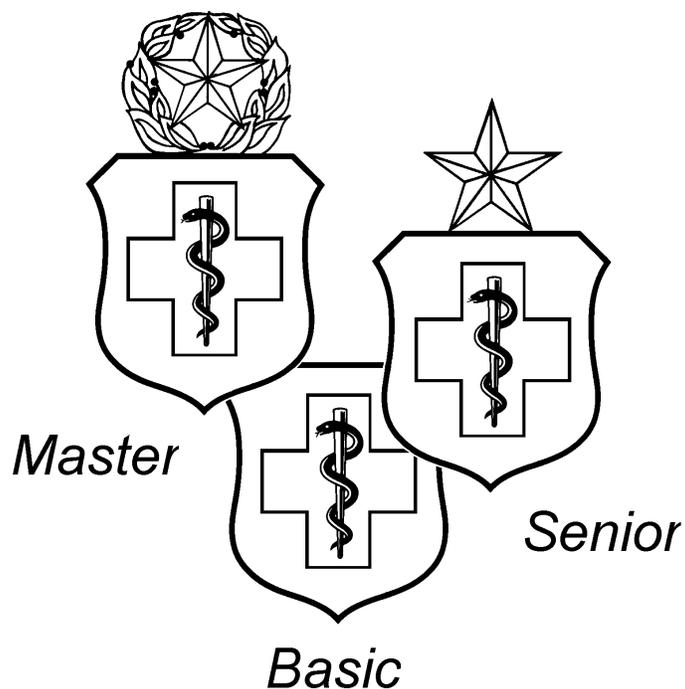


AEROSPACE MEDICAL SERVICE SPECIALTY
NURSING CARE OF PATIENTS WITH SPECIAL NEEDS



**TRAINING THE BEST MEDICS FOR THE BEST
AIR FORCE IN THE WORLD**

**383 Training Squadron
Training Management Section
939 Missile Road STE 3
Sheppard Air Force Base, TX 76311-2262**

QTP 4N0X1-1

MEDICAL SERVICE SPECIALTY

Volume 1: Fundamentals of Nursing Care

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INTRODUCTION

1. These qualification training packages (QTPs) were developed to enhance on-the-job training for Medical Service Specialty personnel. They provide for you, as a trainer, the breakdown of tasks into teachable elements. This will help you guide the trainee toward gaining enough proficiency to perform the tasks. They will also aid task certifiers when it becomes necessary to evaluate trainees for task certification.

2. As a trainer, go through each module and identify which QTPs are needed for the trainee's job position. Core task items (identified with an asterisk * in the STS) are mandatory skills for all trainees to be proficient in performing. You also have the flexibility to arrange training for each module in the order you decide. Review the different tasks related to the subject area in each module with the trainee. Direct the trainee to review the training references to better understand the objective of each module. If the trainee has any questions about the objective, clarify what is expected based on the objective of the module. Go through the performance checklist with the trainee and allow for enough time to learn each step (some objectives may take longer to teach). Remember, the objective of each QTP is to allow sufficient time for the trainee to learn each task thoroughly. When the trainee receives enough training and is ready to be evaluated on an objective, follow the evaluation instructions. Use the performance checklist as you evaluate each objective. If the trainee successfully accomplishes the objective, document appropriately in the OJT record. If the trainee does not accomplish the objective, go over the areas needing more training until the objective is met. Conduct a feedback with the trainee on each module. Once you, as the trainer, have ensured that the trainee is qualified to perform the task, he/she will then be evaluated by a certifier.

3. The goal of the developers of each QTP is to publish a usable document for trainers and trainees that will benefit the CFETP concept of training throughout your career. We value your expertise in meeting this goal. If you find discrepancies in a QTP, or if you have suggestions for improvement or additional QTP development, please let us know about them. We pledge to respond to all inquiries and will devote our resources to provide the best possible training material.

4. Direct all inquiries to:

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c/o 4N051 CDC WRITER/MANAGER
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SHEPPARD AIR FORCE BASE, TEXAS 76311-2262
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Clean and Decontaminate Items for Sterilization

SUBJECT AREA:	Preparation of Instruments, Sets, Packs, and Supplies for Sterilization
TASK(s):	Clean and decontaminate items for sterilization
CFETP/STS REFERENCE(s):	9.1.1.2.3, 9.1.1.2.4
TRAINING REFERENCE(s):	AAMI Standards and Recommended Practices AORN Standards and Recommended Practices Training Manual for Central Service Technicians (AHA)
EQUIPMENT REQUIRED:	Soiled or contaminated instrumentation needing to be reprocessed and prepared for surgery and/or clinic use.
OBJECTIVE:	The trainee will, without error, properly clean and decontaminate soiled instrumentation, rendering items safe for handling during sorting, inspecting, assembling, and sterilization.
REMARKS/NOTES:	Since this task involves handling of <i>contaminated</i> items, including sharps and delicate instruments, ensure the trainee understands the process, knows inherent risk factors, and is closely supervised during the evaluation. The evaluator will STOP the procedure immediately and correct the trainee if performance may compromise safety or damage resources. Ensure the trainee dons all personal protective equipment (PPE) required by current standards/precautions.
OBJECTIVE:	The trainee will successfully demonstrate without error the performance aspects of cleaning and decontaminating items for sterilization.

EVALUATION INSTRUCTIONS:

1. This QTP should be evaluated during actual performance of the tasks.
2. After the trainee has received instruction, allow sufficient practice on each part of the task. The trainee must satisfactorily perform all parts of the task *without assistance*.
3. Use the appropriate checklist when evaluating the task to ensure all steps of the task are accomplished.

4. The evaluator will **STOP** the procedure immediately and correct the trainee if performance could become detrimental to personnel safety at any time.

5. Document competency upon satisfactory completion of the evaluation. Initial evaluation should be documented in the Specialty Training Standard (STS) of the trainee's CFETP. All recurring evaluation should be documented using AF Form 1098, *Special Task Certification and Recurring Training*, or using an approved substitute record.

PERFORMANCE CHECKLIST

CLEAN & DECONTAMINATE ITEMS FOR STERILIZATION	SAT	UNSAT
Preparatory Phase		
1. Don personal protective equipment (PPE) required for cleaning and decontamination, and explain why this PPE is needed		
2. Explain differences between cleaning and decontamination		
3. Explain why mechanical methods are preferred over manual methods. Cite examples of items that must be manually cleaned and decontaminated, and explain why		
4. Inspect items to ensure gross contaminants were removed at point of use. Follow locally established protocol for processing items received grossly contaminated		
5. Perform pre-soaking/pre-rinsing (if local policy dictates)		
Mechanical Cleaning & Decontamination		
1. Describe what each of the following types of equipment does, and how to use the ones used in your facility:		
a. Washer-sterilizer		
b. Washer-decontaminator		
c. Ultrasonic cleaner		
2. Inspect items to ensure they are properly arranged for mechanical cleaning and decontamination; correct discrepancies per local policy		
a. Items should be placed in perforated containers such as pans, trays, or baskets		
b. Heavy instruments should be separated from lighter ones, or, heavy items should be placed in the bottom of the container, lighter ones on top		
c. Sharp or pointed items should be placed in separate containers, or should be placed on top of all other items. Sharp or pointed areas must not be damaged by contact with other instruments, and also must be arranged as to not injure processing area personnel		
d. Concave surfaces of items should face down or to the side to allow solution to flow through, rather than pool on, the surface		
e. Hinged instruments should be open, ratchets disengaged; ringed instruments may be on a stringer to help hold them open		
f. Multi-part instruments should be disassembled; ensure small pieces are safely contained so they are not lost		
g. All items should be arranged neatly; they should not be simply piled in the container. Do not overload the instrument trays		
h. Avoid mixing instruments made of dissimilar metals in the same load		
3. Follow the manufacturer's instructions and local policy for loading and operating the mechanical cleaning equipment		
Manual Cleaning & Decontamination		
1. Wash the items in clean, warm water, mixed with a detergent that is non-corrosive, low sudsing, and that will leave no residue		
2. Keep all items immersed in (except for those that cannot be immersed, such as air-powered instruments), and guard against splashing of, the solution while manually washing items		
3. Use a soft-bristle brush to clean the box locks, ratchets, serrations, and other hard-to-reach places on instruments and glassware. Never use steel wool, abrasive pads, or other abrasive agents to routinely scrub surgical instruments		
4. Clean delicate microsurgery instruments, such as those used for eye or neurosurgery, according to the manufacturer's directions		
5. Always pick up delicate instruments by their handles, and do not allow them to strike each other or other objects as you clean them		

CLEAN & DECONTAMINATE ITEMS FOR STERILIZATION	SAT	UNSAT
6. Clean air-powered instruments according to the manufacturer's directions		
7. Rinse all items thoroughly with hot water to remove all residual detergent and other matter, then allow the instruments to dry		
8. Place instruments in appropriate containers for terminal sterilization (if the instrument is heat and moisture tolerant) or for chemical disinfection according to local policy		

ORTHOSTATIC VITAL SIGNS

SUBJECT AREA:	Measure and Record Patient Parameters
TASK(s):	Measure and record manual/electronic orthostatic vital signs.
CFETP/STS REFERENCE(s):	9.1.2.7
EQUIPMENT REQUIRED:	Blood pressure cuff, stethoscope, electronic B/P machine and a watch with a second hand.
TRAINING REFERENCE(s):	<i>Lippincott Manual of Nursing Practice</i> , current edition, and electronic B/P machine manufacturer's operating instructions.
REMARKS/NOTES:	Review steps of the process one-on-one with medical technician and/or nursing personnel skilled and verified in measuring orthostatic vital signs.
OBJECTIVE:	The trainee will successfully demonstrate without error the performance aspects of measuring orthostatic vital signs.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. Trainee should be evaluated on this task by both the manual and electronic methods of measuring the vital signs.
3. The evaluator will **STOP** the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
4. Use the performance checklist to ensure all steps of the task are accomplished.
5. Document task competency upon completion of the evaluation in the trainee's OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
1. Verify physician's order		
2. Identify patient/explain procedure		
3. Gather supplies/equipment		
4. Wash hands		
5. Assist patient to supine position		
6. Wait 3 minutes		
7. Measure and record pulse		
8. Measure and record blood pressure		
9. Assist patient to sitting position		
10. Wait 3 minutes		
11. Measure and record pulse		
12. Measure and record blood pressure		
13. Assist patient to standing position		
14. Wait 3 minutes		
15. Measure and record pulse		
16. Measure and record blood pressure		
17. Document procedure		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.

SET-UP CARDIAC MONITOR/DEFIBRILLATOR

SUBJECT AREA:	Cardiovascular Procedures
TASK(s):	Set-up cardiac monitor/defibrillator.
CFETP/STS REFERENCE(s):	9.1.15.2.2.1
EQUIPMENT REQUIRED:	Cardiac monitor/defibrillator, leads, electrodes, electropads, alcohol pads, and shaving kit.
TRAINING REFERENCE(s):	Cardiac monitor/defibrillator manufacturer's operating instructions.
REMARKS/NOTES:	Review steps of the process one-on-one with medical technician and/or nursing personnel skilled and verified in cardiac monitor/defibrillator set-up.
OBJECTIVE:	The trainee will successfully demonstrate without error the performance aspects of cardiac monitor/defibrillator set-up.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will **STOP** the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
1. Verify physician's order		
2. Identify patient/explain procedure		
3. Gather supplies/equipment		
4. Wash hands		
5. Assist patient to lying position		
6. Shave sites for electrode placement as needed		
7. Cleanse sites for electrode placement with alcohol pads		
8. Attach electrodes and leads to patient: a. White (or appropriately marked) lead to right arm b. Black (or appropriately marked) lead to left arm c. Green (or appropriately marked) lead to right leg d. Red (or appropriately marked) lead to left leg		
9. Turn cardiac monitor power on		
10. Set monitor to lead II		
11. Adjust EKG size on monitor screen		
12. Run monitor strip for at least 30 seconds		
13. Document procedure		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.

PERFORM 12-LEAD EKG

SUBJECT AREA: Vital signs. Measure and Record Patient Parameters

TASK(s): Perform 12-lead EKG.

CFETP/STS REFERENCE(s): 9.1.2.13

EQUIPMENT REQUIRED: EKG machine, leads, electrodes, electropads, alcohol pads, and shaving kit.

TRAINING REFERENCE(s): EKG machine manufacturer’s operating instructions.

REMARKS/NOTES: Review steps of the process one-on-one with medical technician and/or nursing personnel skilled and verified in performing a 12-lead EKG.

OBJECTIVE: The trainee will successfully demonstrate without error the performance aspects of performing a 12-lead EKG.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.

2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
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3. Use the performance checklist to ensure all steps of the task are accomplished.

4. Document task competency upon completion of the evaluation in the trainee’s OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
1. Verify physician's order		
2. Identify patient/explain procedure		
3. Gather supplies/equipment		
4. Wash hands		
5. Assist patient to supine position		
6. Shave sites for electrode placement as needed		
7. Cleanse sites for electrode placement with alcohol pads		
8. Attach electrodes and 4 limb leads to patient: a. White (or appropriately marked) lead to right arm b. Black (or appropriately marked) lead to left arm c. Green (or appropriately marked) lead to right leg d. Red (or appropriately marked) lead to left leg		
9. Attach electrodes and 6 chest leads to patient: a. V1- 4th intercostal space, right sternal border b. V2- 4th intercostal space, left sternal border c. V3- Between V2 and V4 d. V4- 5th intercostal space, midclavicular line e. V5- 5th intercostal space, anterior axillary line f. V6- 5th intercostal space, mid axillary line		
10. Turn EKG machine power on		
11. Enter appropriate patient information in machine		
12. Press appropriate EKG record/run button		
13. Assess for bad connections, interference, etc.		
14. Disconnect leads, clean supplies, and assist patient as needed		
15. Document procedure		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.

IDENTIFY LIFE-THREATENING ARRHYTHMIAS

SUBJECT AREA:	Cardiovascular Procedures
TASK(s):	Identify life-threatening arrhythmias.
CFETP/STS REFERENCE(s):	9.1.15.2.3
EQUIPMENT REQUIRED:	EKG strips or EKG simulator.
TRAINING REFERENCE(s): and	Lippincott Manual of Nursing Practice , current edition, current AHA guidelines.
REMARKS/NOTES:	Review steps of the process one-on-one with medical technician and/or nursing personnel skilled and verified in arrhythmia identification or advanced cardiac life support.
OBJECTIVE:	The trainee will successfully demonstrate without error the performance aspects of identifying life-threatening arrhythmias.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. If an EKG simulator is not used, ensure that EKG strips are on hand for the purpose of identifying the four arrhythmias listed on the performance checklist. (NOTE: This skill should not be evaluated during a real-life emergency situation).
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
1. Identify Premature Ventricular Contraction (PVC) by noting the following: a. Abnormal QRS, usually 0.12 seconds or wider, bizarre looking b. Irregular rhythm c. P wave may or may not be visible depending on path of conduction		
2. Identify Ventricular Tachycardia (V-Tach) by noting the following: a. Abnormal QRS, wider than 0.12 seconds, bizarre looking b. Rate between 100-220 bpm c. May have regular or irregular rhythm d. P waves may be seen at low rates, but atrial activity is not related to ventricular e. ST segment and T wave are usually opposite in polarity to the QRS		
3. Identify Ventricular Fibrillation (V-Fib) by noting the following: a. Abnormal QRS b. Rapid rate, usually too disorganized to count c. Irregular rhythm, very chaotic		
4. Identify Asystole by noting the following: a. Absence of electrical activity in ventricles, may have occasional P waves or ventricular escape beats b. No pulse c. Ensure proper connection of cardiac monitor d. Confirm rhythm in two different leads		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.

PERFORM/MONITOR PULSE OXIMETRY OXYGEN SATURATION

SUBJECT AREA: Patient Parameters Measure and Record

TASK(s): Perform/monitor pulse oximetry saturation.

CFETP/STS REFERENCE(s): 9.1.2.9

EQUIPMENT REQUIRED: Pulse oximeter.

TRAINING REFERENCE(s): Pulse oximeter manufacturer’s operating instructions.

REMARKS/NOTES: Review steps of the process one-on-one with medical technician and/or nursing personnel skilled and verified in measuring oxygen saturation with a pulse oximeter.

OBJECTIVE: The trainee will successfully demonstrate without error the performance aspects of measuring oxygen saturation with a pulse oximeter.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.

2. The evaluator will **STOP** the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.

3. Use the performance checklist to ensure all steps of the task are accomplished.

4. Document task competency upon completion of the evaluation in the trainee’s OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
1. Verify physician's order		
2. Identify patient/explain procedure		
3. Gather supplies/equipment		
4. Wash hands		
5. Assist patient to a comfortable position		
6. Attach pulse oximeter lead to patient's index finger		
7. Turn pulse oximeter power on		
8. Record oxygen saturation reading		
9. Identify whether value is within normal limits: a. Non-COPD patients: 92% or higher b. COPD patients: 88% or higher		
10. Remove lead and put equipment away		
11. Document procedure		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.

COLLECT AND LABEL BLOOD FROM VENIPUNCTURE

SUBJECT AREA:	Specimen collection
TASK(s):	Collect and label blood from venipuncture.
CFETP/STS REFERENCE(s):	9.1.3.2.1.6
EQUIPMENT REQUIRED:	Gloves, eye protection, vacutainer holder and needles, laboratory tubes, alcohol swabs, 2x2 gauze pads, bandaids, and tourniquet.
TRAINING REFERENCE(s):	<i>Lippincott Manual of Nursing Practice</i> , current edition.
REMARKS/NOTES:	Review steps of the process one-on-one with medical technician and/or nursing personnel skilled and verified in venipuncture.
OBJECTIVE:	The trainee will successfully demonstrate without error the performance aspects of venipuncture.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will **STOP** the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
1. Verify physician's order		
2. Identify patient/explain procedure		
3. Gather supplies/equipment		
4. Wash hands		
5. Assist patient to comfortable position		
6. Assemble vacutainer and needle		
7. Instruct patient to extend arm straight		
8. Select vein		
9. Cleanse site with alcohol pad		
10. Place tourniquet 2-3 inches above antecubital space		
11. Don gloves and eye protection		
12. Anchor vein using index and middle fingers		
13. Insert needle (15-45 degree angle, bevel up)		
14. Push tube into holder and collect required amount of blood		
15. Change tube as needed to collect additional blood in a gentle manner		
16. Release tourniquet		
17. Place 2x2 over site and withdraw needle		
18. Instruct patient to maintain pressure on site for 2-3 minutes		
19. Label tube(s) appropriately		
20. Dispose of supplies properly		
21. Apply bandaid to site		
22. Document procedure		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.

***TEST URINE FOR SUGAR, ACETONE, SPECIFIC GRAVITY,
AND PERFORM HEMATEST***

SUBJECT AREA:	Specimen collection
TASK(s):	Test urine for sugar, acetone, specific gravity, and perform hematest.
CFETP/STS REFERENCE(s):	9.1.3.2.3, 9.1.3.2.5, 9.1.3.2.4
EQUIPMENT REQUIRED:	Gloves, test strips, refractometer, distilled water/5% saline, plastic pipettes, specimen containers, bedpan if necessary, and a watch with a second hand.
TRAINING REFERENCE(s):	<i>Fundamental Skills and Concepts for Nursing</i> , current edition
REMARKS/NOTES:	Review steps of the process one-on-one with medical technician and/or nursing personnel skilled and verified in urine testing procedures.
OBJECTIVE:	The trainee will successfully demonstrate without error the performance aspects of testing urine for sugar, acetone, specific gravity, and blood.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.

2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
--

3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

Vol.1 Module 8 Test Urine for Sugar, Acetone, Specific Gravity, and Perform Hematest

PERFORMANCE ITEM	SAT	UNSAT
1. Verify physician's order		
2. Gather supplies/equipment		
3. Identify patient/explain procedure		
4. Don gloves		
5. Obtain urine sample from patient and place container on clean paper towel		
TEST URINE FOR SUGAR AND ACETONE		
1. Remove test strip from bottle and close lid tightly		
2. Dip test strip into urine		
3. Wait for time specified by manufacturer		
4. Compare test strip with manufacturer's color chart for glucose		
5. Compare test strip with manufacturer's color chart for acetone		
6. Document results		
TEST URINE FOR SPECIFIC GRAVITY		
1. Hold refractometer in horizontal position		
2. Close prism cover over prism and place drop of urine sample on top of measuring prism		
3. Press cover gently and firmly to expose illuminating source		
4. Look through eyepiece and read specific gravity on appropriate scale		
5. Document results		
PERFORM HEMATEST		
1. Remove test strip from bottle and close lid tightly		
2. Dip test strip into urine		
3. Wait for time specified by manufacturer		
4. Compare test strip with manufacturer's color chart for blood		
5. Document results		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.

PERFORM FINGER/HEEL STICKS FOR BLOOD SAMPLING

SUBJECT AREA:	Specimen collection
TASK(s):	Perform finger/heel sticks for blood sampling.
CFETP/STS REFERENCE(s):	9.1.3.2.6, 9.1.3.2.7
EQUIPMENT REQUIRED:	Gloves, disposable lancet, capillary pipettes (microhematocrit tubes), alcohol pads, betadine pads, 2x2 gauze pads, and bandaids.
TRAINING REFERENCE(s):	<i>Lippincott Manual of Nursing Practice</i> , current edition.
REMARKS/NOTES:	Review steps of the process one-on-one with medical technician and/or nursing personnel skilled and verified in collecting capillary blood via skin puncture.
OBJECTIVE:	The trainee will successfully demonstrate without error the performance aspects of collecting capillary blood via skin puncture.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will **STOP** the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
1. Verify physician's order		
2. Identify patient/explain procedure		
3. Gather supplies/equipment		
4. Wash hands and don gloves		
PERFORM FINGER STICK		
1. Select finger for sample collection (3rd or 4th digit. Ensure no callouses)		
2. Cleanse site with betadine and alcohol preps and allow to dry		
3.		
4. Press on distal joint of finger to cause it to turn red		
5. Prick skin quickly and firmly with lancet		
6. Release pressure on finger		
7. Wipe away first drop of blood with gauze		
8. Obtain specimen with pipette/microhematocrit tube		
9. Make blood slide		
10. Apply pressure over site with gauze		
11. Apply bandaid		
12. Dispose of supplies properly		
13. Document procedure		
PERFORM HEEL STICK		
1. Warm the site with warm compress for 5-10 minutes		
2. Cleanse site with betadine and alcohol preps and allow to dry		
3.		
4. Firmly hold heel with one hand		
5. Prick skin quickly and firmly with lancet		
6.		
7. Wipe away first drop of blood with gauze		
8. Obtain specimen with pipette/microhematocrit tube		
9. Make blood slide		
10. Apply pressure over site with gauze		
11. Apply bandaid		
12. Dispose of supplies properly		
13. Document procedure		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.

USE BLOOD GLUCOSE METER

SUBJECT AREA:	Specimen collection
TASK(s):	Use glucose meter.
CFETP/STS REFERENCE(s):	9.1.3.2.8
EQUIPMENT REQUIRED:	Gloves, disposable lancet, capillary pipettes (microhematocrit tubes), alcohol pads, betadine pads, 2x2 gauze pads, bandaids, glucose meter, calibration strips, reagent strips for glucose meter.
TRAINING REFERENCE(s):	Blood glucose meter manufacturer's operating instructions. (NOTE: Due to the many types of glucose meters available for use, this QTP has been developed as generically as possible. The evaluator can make changes as needed to reflect proper use of the glucose meter on hand for the evaluation).
REMARKS/NOTES:	Review steps of the process one-on-one with medical technician and/or nursing personnel skilled and verified in use of the glucose meter.
OBJECTIVE:	The trainee will successfully demonstrate without error the performance aspects of blood glucose testing using a glucose meter.
EVALUATION INSTRUCTIONS:	
1.	After the trainee has received instruction, allow sufficient practice on each part of the task.
2.	The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3.	Use the performance checklist to ensure all steps of the task are accomplished.
4.	Document task competency upon completion of the evaluation in the trainee's OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
1. Verify physician's order		
2. Identify patient/explain procedure		
3. Gather supplies/equipment		
4. Wash hands and don gloves		
5. Turn on glucose meter		
6. Ensure all display segment appear		
7. Ensure code number on meter matches reagent strip code number		
8. Perform finger stick to obtain blood sample (per QTP Vol.1 Module 9)		
9. Wipe away first drop of blood		
10. Apply large drop of blood to reagent pad		
11. Press time button on glucose meter		
12. Wait 60 seconds and wipe reagent pad gently to remove blood		
13. Place reagent strip into glucose meter		
14. Read results		
15. Dispose of supplies properly		
16. Document procedure		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.

MEDICATION ADMINISTRATION

SUBJECT AREA:	Medications and fluid therapy under supervision of nurse or physician, and pulmonary treatments.
TASK(s):	Prepare and administer oral medications, subcutaneous injections, intramuscular injections, intradermal injections, agents in prefilled or Tubex syringes, rectal suppositories, vaginal suppositories, vaginal douche for medication delivery, ophthalmic ointments/drops, otic drops, topical medications, inhaled medications (via updraft nebulizer), safety factors in administration, medication orders(pharmacological abbreviations and calculate dosage), and document medication administration.
CFETP/STS REFERENCE(s):	9.1.4.1.1, 9.1.4.1.2, 9.1.4.2.2.1, 9.1.4.3.2.1, 9.1.4.3.2.2, 9.1.4.3.2.3, 9.1.4.3.2.4, 9.1.4.3.2.5, 9.1.4.3.2.6, 9.1.4.3.2.7, 9.1.4.3.2.8, 9.1.4.3.2.9, 9.1.4.3.2.10, 9.1.4.3.2.11, 9.1.4.3.2.12.1, 9.1.4.3.2.14, 9.1.4.1.3.6, 9.1.4.1.3.9, 9.1.4.3.2.15, 9.1.4.1.3.16
EQUIPMENT REQUIRED:	Gloves, syringes, needles, medicine cups, updraft nebulizer, oxygen or compressed air unit, dressing materials, drapes, bath blanket, bedpan, peak flow meter with disposable mouthpieces, B/P cuff, stethoscope, and prescribed medications.
TRAINING REFERENCE(s):	<i>Lippincott Manual of Nursing Practice</i> , current edition, <i>Fundamentals of Nursing</i> , current edition, and local instructions.
REMARKS/NOTES:	<ol style="list-style-type: none"> 1. Review steps of the process one-on-one with medical technician and/or nursing personnel skilled and verified in medication administration. 2. Prior to performing the attached tasks, medical technicians must successfully pass the NLN “Basic Proficiency in Medication Administration” current edition, or locally prepared and approved written test to verify proficiency in the cognitive aspects of medication calculations.
OBJECTIVE:	The trainee will successfully demonstrate without error the performance aspects of medication administration.
EVALUATION INSTRUCTIONS:	<ol style="list-style-type: none"> 1. After the trainee has received instruction, allow sufficient practice on each part of the task. <li style="border: 1px solid black; padding: 5px;">2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time. 3. Use the performance checklist to ensure all steps of the task are accomplished. 4. Document task competency upon completion of the evaluation in the trainee’s OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
ORAL MEDICATIONS		
1. Verify physician's order using the 5 rights		
2. Obtain supplies and medication, check medication expiration date, and calculate dosage		
3. Identify patient/explain procedure		
4. Wash hands and don gloves		
5. Pour tablet/capsule into cap of container and then into medicine cup		
6. Verify 5 rights again (ask patient to state their name and check I.D.)		
7. Confirm patient is not allergic to medication		
8. Assist patient in taking the medication		
9. Observe patient for effectiveness/adverse effects of medication		
10. Dispose of supplies properly and wash hands		
11. Document procedure		
SUBCUTANEOUS INJECTIONS		
1. Verify physician's order using the 5 rights		
2. Obtain supplies and medication, check medication for expiration date, discoloration and calculate dosage		
3. Identify patient/explain procedure		
4. Wash hands and don gloves		
5. Withdraw medication from ampule/vial into syringe		
6. Expel all air from syringe		
7. Verify the 5 rights again (ask patient to state their name and check I.D.)		
8. Confirm patient is not allergic to medication		
9. Position patient for administration		
10. Clean site with alcohol pad in a circular motion, from the center-outward to a 2 inch circle and allow to air-dry		
11. Stabilize site properly with non-dominant hand		
12. Insert needle bevel up at a 45 degree angle in a steady manner		
13. Aspirate and ensure no blood return is noted (select new site if necessary)		
14. Inject all medication slowly and steadily		
15. Withdraw needle and apply gentle pressure to the site with a 2x2		
16. Observe patient for effectiveness/adverse effects of medication		
17. Dispose of supplies properly and wash hands		
18. Document procedure		
INTRAMUSCULAR INJECTIONS		
1. Verify physician's order using the 5 rights		
2. Obtain supplies and medication, check medication for expiration date, discoloration and calculate dosage		
3. Identify patient/explain procedure		
4. Wash hands and don gloves		
5. Withdraw medication from ampule/vial into syringe		

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PERFORMANCE ITEM	SAT	UNSAT
6. Expel all air from syringe		
7. Verify the 5 rights again (ask patient to state their name and check I.D.)		
8. Confirm patient is not allergic to medication		
9. Position patient for administration		
10. Clean site with alcohol pad in a circular motion, from the center-outward to a 2 inch circle and allow to air-dry		
11. Stabilize site properly with non-dominant hand		
12. Insert needle bevel up at a 90 degree angle in a steady manner		
13. Aspirate and ensure no blood return is noted (select new site if necessary)		
14. Inject all medication slowly and steadily		
15. Withdraw needle and apply gentle pressure to the site with a 2x2		
16. Observe patient for effectiveness/adverse effects of medication		
17. Dispose of supplies properly and wash hands		
18. Document procedure		
INTRADERMAL INJECTIONS		
1. Verify physician's order using the 5 right		
2. Obtain supplies and medication, check medication for expiration date, discoloration and calculate dosage		
3. Identify patient/explain procedure		
4. Wash hands and don gloves		
5. Withdraw medication from ampule/vial into syringe		
6. Expel all air from syringe		
7. Verify the 5 rights again (ask patient to state their name and check I.D.)		
8. Confirm patient is not allergic to medication		
9. Position patient for administration		
10. Clean site with alcohol pad in a circular motion, from the center-outward to a 2 inch circle and allow to air-dry		
11. Stabilize site properly with non-dominant hand		
12. Insert needle bevel up at a 15 degree angle in a steady manner		
13. Aspirate and ensure no blood return is noted (select new site if necessary)		
14. Inject all medication slowly and steadily to form a small wheal		
15. Withdraw needle (do not apply pressure to site)		
16. Observe patient for effectiveness/adverse effects of medication		
17. Dispose of supplies properly and wash hands		
18. Document procedure		
AGENTS IN PREFILLED/TUBEX SYRINGES		
1. Verify physician's order using the 5 rights		
2. Obtain supplies and medication, check medication for expiration date, discoloration and calculate dosage		
3. Identify patient/explain procedure		
4. Wash hands and don gloves		

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PERFORMANCE ITEM	SAT	UNSAT
5. Follow manufacturer's instructions for inserting medication cartridge into Tubex holder		
6. Verify the 5 rights again (ask patient to state their name and check I.D.)		
7. Confirm patient is not allergic to medication		
8. Position patient for administration		
9. Clean site with alcohol pad in a circular motion, from the center-outward to a 2 inch circle and allow to air-dry		
10. Stabilize site properly with non-dominant hand		
11. Insert needle bevel up at appropriate angle for type of injection to be given in a steady manner		
12. Aspirate and ensure no blood return is noted (select new site if necessary)		
13. Inject all medication slowly and steadily		
14. Withdraw needle (do not apply pressure to site)		
15. Observe patient for effectiveness/adverse effects of medication		
16. Dispose of supplies properly and wash hands		
17. Document procedure		
RECTAL SUPPOSITORIES		
1. Verify physician's order using the 5 rights		
2. Obtain supplies and medication, check medication for expiration date, discoloration and calculate dosage		
3. Identify patient/explain procedure		
4. Wash hands and don gloves		
5. Verify the 5 rights again (ask patient to state their name and check I.D.)		
6. Confirm patient is not allergic to medication		
7. Position patient on his/her side and drape appropriately		
8. Instruct patient to take several deep breaths		
9. Administer suppository beyond the internal sphincter		
10. Observe patient for effectiveness/adverse effects of medication		
11. Dispose of supplies properly and wash hands		
12. Document procedure		
VAGINAL SUPPOSITORIES		
1. Verify physician's order using the 5 rights		
2. Obtain supplies and medication, check medication for expiration date, discoloration and calculate dosage		
3. Identify patient/explain procedure		
4. Wash hands and don gloves		
5. Verify the 5 rights again (ask patient to state their name and check I.D.)		
6. Confirm patient is not allergic to medication		
7. Position patient on her back with knees flexed and drape appropriately		
8. Instruct patient to take several deep breaths		
9. Administer suppository along the posterior wall of the vagina		

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PERFORMANCE ITEM	SAT	UNSAT
10. Observe patient for effectiveness/adverse effects of medication		
11. Dispose of supplies properly and wash hands		
12. Document procedure		
VAGINAL DOUCHE FOR MEDICATION DELIVERY		
1. Verify physician's order using the 5 rights		
2. Obtain supplies and medication, check medication for expiration date, discoloration and calculate dosage		
3. Identify patient/explain procedure		
4. Wash hands and don gloves		
5. Verify the 5 rights again (ask patient to state their name and check I.D.)		
6. Confirm patient is not allergic to medication		
7. Ask patient to void if necessary prior to administering the medication		
8. Warm solution to 100-110 degrees F.		
9. Position patient on bath blanket and bedpan in dorsal recumbent position with knees flexed and apart		
10. Properly drape patient		
11. Position solution container 18-24 inches above level of patient's hips		
12. Empty all air from tubing		
13. Separate the labia and insert nozzle downward and backward into vagina		
14. Initiate flow of medication and gently rotate nozzle during administration		
15. Instruct patient to perform Kegel exercises 4 to 5 times during administration		
16. Clamp tubing, remove nozzle, and elevate the head of the bed		
17. Remove bedpan, dry perineum, and position a perineal pad in place		
18. Observe patient for effectiveness/adverse effects of medication		
19. Dispose of supplies properly and wash hands		
20. Document procedure		
OPHTHALMIC OINTMENTS/DROPS		
1. Verify physician's order using the 5 rights		
2. Obtain supplies and medication, check medication for expiration date, discoloration and calculate dosage		
3. Identify patient/explain procedure		
4. Wash hands and don gloves		
5. Verify the 5 rights again (ask patient to state their name and check I.D.)		
6. Confirm patient is not allergic to medication		
7. Position patient in lying position with head tilted back		
8. Gently clean patient's eyelids and eyelashes		
9. Instruct patient to look upward		
10. Gently pull downward on the lower lid to form a pouch for the medication		

continued on next page

PERFORMANCE ITEM	SAT	UNSAT
11. Instill medication: a. Drops: Administer to center of lower conjunctival sac b. Ointment: Squeeze a steady ribbon of medication from the inner to the outer canthus		
12. Instruct patient to close and move the eye to evenly distribute medication		
13. Wipe away excess medication from the eyelid with a tissue		
14. Observe patient for effectiveness/adverse effects of medication		
15. Dispose of supplies properly and wash hands		
16. Document procedure		
OTIC DROPS		
1. Verify physician's order using the 5 rights		
2. Obtain supplies and medication, check medication for expiration date, discoloration and calculate dosage		
3. Identify patient/explain procedure		
4. Wash hands and don gloves		
5. Verify the 5 rights again (ask patient to state their name and check I.D.)		
6. Confirm patient is not allergic to medication		
7. Position patient in lying position with ear to be treated facing up		
8. Gently clean patient's outer ear with cotton balls		
9. Straighten the ear canal for administration: a. Adults: Pull ear upward and backward b. Children: Pull ear downward and backward		
10. Instill appropriate amount of drops into canal		
11. Instruct patient to remain in this position for 5 minutes		
12. Observe patient for effectiveness/adverse effects of medication		
13. Dispose of supplies properly and wash hands		
14. Document procedure		
TOPICAL MEDICATIONS		
1. Verify physician's order using the 5 rights		
2. Obtain supplies and medication, check medication for expiration date, discoloration and calculate dosage		
3. Identify patient/explain procedure		
4. Wash hands and don gloves		
5. Verify the 5 rights again (ask patient to state their name and check I.D.)		
6. Confirm patient is not allergic to medication		
7. Expose and clean the site with soap and water		
8. Use sterile technique to remove medication from container		
9. Apply medication to skin and dress site per physician's orders		
10. Observe patient for effectiveness/adverse effects of medication		
11. Dispose of supplies properly and wash hands		
12. Document procedure		

continued on next page

PERFORMANCE ITEM	SAT	UNSAT
INHALED MEDICATION VIA UPDRAFT NEBULIZER		
1. Verify physician's order using the 5 rights		
2. Obtain supplies and medication, check medication for expiration date, discoloration and calculate dosage		
3. Identify patient/explain procedure		
4. Wash hands and don gloves		
5. Prepare updraft nebulizer for treatment: a. Prepare medication in nebulizer reservoir b. Connect tubing to compressed air or oxygen unit as ordered		
6. Verify the 5 rights again (ask patient to state their name and check I.D.)		
7. Confirm patient is not allergic to medication		
8. Position patient in upright position		
9. Measure and record patient's baseline vital signs, to include peak flow		
10. Turn on oxygen or compressed air flow to nebulizer		
11. Adjust flow to obtain a steady mist (4 to 6 LPM)		
12. Instruct patient to hold nebulizer upright and place their mouth over the mouthpiece		
13. Instruct patient to inhale and exhale slowly and deeply through their mouth until all medication has been administered		
14. Observe patient for adverse effects during treatment (discontinue and notify nurse or physician immediately if pulse increases more than 20 bpm)		
15. After treatment is completed, turn off oxygen/compressed air unit		
16. Measure and record patient's vital signs, to include peak flow		
17. Dispose of supplies properly		
18. Document procedure		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.

INTRAVENOUS INFUSION

SUBJECT AREA: Medication and fluid therapy under supervision of nurse or physician.

TASK(s): Set up/regulate/monitor intravenous fluid administration, initiate peripheral intravenous infusion, apply armboard or restraints to secure infusion, set up and regulate infusion pumps/controllers, set up and regulate infusion pressure bags, change intravenous fluid bags/bottles, discontinue intravenous infusion, set up and maintain intermittent infusion device, safety factors in administration of fluid therapy, and document fluid therapy.

CFETP/STS REFERENCE(s): 9.1.4.1.1, 9.1.4.2.2.1, 9.1.4.2.2.3, 9.1.4.2.2.4, 9.1.4.2.2.5, 9.1.4.2.2.6, 9.1.4.2.2.7, 9.1.4.2.2.8

EQUIPMENT REQUIRED: Gloves, tourniquet, antiseptic, swabs (i.e. alcohol pads), 2x2 and 4x4 gauze pads, Op-site or similar site dressing, tape, IV solution, IV tubing, 3-way stopcock, infusion pressure bag, armboard, roller gauze, heparin lock, IV pump/controller with appropriate administration set, IV catheters.

TRAINING REFERENCE(s): *Lippincott Manual of Nursing Practice*, current edition, and *Fundamentals of Nursing*, current edition.

REMARKS/NOTES: Review steps of the process one-on-one with medical technician and/or nursing personnel skilled and verified in intravenous therapy.

OBJECTIVE: The trainee will successfully demonstrate without error the performance aspects of intravenous therapy.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.

2. The evaluator will **STOP** the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.

3. Use the performance checklist to ensure all steps of the task are accomplished.

4. Document task competency upon completion of the evaluation in the trainee's OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
SET-UP FOR IV INFUSION		
1. Verify physician's order using the 5 rights		
2. Gather supplies/equipment and prepare infusion set		
3. Identify patient/explain procedure		
4. Wash hands		
5. Position patient in comfortable position		
INITIATE IV INFUSION		
1. Select insertion site		
2. Clean and prep site		
3. Apply tourniquet		
4. Don gloves		
5. Insert catheter at a 45 degree angle with the bevel up		
6. Monitor for blood return and lower catheter to 15-20 degree angle		
7. Advance catheter into vein while withdrawing needle		
8. Attach tubing		
9. Release tourniquet		
10. Open clamp and ensure flow is unobstructed		
SECURE INFUSION SITE		
1. Secure catheter hub with tape		
2. Dress site		
3. Secure tubing at site in a loop to prevent accidental pulling		
4. Apply armboard using roller gauze and tape		
REGULATE IV INFUSION		
1. Calculate drip rate per physician's order		
2. Adjust flow		
3. Time-tape IV bag if necessary		
SET-UP AND REGULATE INFUSION PUMP/CONTROLLER		
1. Assemble appropriate infusion set and attach to pump/controller		
2. Connect to 3-way stopcock		
3. Switch IV flow from initial IV infusion line to pump/controller line		
4. Ensure settings on pump/controller are properly set with alarm feature on		
CHANGE IV FLUID BAGS/BOTTLES		
1. Obtain new solution bag/bottle		
2. Close tubing clamp		
3. Lower empty bag/bottle		
4. Remove spike without contaminating		
5. Spike new bag/bottle		
6. Hang new bag/bottle on IV pole		
7. Ensure no air is in line		
8. Initiate IV fluid flow		
9. Document procedure		

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PERFORMANCE ITEM	SAT	UNSAT
SET-UP AND REGULATE INFUSION PRESSURE BAG		
1. Verify the order		
2. Wash hands		
3. Ensure new IV bag is used		
4. Set-up tubing and fill drip chamber completely		
5. Place IV bag inside pressure bag		
6. Remove excess air from bag port using needle and syringe		
7. Ensure no air is in line		
8. Initiate flow at pressure ordered by physician		
9. Monitor procedure continuously		
SET-UP AND MAINTAIN INTERMITTENT INFUSION DEVICE		
1. Verify the order		
2. Wash hands and don gloves		
3. Prepare intermittent infusion device without contamination		
4. Attach device cap to IV cannula		
5. Flush device with solution per local protocol		
6. Secure device with tape and dressing		
7. Maintain patency by flushing (frequency of flushing varies depending on type of IV)		
8. Clean injection port with alcohol		
9. Slowly inject heparin or saline solution per local protocol		
10. Document procedure		
DISCONTINUE IV INFUSION		
1. Verify the order		
2. Wash hands and don gloves		
3. Turn off infusion		
4. Place 2x2 over site and remove catheter (ensure catheter is intact)		
5. Apply pressure to site for 2-3 minutes		
6. Dress site		
7. Document procedure		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.

BLOOD ADMINISTRATION

- SUBJECT AREA:** Intravenous fluid and Blood Administration under supervision of nurse or physician.
- TASK(s):** Assist with Blood administration.
- CFETP/STS REFERENCE(s):** 9.1.4.2, 9.1.4.2.1, 9.1.4.2.1.1, 9.1.4.2.1.2, 9.1.4.2.1.3, 9.1.4.2.2, 9.1.4.2.2.1, 9.1.4.2.2.2, 9.1.4.2.2.3, 9.1.4.2.2.4
- EQUIPMENT REQUIRED:** Gloves, blood component, IV bag (0.9% normal saline) blood warmer or pump, administration set, blood pressure cuff, stethoscope, electronic thermometer, and a watch with a second hand.
- TRAINING REFERENCE(s):** *Lippincott Manual of Nursing Practice*, current edition, and local procedures as applicable.
- REMARKS/NOTES:**
1. Prior to performing this task, medical technicians will successfully pass the NLN “Basic Proficiency in Medication Administration”, current edition, or locally prepared and approved written test to verify the cognitive aspects of medication calculations.
 2. Review steps of the process one-on-one with medical technician and/or nursing personnel skilled and verified in blood administration.
- OBJECTIVE:** The trainee will successfully demonstrate without error the performance aspects of blood administration.
- EVALUATION INSTRUCTIONS:**
1. After the trainee has received instruction, allow sufficient practice on each part of the task.
 2. The evaluator will **STOP** the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
 3. Use the performance checklist to ensure all steps of the task are accomplished.
 4. Document task competency upon completion of the evaluation in the trainee’s OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
PRE-TRANSFUSION PROCEDURES		
1. Verify physician's order		
2. Gather supplies/equipment		
3. Identify patient/explain procedure		
4. Ensure nurse has completed Section I of SF 518, Blood and Blood Component Transfusion, for each unit of blood/blood product ordered		
5. Obtain blood sample and ensure SF 518 (Section I) is signed and date and time specimen was drawn is properly annotated		
6. Ensure IV of .09% normal saline has been initiated		
BLOOD ADMINISTRATION PROCEDURES		
1. Verify physician's order		
2. Verify completed AF Form 1225, Blood Transfusion Informed Consent, is in patient's record		
3. Explain procedure to patient		
4. Obtain blood/blood component from laboratory: <ul style="list-style-type: none"> a. Present 3x5 card stamped with patient hospital identification to blood bank personnel b. Verify identification data with blood bank personnel by checking stamped card against label on blood product and SF 518 c. Take blood product to patient unit immediately 		
5. Verify proper patient/blood product on unit: <ul style="list-style-type: none"> a. Verify with nurse that blood product identification matches SF 518 b. Check patient identification band and ask patient to state their name c. Check expiration date and time on blood product d. Complete information in Section III, Pre-Transfusion Data, of SF 518 		
6. Measure and record baseline vital signs		
7. Wash hands and don gloves		
8. Assemble necessary blood administration equipment: <ul style="list-style-type: none"> a. "Y"-type blood administration set b. Blood warmer if ordered c. Pressure device if ordered 		
9. Nurse will hang blood		
10. If blood warmer is used: <ul style="list-style-type: none"> a. Turn on warmer per manufacturer's instructions b. Open door and insert tubing into tubing insets c. Close door and regulate flow rate 		
11. Instruct patient to report any unusual signs or symptoms		
12. Monitor patient closely during first 15 minutes of transfusion		
13. Measure and record vital signs after 15 minutes		
14. Continue to monitor patient and measure and record vital signs every 30 minutes until transfusion is complete		
15. If adverse signs/symptoms are noted, immediately stop transfusion and notify nurse or physician		

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PERFORMANCE ITEM	SAT	UNSAT
POST-TRANSFUSION PROCEDURES		
1. Measure and record post-transfusion vital signs		
2. Properly dispose of contaminated tubing		
3. Return empty blood component bag to laboratory (if local policy) along with 2nd and 3rd copies of SF 518		
4. Continue to monitor patient for delayed reactions		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.

TYMPANOMETRY

SUBJECT AREA:	Medical examinations/special procedures.
TASK(s):	Tympanometry.
CFETP/STS REFERENCE(s):	9.1.6.1.7
EQUIPMENT REQUIRED:	Tympanometer.
TRAINING REFERENCE(s):	Tympanometer manufacturer's operating instructions.
REMARKS/NOTES:	Review steps of the process one-on-one with medical technician and/or nursing personnel skilled and verified in tympanometry.
OBJECTIVE:	The trainee will successfully demonstrate without error the performance aspects of tympanometry.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will **STOP** the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
1. Verify physician's order		
2. Gather supplies/equipment		
3. Identify patient/explain procedure		
4. Position patient in position of comfort		
5. Select proper size ear tip		
6. Place tip on probe		
7. Obtain adequate seal		
8. Attach printout result to chart		
9. Clean tip per local protocol		
10. Store equipment properly		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.

MEASURE AND RECORD INTAKE & OUTPUT

SUBJECT AREA: Patient Care Skills.

TASK(s): Measure and Record Intake & Output.

CFETP/STS REFERENCE(s): **9.1.2.10**

EQUIPMENT REQUIRED: Bed pan, Emesis basin, I&O record, Measuring cup, Personal protective gear (PPG), Urinal

TRAINING REFERENCE(s): *Mosby's Textbook for Nursing Assistants*, current edition.

REMARKS/NOTES: Review steps of the process one-on-one with medical technician and/or nursing personnel skilled and verified in measuring or recording intake and output (I&O)

OBJECTIVE: The trainee will successfully demonstrate without error the performance aspects of measuring or recording intake and output (I&O).

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.

2. The evaluator will **STOP** the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.

3. Use the performance checklist to ensure all steps of the task are accomplished.

4. Document task competency upon completion of the evaluation in the trainee's OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
PREPARATION		
1. Verify physician's order		
2. Gather supplies/equipment		
3. Identify patient/explain procedure		
4. Wash hands and don gloves		
MEASURE AND RECORD INTAKE		
1. Determine amount of liquid pt has consumed		
2. Measure how much fluid has infused from intravenous (IV) bag/bottle		
3. Remove appropriate PPG		
4. Wash hands		
5. Document above amounts in appropriate blocks on the I&O record		
MEASURE AND RECORD OUTPUT		
1. Empty Foley bag of urine into measuring cup		
2. Measure urine amount at eye level		
3. Determine amount of vomit, stool, or drainage fluid has been collected		
4. Document above amounts in appropriate blocks on the I&O record		
5. Clean area and equipment		
6. Remove appropriate PPG		
7. Wash hands		
8. Document above amounts in appropriate blocks on the I&O record		
REPORT TO NURSE/PT CARE PROVIDER THE AMOUNT OF I&O RECORDED		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.