



College of  
Respiratory Therapists  
of Ontario

# My Education Checklist and Learning Log





## Introduction to Checklist

Below is a list of learning goals. It is important that all caregivers take part in learning how to care for someone who is ventilated. You will learn from many different healthcare professionals. This checklist is a guide to make sure that everything you need to know is covered. At any time, if you feel you need to redo something, or are unsure of something, just ask. Your healthcare professionals are eager to help you.

**Individual's Name:** \_\_\_\_\_

## Learning Objectives

At the completion of the training, the participant will be able to...

Individual Care	Date	Initials	Caregiver Initials
1. Describe in general terms normal anatomy and physiology of the respiratory system: <ul style="list-style-type: none"> <li>- How we breathe</li> <li>- Humidification</li> <li>- Upper airway anatomy and placement of a tracheostomy</li> <li>- What is different with a tracheostomy</li> <li>- Location and role of vocal cords</li> <li>- Explain why an individual with a trach tube might not be able to speak</li> </ul>			
2. Describe how changing body position or eating a meal can affect breathing			
3. Demonstrate safe technique for: <ul style="list-style-type: none"> <li>- Bathing</li> <li>- Feeding/Eating</li> <li>- Dressing</li> </ul>			
4. Explain the importance of drinking water and using a humidifier to manage secretions			
5. Describe why heart rate or breathing rate may change with activity or illness			

6. Describe possible signs and symptoms of a chest infection and the steps to take if there is an infection			
7. Explain the importance of proper hand hygiene and how the use of gloves and a mask can prevent the spread of infection			
8. Explain the purpose of breath stacking			
9. Describe what equipment is needed for breathstacking			
10. Demonstrate how to do the breathstacking technique			
11. Describe the plan for follow-up care			
12. Explain the role of the family physician in the care of the individual			

<b>Home Equipment</b>	<b>Date</b>	<b>Initials</b>	<b>Caregiver Initials</b>
1. Identify the hazards and safety implications for someone with a trach due to a loss of the protective mechanisms of the upper airway			
2. Identify home environment hazards			
3. Determine if there are sufficient number of grounded plugs			

<b>Inhaled Medication</b>	<b>Date</b>	<b>Initials</b>	<b>Caregiver Initials</b>
1. Explain the function, dose and frequency of individual-specific Metered Dose Inhalers (MDI)/puffers			
2. Demonstrate/explain how to give an MDI/puffer with the ventilator			

<b>Humidification System</b>	<b>Date</b>	<b>Initials</b>	<b>Caregiver Initials</b>
1. Explain the importance of humidification			
2. Demonstrate when and how to use an heated moister exchanger (HME)			
3. Demonstrate how to use and clean a passover humidifier			

<b>Tracheostomy Care</b>	<b>Date</b>	<b>Initials</b>	<b>Caregiver Initials</b>
1. Define tracheostomy			
2. Explain why an individual might need a tracheostomy			
3. Name the parts of the tracheostomy tube			
4. Describe stoma care			
5. Describe how to prevent and manage skin breakdown			
6. Describe how to recognize and treat skin problems around stoma (e.g. granulomas) and neck			
7. Demonstrate how to clean the stoma and describe what equipment is needed			
8. Demonstrate correct inflation and deflation of a cuffed tracheostomy tube			
9. Explain the purpose of an inner cannula			
10. Demonstrate how to insert or remove an inner cannula			
11. Explain how a trach tube could become blocked and how to clear it			
12. Describe how to clean and take care of the trach equipment			
13. Demonstrate how to change the tracheostomy ties or holder			
14. Main role: Changes outer cannula, holds cannula in place until helper is finished securing the trach ties, assesses and maintains airway			

<p>15. Helper role: removes ties, cleans neck and stoma, positions and holds person for tube change, suction (tip or measured), secures ties when tube is change</p>			
<p>16. Describe and demonstrate the emergency replacement of the trach tube</p>			
<p>17. Trach Tube Change:</p> <ul style="list-style-type: none"> <li>✓ Demonstrates Helper role on patient             <ul style="list-style-type: none"> <li>- Practice # 1</li> <li>- Practice # 2</li> <li>- Practice # 3</li> </ul> </li> <li>✓ Demonstrates Main role on patient             <ul style="list-style-type: none"> <li>- Practice # 1</li> <li>- Practice # 2</li> <li>- Practice # 3</li> </ul> </li> <li>✓ Demonstrates Solo trach change competently             <ul style="list-style-type: none"> <li>- Practice # 1</li> <li>- Practice # 2</li> <li>- Practice # 3</li> </ul> </li> </ul>			

<b>Speaking Valves and Other Adjuncts</b>	<b>Date</b>	<b>Initials</b>	<b>Caregiver Initials</b>
<p>1. Describe how a speaking valve works and when to use it</p>			
<p>2. Describe how to clean and take care of the speaking valve</p>			
<p>3. Explain the importance of cuff deflation before using a speaking valve, if applicable</p>			
<p>4. Trach Mask</p>			
<p>5. Oxygen therapy</p>			
<p>6. Explain the need for a specialty trach tube and how to order one</p>			

Oximeter	Date	Initials	Caregiver Initials
1. Explain what parameters the oximeter measures including the waveform, and perfusion index			
2. Demonstrate how to get a good saturation and heart rate reading			
3. Demonstrate correct application of probe			
4. Explain when to use oximeter; asleep and/or unattended			
5. Identify oximeter assessment abilities			
6. Demonstrate how to set correct alarm settings; low and high settings for saturation and Heart Rate (HR)			
7. Describe when and how often to change probe, every 4 hours and as needed (PRN)			
8. Systematic troubleshooting (refer to user guide)			
9. Explain the battery power requirements			
10. Explain the routine monitor maintenance			

Suctioning	Date	Initials	Caregiver Initials
1. Explain why an individual might need suctioning			
2. Identify the appropriate interventions for secretions that are: dry and thick, yellow or green, blood tinged			
3. Explain the purpose of suctioning			
4. Identify the characteristics of secretions: colour, consistency, amount, and odour and why it is important			
5. Demonstrate how to correctly set up the suction equipment			
6. Explain why it is important to use two gloves when suctioning			
7. Demonstrate clean suctioning technique including asking the individual for direction before and during suctioning			

8. Explain why suctioning should be done only when needed, trying to avoid over suctioning or frequent suctioning			
9. Explain what to do if blood is suctioned from the trachea, and explain what difference it might make if the individual takes blood thinners			
10. Explain how to troubleshoot the suction unit			
11. Describe correct disposal of dirty suction equipment including suction catheters and gloves			
12. Demonstrate how to: <ul style="list-style-type: none"> <li>- Tip suction</li> <li>- Tube suction</li> <li>- Deep suction</li> </ul>			
13. Demonstrate how to stock the portable suction bag for use outside the home			

Manual Ventilation	Date	Initials	Caregiver Initials
1. Demonstrate how to properly connect and disconnect an individual from a ventilator			
2. Demonstrate when and how to use the manual resuscitation bag			
3. Demonstrate how to test the manual resuscitation bag for proper functioning			
4. Demonstrate how to properly clean the manual resuscitation bag			
5. Demonstrate how to add oxygen when using the manual resuscitation bag			



Ventilator Care	Date	Initials	Caregiver Initials
1. Describe the purpose of a ventilator and when an individual might need one			
2. Demonstrate what needs the check-out procedure when starting the ventilator at the bedside: high and low pressure testing			
3. Demonstrate what needs to be turned on and checked when starting the ventilator on the wheelchair			
4. Demonstrate how to change the water in the humidifier, and describe what kind of water is used in the humidifier			
5. Explain what needs to be plugged in when the wheelchair ventilator is not in use			
6. Demonstrate how and when to make ventilator setting changes, including oxygen			
7. Demonstrate how to check the ventilator high and low pressure alarms			
8. Describe the kind of situations that make the low-pressure alarm sound and what to do for the individual			
9. Describe the kind of situations that make the high-pressure alarm sound and what to do for the individual			
10. Describe the kind of situations that make the power switch over alarm sound and what to do for the individual			
11. Describe the kind of situations that make the ventilator inoperative alarm sound and what to do for the individual			
12. Describe all ventilator alarms including high and low pressure alarms			
13. Describe what to do when there is a ventilator IN OP alarm			
14. Demonstrate how to assemble and disassemble the ventilator circuit			

15. Demonstrate changing the ventilator circuit and checking the ventilator after changing the circuit			
16. Describe how to use a PEEP valve (if applicable)			
17. Demonstrate how to assemble and disassemble the PEEP valve (if applicable)			
18. Demonstrate how to clean the ventilator circuit			
19. Describe how and when to clean the ventilator circuit and change the filters			
20. Demonstrate how to check the external and internal battery			
21. Discuss how long a battery should last			
22. Discuss how often to check and discharge the battery			
23. Demonstrate how to charge and discharge the battery			

Emergency Management	Date	Initials	Caregiver Initials
1. Describe the emergency plan, i.e. when to call 911			
2. Describe the role of the home care company in an emergency			
3. Describe the role of the acute care hospital in an emergency or power failure situation			
4. Describe the role of Hydro and the Fire Department in an emergency			
5. Explain the emergency preparedness plan, including the procedure during a power failure			
6. Explain what to do if the individual has an obstructed air passage, such as how to clear the airway			
7. Explain how to identify and manage someone in respiratory distress			
8. Describe/demonstrate correct actions for each of the following situations: <ul style="list-style-type: none"> <li>- Accidental decannulation</li> <li>- Mucous Plug</li> <li>- Trauma to stoma area</li> </ul>			
9. Identify and indicate how to contact local emergency resources			
10. Identify what information needs to be conveyed to emergency personnel			
11. Ensure family is provided with emergency contact list			
12. Caregivers are trained in CPR			
13. Demonstrate manual ventilation of a tracheostomy			
14. Demonstrate how to ventilate should the trach come out and you can't replace it			

Funding and Equipment Supply	Date	Initials	Caregiver Initials
1. Explain the role of Assistive Devices Program (ADP) in funding the equipment and supplies			
2. Explain the role of the Ventilator Equipment Pool (VEP) and how to contact them			
3. List the equipment provided by the VEP			
4. List equipment not provided by the VEP			
5. Explain the role of the home care company and how and when to contact them			
6. List the supplies that come from the home care company, how to place an order and explain funding			
7. List the supplies <u>not</u> covered by ADP that the individual is responsible for			
8. Describe how to safely store equipment			
9. Describe when to discard equipment (please refer to guidelines in the <i>Ventilation &amp; Tracheostomy Care</i> section)			

Healthcare Provider Name/Designation	Signature	Initials

## Best Time for Education Sessions

Check off morning (M), afternoon (A) or evening (E) in the chart below for the best time for our education sessions.

Caregiver	Relationship to Patient	Su	Mo	Tu	We	Th	Fr	Sa

## Additional Comments

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**I understand that, although I may complete this education checklist, I am not being certified to do any of the acts described. Any actions that I take following this training will be done under the direction and responsibility of the patient or their authorized agent.**

**Caregiver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_