

**McHenry Western Lake County EMS | McHenry County College  
Skill Proficiency Record**

**< Mucosal Atomization Device (MAD) >**

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions: Items marked with an asterisk (\*) must be demonstrated with 100% accuracy; otherwise a retest will be required.

Performance Standard	Satisfactory			Required Coaching			Unsatisfactory		
	Test 1	Test 2	Test 3	Test 1	Test 2	Test 3	Test 1	Test 2	Test 3
*Verbalizes drug(s) associated with the delivery device within scope [ ] Naloxone [ ] Glucagon	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Verbalizes indication for MAD use [ ] Altered mental status [ ] Use of needles would create a hazardous condition (during transport, combative patient, etc.)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
*Explains procedure to patient	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
*Verifies 5 rights of drug prior to administration	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
*Verbalizes volume delivery limitations [ ] No more than 1 ml per nare	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
*Draws appropriate dose in to syringe	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
*Securely attaches MAD to syringe	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
*Briskly administers medication causing atomization of liquid	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Reapplies airway adjunct or oxygen therapy if indicated	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Performance Validation: [ ] Pass [ ] Retest -----> [ ] Pass [ ] Fail

Comments: \_\_\_\_\_

\_\_\_\_\_  
Evaluator's Signature