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Mechanical Ventilation: Preventing Complications --
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Skill Competency Checklist**Mechanical Ventilation: Preventing Complications -- Interactive**

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Standard Met/Initials	Competency Areas
	<i>Procedure</i>
	1. Perform hand hygiene
	2. Don personal protective equipment (PPE), if indicated
	3. Identify the patient according to facility protocol
	4. Establish privacy
	5. Introduce self and explain procedure
	6. Assess the patient's general health status
	7. Assess the patient's level of pain using a facility-approved pain assessment tool and observe for nonverbal indicators of pain
	8. Medicate for pain before continuing the assessment, as needed, and allow sufficient time for the therapeutic level to be reached
	9. Observe standard precautions and utilize aseptic technique, including use of sterile gloves, when performing endotracheal suctioning
	10. Administer preventive nursing care to reduce risk for ventilator-associated pneumonia (VAP)
	11. Suction oropharyngeal secretion regularly and per facility protocol
	12. Implement an intensive oral hygiene protocol that consists of tooth brushing, oral swabbing, and use of an antiseptic mouthwash solution
	13. Utilize antiseptic-impregnated endotracheal tubes (ETTs), when available
	14. Maintain ventilator and oxygen concentration settings, as prescribed
	15. Check the mechanical ventilation (MV) mode, oxygen concentration, oxygen flow rate, and programmed respiratory rate against the prescriber's orders
	16. Analyze the oxygen concentration utilizing an oxygen analyzer to confirm that the patient is receiving the correct concentration of supplemental oxygen
	17. Reposition the patient every 2 hours or per facility protocol
	18. Elevate the head of the bed 30-45°, as tolerated by the patient
	19. Monitor vital signs, neurologic status, and cooperation with MV
	20. Monitor the patient's respiratory system by auscultating lung sounds, analyzing arterial blood gases (ABG) and chest X-ray results daily

Standard Met/Initials	Competency Areas
	21. Check pulse oximetry (SpO2) and capnography (EtCO2) monitors, and identify signs of respiratory distress
	22. Perform invasive cardiopulmonary monitoring using intraarterial and pulmonary artery catheter monitors, as ordered
	23. Monitor for changes in the patient's cardiovascular system
	24. Identify trends in blood pressure, heart rate, and cardiac output
	25. Monitor for evidence of the effect of low cardiac output on other body systems
	26. Advocate for the use of protective lung strategies maintaining tidal volume (TV), peak inspiratory pressure (PIP) and FiO2 as low as is feasible while maintaining a moderate level of positive end-expiratory pressure (PEEP) to reduce risk for ventilator-induced lung injury (VILI), oxygen toxicity, cardiovascular abnormalities, and organ failure
	27. Contribute to the decision making process regarding ventilator settings by identifying physical assessment findings and other patient data with the treating clinician
	28. Implement urgent treatment for ventilator-related complications, as ordered
	29. Assist with placement of a chest tube as treatment for barotrauma
	30. Make adjustments to ventilator settings, as prescribed, to reduce further injury to the lungs and other body systems
	31. Administer prophylactic and therapeutic antibiotic therapy for VAP, as prescribed
	32. Dispose of used materials
	33. Remove PPE
	34. Perform hand hygiene
	35. Update plan of care and document

Signature	Date
Evaluator's Signature	Date

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