

# PELVIP

## RESPIRATORY CARE SKILL EVALUATION

Associate:	Date:			
Procedure: <b>Tracheostomy Care</b>	Setting:	A	UA	NA
Age-Specific Patient Type:	<input type="checkbox"/> Peer Review <input type="checkbox"/> Practice Evaluation <input type="checkbox"/> Final Evaluation			
<b>Preliminary Steps</b>				
Acquires requisition or report.				
Maintains appropriate equipment and supplies, including more than one size of replacement tube				
Inspects medical records for precautions/complications.				
Verifies physician's order & evaluates order for compliance Clinical Practice Guidelines.				
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<b>Patient Interaction and Equipment Preparation</b>				
Correctly identifies patient & introduces self and identifies department.				
Explains procedure to patient and provides patient/family education.				
Confirms patient understanding.				
Washes hands and implements Universal Precautions.				
Perform basic patient assessment. Assesses vital signs.				
Properly assembles equipment while maintaining aseptic technique.				
Positions patient appropriately & Stabilizes patient's head and neck.				
Puts on gloves & Hyperoxygenates patient, if indicated				
Suctions patient airway as per protocol				
Washes hands again and dons gloves				
Opens sterile trach care kit. Maintains aseptic technique.				
Removes inner cannula and replaces or cleans as indicated				
Appropriately cleans stoma area. Checks for signs of infection or irritation.				
Properly replaces tracheostomy dressing.				
Replace trach tie with twill tape or trach tube holder. Checks for proper fit.				
Assesses patient for adverse reactions and reacts appropriately				
Checks tracheostomy tube position and integrity.				
Checks tube cuff.				
Re-assess vital signs.				
<b>Patient Evaluation and Termination of Procedure</b>				
Checks tube placement b auscultation				
Takes appropriate action for adverse response and notifies appropriate personnel..				
Auscultates chest for breath sounds.				
Observes chest for symmetrical chest excursion.				
Disposes of used supplies & gloves, etc. according to protocol.				
<b>Documentation and Records</b>				
Communicates with nurse/ physician as indicated				
Documents all information and or data.				
Communicates with nurse/ physician as indicated				

A - Acceptable    UA – Unacceptable    NA - Not Applicable    Total Components: \_\_\_\_\_ Total Passed \_\_\_\_\_ Score \_\_\_\_\_ %

Associates Signature: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_