

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

< Continuous Positive Airway Pressure (CPAP) >

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
*Student verbalizes scene safety and BSI precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Verbalizes indications / contraindications for procedure.									
-Indications <input type="checkbox"/> Respiratory distress secondary to pulmonary edema									
-Contraindications <input type="checkbox"/> Inadequate ventilatory effort / Doesn't tolerate procedure <input type="checkbox"/> Non-patent airway <input type="checkbox"/> Systolic pressure below 90 mmHg <input type="checkbox"/> Suspicion of myocardial infarction <input type="checkbox"/> Hemodynamically unstable <input type="checkbox"/> Inability to obtain mask seal (facial hair, obesity, etc.) <input type="checkbox"/> Pregnancy <input type="checkbox"/> Patient under 18 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Explains procedure to patient and obtain consent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connects oxygen tubing to oxygen source.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately sets O2 flow rate to reach desired PEEP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Performs proper application procedures <input type="checkbox"/> Coaches patient through process <input type="checkbox"/> Manually holds mask against patient's face allowing patient to become accustomed to ventilatory effort. <input type="checkbox"/> Places head straps around patient's head and secures in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Monitors patient change in condition and responds accordingly. <input type="checkbox"/> Removes CPAP upon development of a contraindication <input type="checkbox"/> Reduces PEEP if patient does not tolerate procedure <input type="checkbox"/> Adjusts PEEP to patient need (Per protocol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbalizes potential complications to CPAP use. <input type="checkbox"/> Hypotension <input type="checkbox"/> Gastric Distension / Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on next page.

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

< Continuous Positive Airway Pressure (CPAP) (cont.) >

Provider Name: _____ Date: _____

Performance Standard	Satisfactory			Required Coaching			Unsatisfactory		
	Test 1	Test 2	Test 3	Test 1	Test 2	Test 3	Test 1	Test 2	Test 3
*Monitors patient for adequate oxygenation <input type="checkbox"/> SpO2 > 95% <input type="checkbox"/> EtCO2 35-45 mmHg (if available) <input type="checkbox"/> Improvement in skin parameters <input type="checkbox"/> Improvement in airway/lung sounds	[]	[]	[]	[]	[]	[]	[]	[]	[]

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

Comments: _____

Evaluator's Signature