

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

< Nebulizer Therapy (HHN or Mask) >

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 [] Albuterol [] Ipratropium Bromide	[]	[]	[]	[]	[]	[]	[]	[]	[]
Verbalizes indication for nebulizer use [] Respiratory distress with associated bronchoconstriction	[]	[]	[]	[]	[]	[]	[]	[]	[]
*Explains procedure to patient	[]	[]	[]	[]	[]	[]	[]	[]	[]
*Verifies 5 rights of drug prior to administration	[]	[]	[]	[]	[]	[]	[]	[]	[]
*Squeezes appropriate dose (volume equivalent) of medication(s) in to container	[]	[]	[]	[]	[]	[]	[]	[]	[]
*Firmly attaches top of medication container to reservoir	[]	[]	[]	[]	[]	[]	[]	[]	[]
*Assembles remaining components for appropriate use <Hand-Held Neb (HHN)> [] Attaches T-piece to container [] Attaches mouthpiece to one end of T-piece [] Attaches flex hose to opposite end of T-piece <Mask> [] Selects appropriate size nebulizer mask [] Connects medication reservoir to bottom of mask	[]	[]	[]	[]	[]	[]	[]	[]	[]
*Connects oxygen tubing to oxygen inlet on container and sets flow rate to 6 lpm	[]	[]	[]	[]	[]	[]	[]	[]	[]
*Instructs patient to breathe slowly and deeply	[]	[]	[]	[]	[]	[]	[]	[]	[]
*Monitors patient for effectiveness of medication and discontinues procedure if additional oxygen therapy required	[]	[]	[]	[]	[]	[]	[]	[]	[]

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

Comments: _____

Evaluator's Signature