**SKILL: Nebulization of Medication**

**LEARNER NAME: DATE: / /**

*\*\*Learner expected to introduce him/herself and ask for consent at all times*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **PERFORMANCE** | **Possible Points** | **Points Obtained** | **Competent** | **Omitted** |
| 1 | Determine the need for nebulization |  |  |  |  |
| 2 | Student to verbalize indications for Nebulization |  |  |  |  |
| 3 | Explain the procedure to the patient and ensure their cooperation |  |  |  |  |
| 4 | Calm and reassure the patient if anxious, ensure patient is seated upright. |  |  |  |  |
| 5 | Auscultate the patient’s chest and identify wheezing present |  |  |  |  |
| 6 | Choose correct B2 stimulants or Anticholinergic Agent |  |  |  |  |
| 7 | Insert medication into nebulizer medication cup |  |  |  |  |
| 8 | Correctly assemble nebulizer with medication |  |  |  |  |
| 9 | Attach oxygen tubing to the nebulizer |  |  |  |  |
| 10 | Select the correct flow rate 4l-6l/min, just enough to produce mist. |  |  |  |  |
| 11 | Apply nebulizer to the patient and ensure it is correctly fitted. |  |  |  |  |
| 12 | Reassess patient’s chest after 5 minutes |  |  |  |  |
| 13 | Repeat if required |  |  |  |  |
| 14 | Remove nebulizer if desired effect has been achieved. |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

References:

* PHECC
* AHA

**Overall assessment of learner’s performance:**

**NOT YET COMPETENT**

**COMPETENT**

Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

