**SKILL: Use of a transport ventilator**

**LEARNER NAME: DATE: / /**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **PERFORMANCE** | **Possible Points** | **Points Obtained** | **Competent** | **Omitted** |
|  | *Preparation* |  |  |  |  |
|  | *Check cylinder:*  a. Correct cylinder (Oxygen / Air)  b. Correct regulator  c. Correct male and female attachments  d. Amount of oxygen/air in cylinder |  |  |  |  |
|  | *Check ventilator:*  a. Check all connections (ventilator circuit,  etc.)  b. Check battery status (if applicable)  c. Perform self-test (if applicable) |  |  |  |  |
|  | *Setup ventilator* |  |  |  |  |
|  | Select mode of ventilation (CMV, IPPV, SIMV, CPAP etc.) |  |  |  |  |
|  | Select type of ventilation (volume control or pressure control) |  |  |  |  |
|  | Set ventilation frequency |  |  |  |  |
|  | Select appropriate tidal volume or pressure |  |  |  |  |
|  | Set I:E ratio |  |  |  |  |
|  | Set PEEP appropriately |  |  |  |  |
|  | Set trigger sensitivity (if applicable) |  |  |  |  |
|  | Set pressure support (if applicable) |  |  |  |  |
|  | Set peak pressure alarm according to patient’s condition |  |  |  |  |
|  | Set low pressure alarm (if applicable) |  |  |  |  |
|  | Set low and high minute volume alarms (if applicable) |  |  |  |  |
|  | Attach test lung and switch ventilator on |  |  |  |  |
|  | Remove test lung once satisfied with  ventilation test |  |  |  |  |
|  | *Ventilation* |  |  |  |  |
|  | Attach ventilator to ET tube with filter |  |  |  |  |
|  | *Assess respiratory function and status:*  a. Bilateral breath sounds (apices and bases)  b. Visible chest rise  c. Absence of hypoxia  d. Adequate oxygen saturations  e. Monitor end-tidal CO2 levels  f. Analyse arterial blood gas (if available) |  |  |  |  |
|  | If necessary, adjust according to 2 |  |  |  |  |
|  | Provide adequate sedation and analgesia |  |  |  |  |
|  | Routinely check oxygen and air levels in cylinders |  |  |  |  |

References:

**NOT YET COMPETENT**

**COMPETENT**

* PHECC
* HPCSA

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

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

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

