

Mechanical Ventilation: Long-Term Invasive at Home (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 indications for long-term mechanical ventilation in the home.				
Assessed the patient's willingness to receive mechanical ventilation at home.				
Assessed the physical environment to which the patient will be discharged to determine if any health or safety standard problems existed.				
Assessed the patient's ventilator requirements as ordered per the authorized practitioner and determined the appropriate ventilator for the patient. For a child, assessed his or her growth and development.				
Ensured that family members had attended a basic life support class.				
Assessed the implementation of and adherence to the patient's care plan.				
Assessed the patient's quality of life, satisfaction, and use of resources.				
Periodically assessed the patient for changes in prognosis.				
Verified that the necessary supplies were available and that equipment was set up properly in the home.				
Performed hand hygiene and donned gloves.				
Explained the procedure to the patient and ensured that he or she agreed to treatment.				
Verified the practitioner's prescription orders for home ventilator settings.				
In collaboration with the authorized practitioner, selected the most appropriate mode of volume mechanical ventilation based on the patient's needs (control, SIMV, or AC).				
1. AC: Used AC when a guaranteed volume and rate were desired. Ensured the volume and rate by setting the sensitivity or flow trigger. Used AC ventilation with portable ventilators.				

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2. SIMV: Set a rate and VT to be delivered in synchrony with the patient's respiratory effort.				
For I:E times, selected the Ti, which may have been named differently depending on the ventilator's manufacturer. Adjusted the flow (if an adjustable flow setting was available on the home ventilator model used) as necessary to attain patient-ventilator synchrony.				
Selected the PEEP level.				
Provided humidification.				
Ensured that all ventilator alarms were on and functioning.				
Observed the patient for signs and symptoms of pain. If pain was suspected, reported it to the authorized practitioner.				
Removed gloves and performed hand hygiene.				
Documented the procedure in the patient's record.				

Learner: _____ Signature: _____

Evaluator: _____ Signature: _____

Date: _____