9-2013

AHRC 275T.01: Clinical Experience III

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The University of Montana
Missoula College
Respiratory Care Program

AHRC 275T – 01 - Moseley
Clinical Experience III (6 credits) – (formerly RES 275)
Fall 2013

FACULTY:

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CLINICAL ADJUNCT FACULTY:

Dora Cardillo, BS, RRT (St. Vincent Hospital, Billings)
BJ Banister, AAS, RRT (St. Patrick Hospital, Missoula)
Rodger Angel, AAS, RRT (Sacred Heart Medical Center, Spokane)
Scott Louis, AAS, RRT (Deaconess Medical Center, Spokane)

CLINICAL AFFILIATES:

Kootenai Medical Center, Coure d'Alene, ID
Sacred Heart Medical Center, Spokane, WA
Deaconess Medical Center, Spokane, WA
St. Patrick Hospital, Missoula, MT
Community Medical Center, Missoula, MT
St. Vincent Hospital, Billings, MT
Billings Clinic, Billings, MT
Kalispell Regional Medical Center, Kalispell, MT
St. James Hospital, Butte, MT

PREREQUISITES: RES 131T, RES 150T, RES 250T, RES 231T, RES 235T, RES 255T, and RES 265T.

COURSE DESCRIPTION:

This course provides the student opportunities to perform basic clinical skills learned in prior coursework and the above prerequisites, with emphasis on neonatal and pediatric critical care.

Evidence of basic clinical competencies will be recorded by Clinical Skill Competency Check-Offs (referred to as Check-Offs).

REQUIRED TEXT: Title: Basic Clinical Lab Competencies for Respiratory Care, 5th Edition
Author: White
Publisher: Delmar

COURSE OBJECTIVES:

- Students will complete one clinical Case Study with a Summary Report.
- Under direct supervision, in various clinical settings, perform at least twelve (12) check-offs according to general criteria stated in White's *Basic Clinical Lab Competencies*, 5th Edition, or in RES 250T Laboratory III Competency Descriptors. If the minimum requirement of 12 is not completed and turned in before Finals Week, the student may not pass this course and matriculate from the Program.

GRADING PROCEDURES:

The semester grade will be based on Case Studies, Check-offs, Student Daily Logs, Student Performance

Reviews and Clinical Site / Adjunct Evaluation Forms according to the following grading scale:

Case Study Preparation Forms	50 points
Case Study Summaries	20 points
12 or more Check-Offs	50 points (zero points if <12 turned in)
Students Daily Logs	5 points/week
Student Performance Reviews	60 points/week
Clinical Site Evaluation Forms	2 points each
Adjunct Evaluation Forms	2 points each

The above clinical forms must be turned in each week on Monday unless prior arrangements have been made to turn in the required weekly forms. Failure to turn in forms in a timely fashion will result in a maximum of half-credit.

GRADING SCALE:

A =	4.0	95-100%	C =	2.00	74-76%
A- =	3.67	90-95%	C- =	1.67	70-73%
B+ =	3.33	87-89%	D+ =	1.33	67-69%
B =	3.00	84-86%	D =	1.00	64-66%
B- =	2.67	80-83%	D- =	.067	60-63%
C+ =	2.33	77-79%	F =	0.00	

Students must have a "B-" final grade in order to progress within the Program.

COURSE POLICIES:

Professional Behavior: I expect each student to show professional academic behavior during clinical time: be on time, be prepared; be awake and attentive; participate in demonstrations and discussions. Above all, I expect each student to be respectful to staff, instructors, patients, and to me as Clinical Director. If you behave in an unprofessional manner during any part of clinicals, I will ask you to meet with me individually. This class, and its co-requisites are good opportunities for students to practice all aspects of academic and medical professionalism.

Academic Honesty & Integrity: As students of higher education, there is an expectation of high academic integrity. Students are expected to perform to the utmost of their ability in an honest and ethical manner. Academic mis-conduct is subject to an academic penalty by the instructor and/or a disciplinary sanction by The University of Montana. Please refer to the Student Conduct Code in the Respiratory Care Program Student Handbook, along with the University's Student Conduct Code at http://life.umt.edu/vpsa/student_conduct.php.

Recording of Classes: Recording of lectures is not allowed without prior consent of the instructor. Any recorded lectures are not allowed to be re-broadcast in any way. Any material discussed in face-to-face classes or in on-line discussion groups is considered confidential. If a student breaks this policy, it is considered academic mis-conduct.

Disability Accommodation: Eligible students with disabilities will receive appropriate accommodations in this course if requested in a timely manner. I require documentation of any disabling condition prior to providing substantive accommodations (those that involve changes in deadlines, activities, or products) in this course. Students are responsible to initiate the process for such accommodations with Disability Services for Students (DSS). The Clinical Director will communicate the need for disability accomodations with the necessary Clinical Affiliates. Please refer to the UM Catalog, page 334.

Cell Phones & Electronic Devices: Electronic devices (such as cell phones, iPods, mp3s, personal pagers, etc) must be turned off and put away before clinical start-time. The use of and the noises from such devices are disruptive to the learning environment, and most hospitals require them to be in the off position. However, if your cell phone or pager must be on due to a business or an emergency issue, please inform the instructor or staff prior to shift, and set it to vibrate.

Computer Use at Facilities: Computers at hospitals and other sites are for professional medical purposes only. As students, it is very unprofessional to be checking your personal e-mail, playing games or just

goofing off at the computer. If you use a facility's computer for your own use, expect to be graded down for lack of professionalism. If a student has a slow work day, he should be studying, asking for extra work, or asking medical questions of the staff .

Turning in Clinical Paperwork and Case Studies: Clinical forms and paperwork are to be turned in each week on Monday. If a student knows he will be absent, he should arrange for a classmate to turn it in for him. Case Studies and Summary Reports are due July 22, 2013. Late Case Studies earn a maximum of half-credit.

Internet Access: The student should have internet access and check emails daily. Course material and clinical schedule updates are posted on Moodle (http://umonline.umt.edu). You must have access to this site to complete the requirements of this course. Computers are available in the library if needed. Students are expected to log-on daily to check for email updates, view Moodle assignments, and check links to websites.

Student RT Compensation: Students must not receive any form of remuneration from a clinical affiliate in exchange for work they perform as a Student RT incident to their clinical education coursework and experiences.

FOR FURTHER POLICIES & PROCEDURES, PLEASE REFER TO THE RESPIRATORY CARE PROGRAM STUDENT HANDBOOK AND THE UNIVERSITY OF MONTANA STUDENT CONDUCT CODE ONLINE AT: http://life.umt.edu/vpsa/student_conduct.php.

STUDENT RESPONSIBILITIES:

Twelve or more Check-offs: 50 points (zero points if <12 turned in)

Each check-off list identifies, by asterisk, the critical steps in performing these procedures. These must be demonstrated or the evaluation will be stopped and you will need to repeat it. Only by demonstrating the critical steps can you expect to demonstrate competency in the task. Try to turn in 3-5 Check-offs per week. This will keep you on schedule for 15 over the semester. If you do not turn in 15, it is your responsibility to contact the instructor to schedule lab time to complete the 15 at least one week prior to Finals Week.

Student's Daily Logs 5 points/week

Complete this form for each clinical day. It *mus*t be signed by a preceptor or your grade will be zero.

Student Performance Reviews 60 points/week

This is a behavioral rating scale and an anecdotal evaluation of performance in the psychomotor, cognitive and affective domains. Your clinical preceptor will complete it and discuss it with you at the end of your rotation. Required rotation evaluations are:

St. Patrick Hospital, Missoula, MT
Kalispell Regional Medical Center, Kalispell, MT
St. James Hospital, Butte, MT
Kootenai Medical Center, Coeur d'Alene, ID
Deaconess Medical Center, Spokane, WA –or- Sacred Heart Medical Center, Spokane, WA
Billings Clinic – or- St. Vincent Hospital, Billings, MT

If one of the above rotations is not scheduled for you in Summer, it will be required in your Fall schedule.

Clinical Site Evaluation Forms 2 points each

Students complete an evaluation of the clinical rotation site . This informs instructors as to the continued value of a particular rotation.

Adjunct Evaluation Forms 2 points each

Students complete an evaluation of the clinical adjunct at each facility that has one. Adjuncts' names and sites are listed on page one of this syllabus. This feedback is valuable in documenting the success of the student/adjunct interaction.

EXAMPLE: During a one-week period, you are scheduled for 2 days of basic therapy at St. Patrick Hospital *(turn in 2 Daily Logs, 1 Student Eval from St. Pats, 1 Site Eval for St. Pats, and 1 Adjunct Eval for BJ),* and one day of office rotation at Montana Allergy *(turn in 1 Daily Log, 1 Student Eval from Allergy, 1 Site Eval for Allergy.* In this scenario, you went two different places that week, so you have to turn in all the papers for both places. When in doubt, please ask.

Case Study Preparation Form 70 points

This form walks the student through the information gathering process involved in an in-depth case study of a *neo/pedi ventilator patient.* No patient other than a neonatal or a pediatric patient on a ventilator is an acceptable subject for this case study. Because of the intensity and time required it is suggested that the Clinical Preparations be obtained during a rotation lasting two or more days. Local hospitals are convenient if you need to return at a later date for more information.

Case Study Summary 30 points

This should be a typed, one-page summary of the Case Study Preparation from above. Use the format of the example later in this syllabus. (A Case Studt plus its Summary are worth 90 points)

Case Study Due Date: December 2, 2013

Late Case Studies will receive a maximum of half-credit.

PROGRAM POLICIES

Dress Code:

- "Griz maroon" scrubs, lots of pockets, with The University of Montana "Griz" patch on one shoulder. Ladies who choose to may wear ankle length skirt scrubs or a dress scrub outfit.
- Identification badge mandatory. Photo ID tags issued by local affiliates can be worn at all affiliates that do not issue their own ID badges for you.
- Shoes – a good support shoes with closed heels and toes. No sandals. No loud colors.
- Long hair must be pulled back from face.
- No tongue, nose, face studs or rings.
- No revealing necklines. Ladies may want to wear a T-shirt under scrub tops.
- No perfumes or colognes. Allergic and asthmatic patients and professional staff will not appreciate it.

Equipment Required:

- Stethoscope, black ink pen, pocket notebook, watch, blunt trauma scissors, hemostat
- A waist pack is handy but optional
- Calculator and safety glasses, optional

CLINICAL ATTENDANCE POLICY

Clinical Hours: A large part of the student's grade is based on total hours of clinical education that the student attends. This set number of hours is mandatory for the student to pass the course and for the Program's accreditation and funding. As a result, all absences must be made up prior to finals week. Make-ups will be on a rotation-equivalent basis at the same facility. Please inform the Clinical Director, who will contact the site and attempt to schedule a make-up time; the student should also (while at the facility) attempt to schedule a make-up time. Working double shifts is not an acceptable way to make up an absence.

Tardiness and absences: All attendance issues are recorded. Leaving early is not allowed, so please do not ask your preceptor. Please do not arrange to swap shifts with classmates. Talk to the Clinical Education Director if you have scheduling problems. If the student is late for shift report, it will be noted as a Tardy. Three Tardies in two weeks is an unexcused absence. If the student is more than 30 minutes late without calling in, it is considered an unexcused absence. Unexcused absences result in probation.

Transportation: Students must have reliable transportation and finances for out of town clinical rotations.

Unexcused Absences and Probation: If student calls one hour before shift report, but the reason is not illness, death in the family, or a special situation discussed with the Director of Clinical Education, the absence is considered unexcused. No phone call to both the facility and Clinical Education Director is also considered unexcused. Any type of unexcused absence will be grounds for immediate probation. A second incident is grounds for expulsion.

Parking: Follow the parking policies of the clinical site.

No smoking: There is no smoking in hospitals or in affiliate-provided housing.

WORDS OF WISDOM:

Health:

- Keep in good physical health. Monitor your mental health, carefully observing your coping skills and being aware of the need for healthy self-care.
- Eat three meals a day, especially breakfast. A good breakfast will prevent hypoglycemia during your most demanding mornings.

Discretion and Professionalism:

- Clinical Rotations are a great time to practice and polish the Professionalism skills discussed in class. You are being judged by the staff and patients around you all the time.
- Do not discuss patient status in the immediate patient care areas unless an instructor or physician asks you.
- It is unprofessional to voice your opinion on the competency of instructors, staff, or physicians on site.
- Allow for individual differences and procedural community.
- Developing discretion early in your career will be one of your best professional assets.
- Do not use facility telephones, copy machines or computers for personal use.
- Turn your cell phone off. Your undivided attention should be on the learning opportunity.

CLINICAL FORMS

Students take these to clinical rotations, get them filled out, signed, and turn them in on Mondays. Failure to turn in weekly forms in a timely fashion will result in a maximum of half-credit.

I. Student's Tracking Log of Skill Performance Check-offs

II. Student's Daily Log

III. Student Clinical Rotation Performance Review

IV. Clinical Site Evaluation

V. Clinical Adjunct Evaluation Form

RES 275T - Clinical Experience III

Student Performance Evaluation Tracking Log

Students Must Complete 12 of These Performance Evaluations plus any mandatory Performance Evaluations required from RES 255 & 265 for graduation.

NAME: _____

	Title	Date Completed
1.	Oxyhood Therapy	
2.	Mist Tent Therapy	
3.	Endotracheal Suctioning (Neo/Peds)	
4.	Oropharyngeal Suctioning (Neo/Peds)	
5.	Manual Resuscitation (bag/mask) (Neo/Peds)	
6.	Neonatal Resuscitation	
7.	Physical Assessment (Neonate)	
8.	Chest X-ray Interpretation (Neo/Peds)	
9.	Umbilical Artery Catheter Sampling	
10.	Initiation of Newborn Mechanical Ventilator (Not 3100A HFOV)	
11.	Monitoring Newborn Mechanical Ventilation	
12.	Neonatal Ventilator Parameter changes	
13.	Inhaled Nitric Oxide (INO) Therapy	
14.	Nasal CPAP (Neonate)	
15	Aerosol Medication Administration (Neo/Peds)	
16.	Sensormedics 3100A HFOV	

Missoula College – UM Respiratory Care Program
Student Daily Log (rev. 12/12)

Student Name:	**Clinical Site & Rotation type: (ex. St. Pat's/PFT)**
Student Signature:	**Date:**

# of Procedures	Performed	Observed
Chest PT		
CPT Vest		
FIO_2 Analysis		
SVN		
IPPB		
IPV		
Pulse Oximetry		
Incentive Spirometry		
MDI/DPI		
Pep/Acapella		
CPAP		
BiPAP		
Low flow O_2		
High flow O_2		
Bronchoscopy Assist		
Conscious sedation		
PFT / Spirometry		
ABG – draw		
ABG – analyze		
Ventilator initiation		
Vent Check		
Circuit Change		
Vent Transport		
Suction		
Intubation Assist		
Extubation		
EKG		
CPR / ER Trauma Assist		
Chest Drainage / Thoracentesis Observat'n		
Chest Film Interpretation		
Birth or C-section		

Physician Contact Quality Hours: _____

Describe the nature (office, rounds, subject material, etc.)

Please circle one and sign. P = Pass F = Fail
(Every "F" circled requires a comment.)

1. Motivation/attitude	**P**	**F**
2. Response to supervision/interaction	**P**	**F**
3. Knowledge base (didactic content)	**P**	**F**
4. Technical application	**P**	**F**

MOST SIGNIFICANT LEARNING EXPERIENCE
(or other activities not listed above):

Preceptor's Signature:

_____

Missoula College - University of Montana
Respiratory Care Program

Student Clinical Rotation Performance Review Form (2 pages)

Student Name:_____ Clinical Facility:_____

Date: _____ Time Period Covered: _____

This evaluation form provides a method by which an individual's clinical performance can be judged with accuracy and uniformity. The evaluator is asked to indicate his/her findings by circling the letter to the corresponding phrase which best describes the student's work pattern in that area. Ratings of "C" or less require an instructor's comment in the appropriate section.

EVALUATION CODE:

A ----------F
Excellent ----------Failing
Always ----------Seldom
Very much ----------Very little

		4	3	2	1	0	N/A
COGNITIVE: JOB KNOWLEDGE, PROBLEM-SOLVING							
1.	Learning: Grasps instructions readily.	A	B	C	D	F	N/A
2.	Judgment: Makes decisions considering acceptable alternatives.	A	B	C	D	F	N/A
3.	Adaptation of experience: adapts classroom knowledge to clinical situation.	A	B	C	D	F	N/A
4.	Transference of Information: conveys knowledge to staff.	A	B	C	D	F	N/A
5.	Transference of Information: conveys knowledge to patient.	A	B	C	D	F	N/A
OVERALL PERFORMANCE: COGNITIVE:		**A**	**B**	**C**	**D**	**F**	**N/A**
PSYCHOMOTOR: TASK COMPETENCY							
6.	Quality of work: Maintains high quality standards.	A	B	C	D	F	N/A
7.	Clinical assignment: Completes work assigned.	A	B	C	D	F	N/A
8.	Use of equipment and supplies: Exercises care in use.	A	B	C	D	F	N/A
9.	Dexterity: Demonstrated proficiency in assembling or setting up equipment.	A	B	C	D	F	N/A
OVERALL PERFORMANCE: PSYCHOMOTOR		**A**	**B**	**C**	**D**	**F**	**N/A**
AFFECTIVE: ATTITUDE							
10.	Interest: Motivation	A	B	C	D	F	N/A
11.	Tact and courtesy: Tactful and considerate of others.	A	B	C	D	F	N/A
12.	Personal grooming: (only two responses possible) A=Appropriate F=Inappropriate	A				F	N/A
13.	Initiative and responsibility: Supervision not required.	A	B	C	D	F	N/A
14.	Self confidence: Displays confidence to staff.	A	B	C	D	F	N/A
15.	Self confidence: Displays confidence to patient.	A	B	C	D	F	N/A
OVERALL PERFORMANCE: AFFECTIVE		**A**	**B**	**C**	**D**	**F**	**N/A**
OVERALL PERFORMANCE		**A**	**B**	**C**	**D**	**F**	**N/A**

ATTENDANCE RECORD
FOR THIS ROTATION:

Number of checkoff completed this rotation _____.

Absent/Tardy	Date	Time Called	Reason	Comment
_____	____	_____	_____	_____

INSTRUCTOR'S COMMENTS ON OVERALL PERFORMANCE: Include strong points, weak points and suggestions for improvement in clinical performance.

_____

_____

_____

_____

_____

_____

_____

_____

Signed: _____ Date: _____

STUDENT COMMENTS: Include reaction to praise or criticism; include statements which you feel will contribute to more meaningful clinical experience for you. Include areas of improvement.

_____

_____

_____

_____

_____

_____

Signed: _____ Date: _____

Revised: 12/2012

Missoula College - University of Montana
Respiratory Care Program
Student Clinical Site Evaluation Form

Name:_____ Clinical Site _____

Date: _____ Time Period (at this site) _____

This evaluation form provides a method by which clinical sites can be judged with accuracy and uniformity. The student is asked to indicate his/her findings by circling the letter to the corresponding phrase which best describes the rotation. Ratings of "C" or less require comment in the comment section.

EVALUATION CODE:

A ---------- F
Excellent ---------- Failing
Always ---------- Seldom
Very much ---------- Very little

		A	B	C	D	F	N/A
1	Is shift report orderly, concise, and comprehensive?						
2	Are clinical assignments made with student and course objectives in mind?						
3	Are assignments clearly made and are you appropriately supervised?						
4	Is physician contact helpful and relevant to your learning experience?						
5	Is there sufficient time and/or patients to complete performance objectives during this rotation?						
6	Are library resources available in this hospital?						
7	Is the clinical evaluation system meaningful and is your clinical competency periodically discussed with you?						
8	Disregarding any personality conflicts, what is your overall (global) evaluation of your rotation at this clinical site?						

COMMENTS for improvement in areas designated above:

_____

_____

_____

_____

_____

_____

_____

Missoula College - University of Montana
Respiratory Care Program
Student Clinical Adjunct Evaluation Form

Name:_____ Adjunct Name:_____

Date: _____ Time Period with this adjunct: _____

This evaluation form provides a method by which clinical adjuncts can be judged with accuracy and uniformity. The student is asked to indicate their findings by circling a letter grade corresponding phrase which best describes the individual. Ratings of "C" or less require comment in the comment section. Attach additional pages as necessary.

EVALUATION CODE:

A ---------- F
Excellent ---------- Failing
Always ---------- Seldom
Very much ---------- Very little

		A	B	C	D	F	N/A
1	Do they give clear and concise directions?						
2	Is the adjunct enthusiatsic about having students?						
3	Is your confidence encouraged by this adjunct?						
4	Does this adjunct create an environment condusive to learning?						
5	Do you feel the adjunct shares information effectively for the purpose of learning?						
6	Do they readily provide explanation and clarification?						
7	Do they foster foster bi-directional communication?						
8	Disregarding any personality conflicts, what is your overallassessment of your experience with this adjunct?						

COMMENTS for improvement in areas designated above:

_____

_____

_____

_____

_____

_____

_____

CASE STUDIES

How To….

The following forms will guide you through the information gathering process and the analytical thinking involved in preparing a Respiratory Care Case Study. You should use the forms to study one *neonatal or pediatric ventilator patient* you find to be an interesting case. Any patient other than a neo or pedi ventilator patient is not appropriate for this semester. Your Case Study and Summary Report are due December 2, 2013.

Clinical Preparation Form: (70 points)

This includes 2 general sections: Information-Gathering and Decision-Making based on the information, which is just like the NBRC Clinical Simulation exams. This form is very detailed. Make sure you review it prior to clinicals because it may influence the patient cases you choose to study.

Note: Not all sections will apply to each patient case, in which case please write "n/a" rather than leave it blank. Large blank sections leave a reader wondering if the case analysis was incomplete or not thorough. Ask preceptors for input on selecting appropriate patients, knowing you will need at least a couple of hours or more for a patient with lots of tests, and knowing the patient may be close to discharge. Once discharged, patient information, charts and electronic data quickly disappear.

Clinical Preparation Summary: (20 points – the Clinical Prep Form and the Summary total 90 points possible) Please use the seven summary points given on the Summary form below. Copy the points into your computer, and type your summary so that it is no longer than one printed page. Use your best Engligh and composition skills, and remember that spelling and grammar errors will cost you points. Staple this to your Clinical Preparation Form.

Late Case Studies will earn a maximum of half credit.

Student Name _____ **Date** _____ **Points** _____ **(90 pts possible)**

NEONATAL OR PEDIATRIC VENTILATOR PATIENT CASE STUDY INFORMATION GATHERING FORM for your presentation

Patient Identifier (NOT the name)_____ Date Admitted _____
Admitting Diagnosis(s) _____ Secondary Diagnosis _____

Any additional relevant diagnosis: _____

_____

Male _____ Female _____ Age _____ Weight _____ Height _____

BRIEF HISTORY & PHYSICAL EXAM

History: (from nursing or MD notes & admission profile)

Physical Exam: (from nursing or MD notes & admission profile)

DETAILED DIAGNOSIS

(A synopsis of the disease or condition and why it has resulted in mechanical ventilation)

_____

_____

_____

_____

_____

_____

CLINICAL OBSERVATIONS OF PATIENT

	First Day to Care for the Patient	Any Significant Changes
General Appearance:		
Temperature:		
Breath sounds:		
Sputum Characteristics:		
Cough:		
Breathing Pattern:		
Pupils:		
Skin:		
Level of Consciousness:		
Other:		

LABORATORY FINDINGS: (Age specific ranges may vary from adult values)

	Initial findings	Normal Values/Ranges	Most Recent Findings
Sputum cultures			
Red Blood Cells (RBCs)			
Hemoblobin (Hb)			
Hematocrit (HCT)			
Partial Prothromboplastin Time (PTT)			
WBC: Neutrophils			
WBC: Eosinophils			
Platelet Count			
Sodium (Na+)			
Potassium (K+)			
Chloride (Cl-)			
Magnesium			
Iron			
Calcium			
Urine Output - or check nursing I & O sheet			
Blood Urea Nitrogen (BUN)			
Createnine or clearance rate			
Albumin			
Glucose			
Basal Energy Expenditure (BEE)			
Bilirubin			
Liver Function Tests:			

Baseline ABG (on admission): pH _____ PaCO2 _____ PaO2 _____ HCO3 _____

Base Excess _____ SAO_2 _____ Fi02 _____

Interpretation: _____

_____

_____

_____

ARTERIAL BLOOD GASES:

Place in chronological order, but limit to the 6 most pertinent, and after most recent interventions.

Date Time	pH	PaCO2	PaO2	HCO3	O2 Sat.	Mode	VT/RR	FiO2	PEEP/CPAP	Flow-By/PSV	Acid Base and Oxygenation INTERPRETATION

MECHANICAL VENTILATION

What mechanical ventilator is the patient currently on? _____

Current ventilator settings: _____

_____

_____

Describe prior oxygen or ventilation systems and settings the patient may have been on:

_____

_____

If so, what is the specific rationale for switching to the current ventilation system?

_____

_____

_____

CHEST X-RAYS: IN RELATIONSHIP TO PATIENT'S PROGRESS
(Document at least 3: on admission, when placed on vent, most recent)

CARDIOVASCULAR SYSTEM

	When Placed on Vent	Significant Changes	Most Recent
HR			
Rhythm			
Blood Pressure			
Mean arterial pressure			

MEDICATIONS OTHER THAN RC DRUGS: LIMIT TO FIVE MOST PERTINENT

Med.	Indications	Actions	Side Effects

RESPIRATORY THERAPY ORDERED:

This should include all types of therapy, i.e. aerosol medication, ventilator therapy, oxygen therapy, etc.

Therapy Ordered	Why was therapy ordered? What indicates need for therapy?

RESPIRATORY THERAPY MEDICATIONS

Med.	Describe Actions	Indications	Side Effects	Contraindications

LUNG COMPLIANCE & AIRWAY RESISTANCE

Briefly describe lung compliance issues and how they are being managed: _____

Briefly describe airway resistance issues and how they are being managed: _____

WEANING FROM MECHANICAL VENTILATION

Spontaneous Ventilatory Parameter Assessment:(Might only apply to Pediatric patients)

	Actual Patient Values	Predicted Normal Values	Minimal Acceptable Values for this Patient
VC –			
O2 Sat –			
NIF –			
VT –			
VE/RR –			

Other rationale, criteria, or techniques being used to wean the patient from mechanical ventilation:

SYNOPSIS

An assessment of patient's progress per ventilator settings in conjunction with ABG's, vital signs, lab reports, medications, weaning parameters, etc. Was therapy effective? If so, what indicates it was effective? If not, what methods would you suggest? Include prognosis.

Conclusions/significant learning experience.

CLINICAL PREPARATION SUMMARY
typed and one page
containing the information below
(20 points)

Student Name / Date / Case Identifier

1. A brief patient history:
2. Signs and symptoms of the disease/condition as presented by the patient:
3. Pathophysiology of disease/condition:
4. Standard treatments/therapies/ventilator strategies:
5. Treatment / strategies specific to this patient:
6. Expected outcome for this patient:
7. Your most significant learning experience from this Case Study: