PARKLAND HEALTH & HOSPITAL SYSTEM
LEADERSHIP & ORGANIZATIONAL DEVELOPMENT

COMPETENCY VALIDATION

NNICU MECHANICAL VENTILATION

Name_____ **ID #:**_____
Unit: _____ **Date:**_____

Ventilator _____	**1st Attempt**	**2nd Attempt**	**Comments**
1. Performs a ventilator check, identifying/defining:			
A. Style (Volume or Pressure)			
B. Mode (A/C, IMV, SIMV, CPAP, PS, VG)			
C. Rate			
D. FiO_2			
E. PEEP (Positive End Expiratory Pressure)			
F. Tidal Volume (Tv)			
G. PIP (Peak Inspiratory Pressure)			
H. Inspiratory Time (IT)			
I. I:E Ratio			
J. Mean Airway Pressure			
2. Assesses Alarm settings and functioning			
3. States 3 of the following troubleshooting techniques for the **High Pressure Alarm.**			
A. Assesses for tube patency, suction the patient as needed			
B. Empties water from the tubing			
C. Checks for kinks in the tubing			
D. Auscultates for breath sounds (listening for a pneumothorax or right mainstem intubation)			
E. Mechanical Failure			
4. States 2 of the following troubleshooting techniques for the **Low Pressure Alarms**.			
A. Checks connections			
B. Checks for extubation			
C. Checks to see if pressure alarm is set appropriately			
D. Mechanical Failure			
5. States 4 of the following troubleshooting techniques for a patient whose condition is rapidly deteriorating.			
A. Assess for pneumothorax			
B. Assess for IVH			
C. Auscultate for breath sounds (right mainstem intubation or ETT too high)			
D. Checks for extubation			
E. Checks connections			
F. Assesses for tube patency, suction the patient as needed			
G. Metabolic Imbalance			
H. Mechanical Failure			
6. When asked, is able to state the necessary resuscitation equipment to have at the bedside (O_2, BVM with manometer, suction & pneumo kit).			

The completion of this form validates the above nurse's competency in this skill.

(1) Pass / Fail Competency Validator Signature: _____
(2) Pass / Fail Competency Validator Signature: _____

Revised: 1/02 TLT
7/09 DF