

Validation Checklist
1:1 ALS Program Orientation / Competencies
Assisting with Intubation

NAME: _____ **ID#** _____
(Please Print)

JOB POSITION: _____ **INITIAL:** **RENEWAL:** **DATE:** _____

PROCEDURE			
Performance Criteria	YES	NO	Comments
Successfully perform 30 seconds of bag mask ventilation on patient with respiratory failure or apnea. (Watch for chest rise to indicate appropriate manual ventilation.)			
Prepare to assist paramedic by handing requested equipment as needed			
Hold tube in place and ventilate immediately upon passage of tube and at direction of paramedic partner. (rate-10-12/min)			
Attach end tidal CO2 or colorimetric device between bag and tube to help assess placement			
Ventilate with direction from paramedic partner, so that lung sounds may be assessed			
Make sure tube does not get pulled or displaced during care or until turned over to paramedic for management during transport.			
Notify the paramedic if: <ul style="list-style-type: none"> • Increased resistance is encountered • Here is gurgling in the tube • The patient is restless and pulling at the tube • Bilateral chest rise is not observed 			

Validator Attestation Statement: *My signature below indicates that I have reviewed/validated each line item and that completion by the employee occurred on the date stated at the top of this document.*

VALIDATOR NAME / SIGNATURE: _____ **DATE:** _____
(Print Name & Sign)

- I understand the content and have completed the above competency assessment and verification process. I believe that I am a competent provider of this service as a result of training, experience and / or competency verification.
- I understand that I have not met the criteria needed to verify that I am competent provider of this service. I agree to participate in additional leaning activities as assigned in order to meet criteria.
- I also understand that this form will be kept in my education file and is available upon request.

EMPLOYEE SIGNATURE: _____

DATE: _____