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: nasal area, prong/mask and bonnet. ________
3. Checks ventilator parameters and makes any necessary adjustments (e.g. CPAP level, \( F_{O_2} \), flow, alarm settings, etc.) ________
4. Checks ventilator for proper functioning (e.g. kinks in tubing, temperature, humidity settings). ________
5. Correctly positions circuit. ________
6. Documents ventilator 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: ____________________________________________