Care Requirements:	Class	Date	Initials	Comments
Basic Assessment/Reporting				
Vital Signs (blood pressure, heart rate, respiratory rate, and/or temperture)	2			
2. Weight	2			
3. Measure intake	2			
4. Measure output	2			
5. Monitor glucose (blood sugar) levels	2			
Respiratory/Pulmonary (Breathing)				
Clinical assessment (listen to lung sounds with stethoscope, inspection of skin color/moisture/temperature, observation of breathing pattern, etc.), for a diagnosed breathing lung/breathing disorder	1			
Describe above Condition:				
Monitor oxygen saturation levels (Apply probe, check skin for irritation, change probe, record levels at required intervals)	2			
 Monitor carbon dioxide (CO2) levels (Apply probe, check skin for irritation, change probe, record levels at required intervals) 	2			
4. Administer oxygen			ı	
a. Apply cannula/mask and adjust flow rate within parameters specified on orders	2			
b. Apply cannula/mask and adjust flow rate based upon results of clinical assessment	2			
Apply CPAP (continuous positive airway pressure) or Bi-PAP (bi-level positive airway pressure) for treatment of sleep apnea (with or without oxygen)	2			
6. Apply percussion vest	2			
7. Use cough assist device - insufflator	2			
8. Perform nebulizer treatments	2			
9. Perform chest physiotherapy - manual percussion and postural drainage (P&PD) (Requires proper positioning and sessions lasting more than 20 minutes)				
a. 1-4 x per day	1			
b. More than 4x per day	1			
10. Oral suctioning				
a. Yankaur or flexible catheter is available/used	2			
b. Date last performed:				
c. Frequency				
i. Daily	2			
ii. Multiple times throughout the day/night	2			
iii. No routine suctioning, only during times of respiratory illness with increased congestion	2			
11. Nasopharyngeal suctioning (suctioning with a tube inserted through the nose)				
a. Date last performed:				
b. Frequency				

Care Requirements:	Class	Date	Initials	Comments
i. Daily	1			
ii. Multiple times throughout the day/night	1			
iii. No routine suctioning, only during times of respiratory illness with increased congestion	1			
12. Oropharyngeal suctioning (Requires elevation of head of bed, pre-oxygenation, and hyperventilatin prior to initiating suctioning)				
a. Date last performed:				
b. Frequency				
i. Daily	1			
ii. Multiple times throughout the day/night	1			
iii. No routine suctioning, only during times of respiratory illness with increased congestion	1			
13. Tracheostomy suctioning				
a. Date last performed:				
14. Ventilator support				
a. Non-invasive (securing appliance)				
i. Required 24 hours/day	1			
ii. Required 12-23 hours/day	1			
iii. Required less than 12 hours/day	1			
b. Invasive (through tracheostomy)				
i. Required 24 hours/day	1			
ii. Required 12-23 hours/day	1			
iii. Required less than 12 hours/day	1			
15. Tracheostomy care				
a. Changing ties	1			
b. Cleaning stoma	1			
c. Cleaning inner cannula	1			
d. Checking cuff pressure 2-3 x/day	1			
e. Changing trach tubes	1			
f. Applying mist collar	2			
g. Applying heat moisture exchanger (HME)	1			
Neurological				
Assessment (Describe Condition/Diagnosis)				
a. Focused Assessment - Level of consciousness, orientation to person / place / time				
/ situation or to the same orientation as to prior to seizure; Motor function - normal extremities gait, moves that are usual for that individual, follows commands	2			

Care Requirements:	Class	Date	Initials	Comments
b. General Neurological Assessment to include all of the items in Focused Assessment				
& an in depth sensory/motor function assessment, pupillary reaction, and vital signs	1			
 c. Intense Neurological Exam to include all general assessment and testing of the cranial nerves, motor exam reflex testing, coordination and gait assessment, and sensory 				
examination	1			
Standard routine seizure				
a. Activate Vagal Nerve Stimulator (VNS)	2			
b. Administer emergency medication nasally/rectally, including Versed, Diastat,				
Ativan, other	2			
c. Monitor and record postictal (after seizure) status	2			
3. Atypical seizure protocol			-	
a. Describe treatment required, other than those required for standard seizure protocol	1			
Gastrointestinal	1			
1. Providing fluid/nutrition through a tube				
a. Naso-gastro/duodenal/jejunal tube (inserted through nose)	1			
b. Gastrostomy (G) tube	2			
c. Jejunostomy (J) tube	2			
d. G/J tube	2			
2. Clean feeding tube insertion site	2			
3. Venting G-tube with/without Farrell bag	2			
4. Bowel Protocol	_		_	
a. Laxatives/suppositories/enemas	2			
b. Rectal Stim - Indicate frequency if done	1			
c. Disimpaction	1			
5. Routine ostomy care (apply device, clean stoma, empty collection bag)				
a. Colostomy care	2			
b. Ileostomy care	2			
c. Cecostomy/Malone appendicostomy	2			
d. Emptying ostomy collection bags	2			
6. Irrigating colostomy/ileostomy/cecostomy	1			
7. Measure abdominal girth	2			
Genitourinary				
1. Catheterization			-	
a. Performing in/out straight catheterization	2			
b. Performing catheterization via vesicostomy	2			
c. Apply condom catheter	2			
d. Empty urine collection bags	2			

Care Requirements:	Class	Date	Initials	Comments
e. Perform routine reinsertion of urethral or suprapubic catheter	1			
2. Urostomy care (clean ostomy, apply/empty collection bag)	2			
Dialysis				
1. Hemodialysis	1			
2. Peritoneal dialysis	1			
Wound Care				
Dressing change daily	1			
2. Dressing change 2x/day	1			
3. 2 wound care sites	1			
4. More than 2 wound care sites	1			
5. Wound Vacuum-Assisted Closure Device	1			
Medications				
1. Oral/topical medication	2			
2. Medication through G/J tube	2			
3. Metered dose inhaler (MDI) or nebulizer	2			
4. Glycemic metabolic disorder medications			_	
a. Administration of insulin by pump	2			
b. Administration of inhaled insulin	2			
c. Administration of insulin or other prescribed glycemic metabolic medication by				
subcutaneous injection	2			
d. Routine dose administered	2			
e. Sliding scale when clear parameters determines dosage	2			
5. Other subcutaneous injections	1			
6. Intravenous (IV) Therapy	_			
a. Central line	1			
b. Peripheral line	1			
c. Total parenteral nutrition (TPN)	1			
d. Intramuscular Injection (IM)	1			
e. Other (describe)	1			