioned				
Checks to see if there are air leaks into the eyes or at the bottom corners of the mask				
For <u>full face mask</u> : checks to see that mask is properly placed over nose and mouth				
Checks to see that bottom of mask lays in crease of chin, not on the bottom lip or under the chin				
Looks for any sign of loose headgear straps				
Tightens any loose straps, checks to be sure straps are snug, not too tight				
Checks straps to see that they are properly positioned				
Checks to see if there are air leaks into the eyes or at the bottom corners of the mask				
Washes hands				
<b>A = ACCEPTABLE    UA = UNACCEPTABLE    NA = NOT APPLICABLE</b>				

**Employee signature:** \_\_\_\_\_

**Evaluator signature:** \_\_\_\_\_