

BRONCHODILATOR ADMINISTRATION-HANDHELD METERED DOSE INHALER

CANDIDATE'S NAME:		DATE:	
__ EMT __ EMTI __ EMTP		SCHOOL #:	
__ INITIAL __ RENEWAL __ EQUIVALENCY __ RETEST			
STATION TIME 5 MINUTES	START TIME:	END TIME:	

- | | | | |
|---|---|---|--|
| 0 | 2 | | *1. Avoids contamination of equipment or replaces contaminated equipment prior to use. |
| 0 | 2 | | *2. Confirms order (medication, dosage and route) |
| 0 | 1 | 2 | *3. Informs patient of order for medication and inquires about allergies and recent doses of other bronchodilators |
| 0 | 2 | | *4. Selects correct medication from drug box as requested by Examiner |
| 0 | 2 | | *5. Verbalizes check of medication for contamination and expiration date |
| 0 | 2 | | *6. Shakes the inhaler |
| 0 | 2 | | 7. Attaches spacer to inhaler, if ordered |
| 0 | 2 | | 8. Verbalizes recheck of the medication label |
| 0 | 2 | | 9. Removes nonrebreather mask from patient |
| 0 | 2 | | 10. Verbalizes recheck of the medication label |
| 0 | 2 | | *11. Performs steps 1-10 prior to step 12 and performs at least one (1) recheck of the medication label |
| 0 | 2 | | 12. Instructs patient to exhale deeply |
| 0 | 2 | | *13. Instructs patient to put the mouthpiece in mouth and make a seal with lips |
| 0 | 2 | | *14. Instructs patient to depress the inhaler canister while inhaling and then hold breath as long as comfortable |
| 0 | 2 | | *15. Replaces non-rebreather mask on patient |

_____ Candidate's Total Points (Minimum passing total: 21 points)	
Absolutes satisfied: _____ Yes _____ No <small>(Must have at least one point for each step marked with an *)</small>	_____ Pass _____ Fail
Examiner:	Cert. No. (if assigned):

Documenting Comments:

BRONCHODILATOR ADMINISTRATION-SMALL VOLUME NEBULIZER

CANDIDATE'S NAME:		DATE:	
__ EMT __ EMTI __ EMTP		SCHOOL #:	
__ INITIAL __ RENEWAL __ EQUIVALENCY __ RETEST			
STATION TIME 5 MINUTES	START TIME:	END TIME:	

- | | | | | |
|---|---|------|---|--|
| 0 | 2 | *1. | Avoids contamination of equipment or replaces contaminated equipment prior to use. | |
| 0 | 2 | *2. | Confirms order (medication, dosage and route) | |
| 0 | 1 | 2 | *3. | Informs patient of order for medication and inquires about allergies and recent doses of other bronchodilators |
| 0 | 2 | *4. | Selects correct medication from drug box as requested by Examiner | |
| 0 | 2 | *5. | Verbalizes check of medication for contamination and expiration date | |
| 0 | 2 | *6. | Adds appropriate volume of medication to the nebulizer | |
| 0 | 2 | *7. | Assembles nebulizer according to the manufacturer's standard (or local protocol) and connects to oxygen regulator | |
| 0 | 2 | 8. | Verbalizes recheck of the medication label | |
| 0 | 1 | 2 | *9. | Adjusts oxygen liter flow as ordered and allows mist to fill breathing tube or mask prior to applying to patient |
| 0 | 2 | 10. | Verbalizes recheck of the medication label | |
| 0 | 2 | *11. | Performs steps 1-10 prior to step 12 and performs at least one (1) recheck of the medication label | |
| 0 | 2 | *12. | Removes non-rebreather mask and positions nebulizer device on patient | |

_____ Candidate's Total Points (Minimum passing total: 17 points)	
Absolutes satisfied: _____ Yes _____ No <small>(Must have at least one point for each step marked with an *)</small>	_____ Pass _____ Fail
Examiner:	Cert. No. (if assigned):

Documenting Comments: