

Employee:	Date of Evaluation:			
Procedure: Hand Held Nebulizer	PEL/VIP, LTD 9840 Southwest Highway Oak Lawn, IL 60453 708-423-8888			
Age-Specific Resident Type:	Setting:	A	UA	NA
PRELIMINARY STEPS				
Verifies physicians orders				
RESIDENT INTERACTION AND EQUIPMENT PREPARATION				
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				
Performs basic patient assessment. Assesses vital signs & breath sounds.				
Positions patient appropriately				
Assembles nebulizer properly. Adds medication according to orders.				
Initiates therapy using appropriate delivery device.				
Instructs patient on proper breathing technique.				
Assesses patient for adverse reactions and reacts appropriately.				
Terminates therapy appropriately				
Encourages patient to cough. Observes sputum characteristics, if applicable.				
Disassembles nebulizer & shakes out excess medication. Stores properly				
Re-assesses vital signs and breath sounds.				
Disposes of used supplies & gloves. etc. according to protocol				
Washes hands				
A = ACCEPTABLE UA = UNACCEPTABLE NA = NOT APPLICABLE				

Employee signature: _____

Evaluator signature: _____