

PERFORMANCE EVALUATION: SMALL-VOLUME NEBULIZER THERAPY

Date: Lab _____ Clinical _____ Agency _____

Lab: Pass _____ Fail _____ Clinical: Pass _____ Fail _____

Student name _____ Instructor name _____

No. of times observed in clinical _____

No. of times practiced in clinical _____

PASSING CRITERIA: Obtain 90% or better on the procedure. Tasks indicated by * must receive at least 1 point, or the evaluation is terminated. Procedure must be performed within designated time, or the performance receives a failing grade.

SCORING:
 2 points — Task performed satisfactorily without prompting.
 1 point — Task performed satisfactorily with self-initiated correction.
 0 points — Task performed incorrectly or with prompting required.
 NA — Task not applicable to the patient care situation.

TASKS:	PEER	LAB	CLINICAL
* 1. Verifies the physician's order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Scans the chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 3. Follow standard precautions, including handwashing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Obtains the required equipment			
* a. Oxygen flowmeter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* b. Small-volume nebulizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* c. Peak flowmeter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* d. Respirometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 5. Prepares the medication in accordance with the physician's order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Monitors the patient before therapy			
* a. Pulse and respiratory rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* b. Peak flow rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* c. Vital capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* d. Breath sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 7. Uses the appropriate gas for a propellant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Coaches and encourages the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Monitors the patient			
* a. Pulse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* b. Respiratory rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Encourages and assists the patient to cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Monitors therapy effectiveness			
* a. Peak expiratory flow rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* b. Vital capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 12. Uses aseptic technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 13. Removes unneeded equipment
- 14. Leaves the patient area safe and clean
- * 15. Charts the therapy appropriately

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORE: Peer _____ points of possible 46; _____%
Lab _____ points of possible 46; _____%
Clinical _____ points of possible 46; _____%

TIME: _____ out of possible 20 minutes

STUDENT SIGNATURES

INSTRUCTOR SIGNATURES

PEER: _____

LAB: _____

STUDENT: _____

CLINICAL: _____