UNIVERSITY OF SOUTH ALABAMA
DEPARTMENT OF CARDIORESPIRATORY CARE
Clinical Competency Checklist
Ventilator Rounds Checklist

Student Name ___________________________   Date ________     Attempt # ____________

Rating Scale:  0 = Inappropriate, no, incorrect, undone, absent
               1 = Needs additional study and practice
               2 = appropriate, yes, correct, done, present

ITEM                                   RATING

1. Washes hands.                       ______
2. Performs patient assessment and suctioning, if indicated. _____
3. Checks tube size and placement. Reviews x-ray for ET tube if applicable. _____
4. Checks ventilator parameters, contacts physician and/or therapist on duty for discrepancies. _____
5. Checks humidifier for water level.   _____
6. Records parameters and patient assessment. _____

Total = ______ out of 12

% = ______

70% proficiency required to pass

Instructor’s Signature: ____________________________________________

Instructor's Name: ___________________________ Credential: _____
(Please print)

Student's Signature: _____________________________________________