

Delta Ambulance
CLINICAL PROFICIENCY
MECHANICAL VENTILATION

SKILL	1	2	3	COMMENTS
1. Verbalizes BSI Precautions				
2. Obtains a brief history and medications				
3. Identifies the Physiology/Gas Exchange/ Of the Respiratory system				
4. Identifies the areas of the Mechanical Ventilator. a. Ventilation Mode setting b. Tidal Volume Setting c. Pressure Support d. Rate setting e. FIO2 setting f. PEEP- d. Inspiratory Time g. Alarms. / Alarm Configuration/ How to access ext menu.				
5 Demonstrates setting up the Mechanical Ventilator. a. Connects Circuit to the Ventilator b. Attaches Vent to portable or in house O2 supply				
6. Confirms the Ventilator Mode Setting.				
7. Identifies the Various Mode Settings a. AC – Assist Control b. SIMV c. Breath Modes- specific setting d. Pressure Control e. PRVC- Pressure Regulated Volume Control				
8. Demonstrates the Operation of the Vent a. Set Operation Mode b. Sets Ventilator Rate c. Sets the Inspiratory Time d. Sets the Tidal Volume e. Understands VTe f. Sets the O2/Air Mix Percentage g. Sets the PEEP/PIP.				
9. Demonstrates how to set Low Pressure and High Pressure Alarms a. High Pressure 10 pts above baseline b. Low Pressure 5-10 pts below baseline				
10. Identifies PEEP vs. PIP				
11. Verifies Operation prior to connecting to Patient.				
12 Demonstrates attaching the Vent Circuit to The patient with ETCO₂ in place				
13. Identifies Effective Ventilation a. Capnography Wave Form b. Look				

c. Listen d. Feel			
14. Identifies Normal Lab Values and Recognizes abnormal Lab values that indicate MD/RT attention.			
15. Demonstrates Ventilation for Specific Patient Types. a. ARDS or Acute Lung Injury i.e high peep or Pressure support b. Asthma and COPD ie Low Peep and assess for dynamic hyperinflation c. Lung protective ventilation d. Burns or Smoke Inhalation.			
16. Demonstrates preparing the Ventilator and Patient for transport. a. Secures the Vent. b. Recommends placing the Patient in a C-Collar.			
17. Confirms ETT Placement after any Significant movement			

Comments:

Paramedic: Name _____ . Signature _____ .

Evaluator: Name _____ . Signature _____ .

Date of Competency: ____ / ____ / ____

Type (please circle) **HPS** **Direct PT Contact** **Both**