

Mechanical Ventilation: Waveform Interpretation (Respiratory Therapy)

CHECKLIST

S = Satisfactory **U** = Unsatisfactory **NP** = Not Performed

Step	S	U	NP	Comments
Performed hand hygiene before patient contact.				
Introduced self to the patient.				
Verified the correct patient using two identifiers.				
Assessed the need for mechanical ventilation before initiating ventilator support.				
Assessed the waveforms for signs of ventilator asynchrony.				
Assessed the patient's comfort level.				
Performed a ventilator precheck and circuit leak test before use. Made sure that the patient had been removed from mechanical ventilation and was being supported with manual ventilation and oxygen before performing these procedures.				
Ensured that the ventilator graphic interface was functioning properly using a test lung.				
Ensured that a resuscitation bag with mask was at the bedside.				
Ensured that suction was set properly and functioning at the bedside.				
Performed hand hygiene and donned gloves.				
Explained the procedure to the patient and ensured that he or she agreed to treatment.				
Turned on the ventilator graphics to the selected waveform measurement.				
Interpreted waveforms to detect:				
1. Leaks in the system				
2. Lung compliance issues				
3. Correct inspiratory time				
4. Possible airway obstruction				
5. Lung overinflation or inadvertent PEEP				
6. Trigger asynchrony				
7. Flow asynchrony				
8. Cycling asynchrony				
Monitored the patient's vital signs, including heart rate, respiratory rate (both mechanical and spontaneous), and blood pressure. Monitored oxygen saturation by pulse oximetry and ETco ₂ levels.				
Monitored the mechanical ventilator to ensure that it was performing properly and				

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was receiving power from a source that had backup power.				
Carefully monitored the patient's peak inspiratory pressure, mean airway pressure, and inspiratory and expiratory volumes.				
Observed the patient for signs and symptoms of pain. If pain was suspected, reported it to the authorized practitioner.				
Discarded supplies, removed gloves, and performed hand hygiene.				
Documented the procedure in the patient's record.				

Learner: _____ Signature: _____

Evaluator: _____ Signature: _____

Date: _____