****NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**SKILL PERFORMANCE EVALUATION**

MEDICATION ADMINISTRATION

**BRONCHODILATOR METERED DOSE INHALER (MDI)**

**PERFORMANCE OBJECTIVES**

Demonstrate proficiency in recognizing the indications, contraindications, criteria for administration of a bronchodilator. Also demonstrate proficiency in assisting a patient with the administration of a bronchodilator inhaler, a physician prescribed emergency medication.

**EQUIPMENT**

Simulated patient, oxygen tank with a flow meter, oxygen mask, blood pressure cuff, stethoscope, placebo bronchodilator inhaler cartridge with a plastic mouthpiece, spacer device, timing device, clipboard, pen, PCR forms, eye protection, masks, gown, gloves.

**SCENARIO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXAMINER(S):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Attempt: 1st 2nd 3rd (final)**

PASS

FAIL

|  |
| --- |
|   |
| **PREPARATION** |
| **Performance Criteria** | **YES** | **NO** | **Comments** |
| Establishes appropriate BSI precautions |  |  |  |
| Completes primary assessment: |  |  |  |
| Administers oxygen – if indicated |  |  | Scenario dependent |
| Complete an appropriate secondary assessment | Performs a focused physical assessment of the chest |  |  |  |
| Verbalizes criteria for assisting with medication: | The medication was prescribed by a physician  |  |  |  |
| The medication is prescribed for the patient |  |  |
| The indication(s) are met  |  |  |
| There are no contraindications  |  |  |
| Verbalizes indications for assisting with a bronchodilator inhaler | Symptoms of respiratory distress:* shortness of breath
* wheezing
* coughing
* difficulty speaking
 |  |  |  |
| Verbalizes contraindications: | Maximum prescribed dose taken |  |  |  |
| Unable to follow directions or use inhaler |  |  |

|  |  |
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| **PROCEDURE** |

 |
| **Performance Criteria** | **YES** | **NO** | **Comments** |
| Checks medication for: | **D**rug name |  |  |  |
| **I**ntegrity of container |  |  |
| **C**oncentration/dose |  |  |
| **C**larity |  |  |
| **E**xpiration date |  |  |
| Prepares Medication: | Removes the mouthpiece cover |  |  |  |
| Shakes inhaler 5-6 times |  |  |
| Inserts cartridge into mouthpiece |  |  |
| Attaches a spacer device - *if available* |  |  |
| Removes the oxygen source |  |  |  |
| Instructs the patient to breathe out normally (not forcefully) |  |  |  |
| Instructs the patient to take a slow, deep breath and take in as much air as possible when directed |  |  |  |
| (Without a Spacer Device)Positions the inhaler | Places the inhaler inside of the patient’s mouth, past the teeth, above the tongue |  |  | Scenario dependent |
| **OR** |  |  |
| Places a spacer to the mouth piece and closes the lips of the patient around spacer |  |  |
| Instructs the patient to inhale  |  |  |  |
| Depresses the inhaler | **Without Spacer:**Has the patient inhale for 5-7 seconds and depresses the inhaler one (1) time |  |  |  |
| **With Spacer:**Press the inhaler one (1) time and have patient breathe in and out normally 3-4 breaths |  |  |
| Instructs the patient to hold his/her breath for as long as comfortable or up to 10 seconds before breathing out slowly through pursed lips |  |  |  |
| Removes the inhaler |  |  |  |
| Replaces the oxygen source |  |  |  |
| Re-assesses respiratory function | rate |  |  |  |
| rhythm |  |  |
| quality |  |  |
| lung sounds |  |  |

Developed: 3/10 Revised: 10/2018