

CAPITAL COMMUNITY COLLEGE PARAMEDIC PROGRAM



SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
 CONNECTICUT CHILDRENS MEDICAL CENTER
 RESPIRATORY THERAPY EVALUATION FORM

Student Name: _____ Date _____

Preceptor Name/Signature: _____

	EXCELLENT	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY	N/A
Ability to evaluate/interpret vital signs as related to respiratory physiology: pulse rate and quality, resp rate & pattern, breath sounds					
Discuss the pathophysiology of adult patients diagnosed with: COPD, Bronchitis, Pneumonia, Emphysema, Asthma, ETC.					
Discuss the pathophysiology of the pediatric patients diagnosed with: Bronchiolitis, croup, epiglottitis, asthma, etc					
Airway management: O2 admin, venture mask, blow by, NRB, suctioning, CPAP, BIPAP, airway adjunct, BVM ventilation,(circle all that apply)					
Performs tracheostomy care: suctioning, O2 administration, BV ventilation					
Administration of aerosol treatments					
Analyzes/interprets ABG's					
Discuss medication use/actions/contraindications					
Ability to communicate in appropriate and efficient manner with patients and family					
Ability to interact efficiently, courteously, and professionally with staff					
Ability to assume responsibility and maintains personal appearance					

Comments/Medications given: