NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**SKILL PERFORMANCE EVALUATION**

PATIENT ASSESSMENT

**RESPIRATIONS**

**PERFORMANCE OBJECTIVES**

Demonstrate competency in performing an accurate respiratory assessment.

**EQUIPMENT**

Live model, timing device, stethoscope, eye protection, mask, gown, gloves.

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

PASS

FAIL

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

|  |
| --- |
|   |
| **PREPARATION** |
| **Performance Criteria** | **YES** | **NO** | **Comments** |
| Establishes appropriate BSI precautions |  |  |  |  |
|   |
| **PRIMARY ASSESSMENT** |
| **Performance Criteria** | **YES** | **NO** | **Comments** |
| Considers the need for additional BSI |  |  |  |
| Observes or feels for rise and fall of chest |  |  |  |
| Assesses respirations:  | Rate(fast, slow, normal) |  |  |  |
| Effort/Quality |  |  |
| Tidal Volume |  |  |
| Assesses breath sounds - if difficulty breathing or shortness of breath | Present |  |  |  |
| (Rapid chest auscultation) | Equal |  |  |
|  |
| **SECONDARY ASSESSMENT** |
| **Performance Criteria** | **YES** | **NO** | **Comments** |
| Assesses respirations/Manages breathing | Rate(respirations/minute) |  |  | Scenario dependent |
| Effort/Quality(breath sounds clear, noisy, absent or present)  |  |  |
| Tidal Volume(normal, decreased or increased) |  |  |
| Rhythm /Pattern(regular/irregular) |  |  |
| Administers O2 – *if indicated* |  |  |
| ***Provides positive pressure ventilation with a BMV- if indicated*** |  |  |
| Assesses breath sounds in 3 bilateral anterior or posterior fields (apices, mid-lung, and bases) |  |  |  |

**Developed: 1/10 Revised 10/2018**