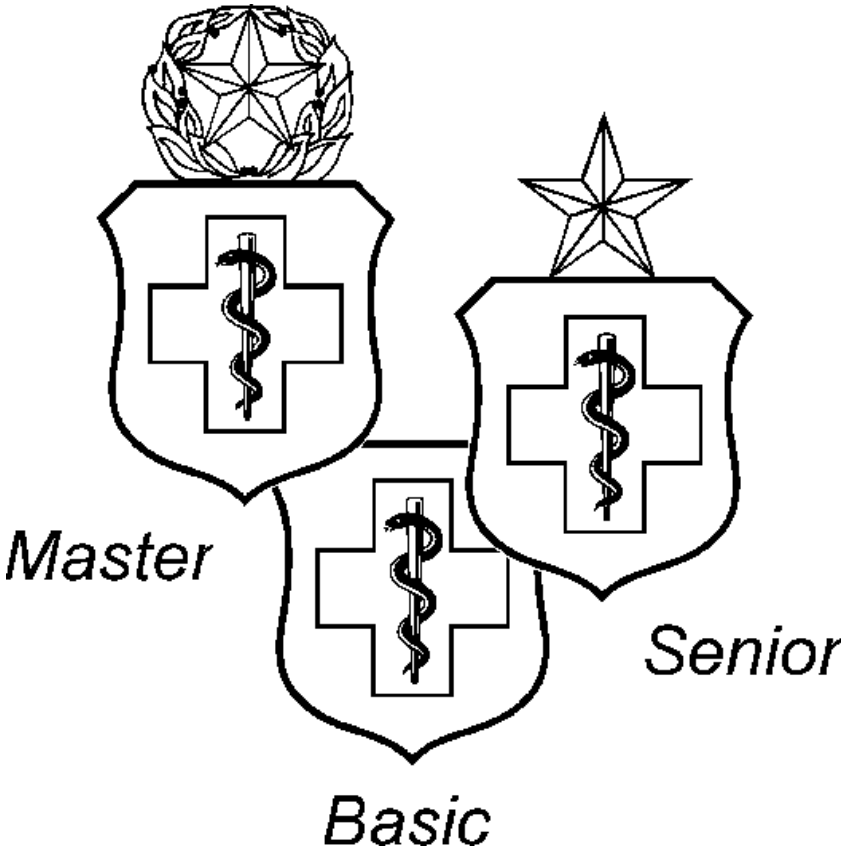
QTP 4N0X1-3
24 October 2014
Certified Current 26 July 2022

AEROSPACE MEDICAL SERVICE SPECIALTY

NURSING CARE OF PATIENTS IN EMERGENCY SITUATIONS



TOTAL FORCE, TOTAL CARE – EVERYTIME, ANYWHERE

383 Training Squadron
Training Management Section
2931 Harney Rd, BLDG 903
Fort Sam Houston, TX 78234

QTP 4N0X1-3

MEDICAL SERVICE SPECIALTY

Volume 3: Nursing Care of Patients in Emergency Situations

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Supersedes QTP 4N0X1-3, 1 May 2005.

INTRODUCTION

1. These Qualification Training Packages (QTPs) were developed to enhance on-the-job training for *Aerospace Medical Service Specialty* personnel. As a trainer, the QTPs provide you with the breakdown of tasks into teachable elements. The teachable elements will help you to guide the trainee toward sufficient proficiency for task performance ***without assistance***. QTPs are also used by the task certifiers/certification official to evaluate trainees concerning tasks which need third-party certification.

2. Review each volume and identify which modules of QTPs are needed for the trainee's job position. Core task items are identified with the number "5" on the STS Column 2; these items are the minimum mandatory skills which are required for all 4N0X1 personnel to be proficient in performing. You have the flexibility to arrange training for each module in the order that you decide.

3. Review the subject-area tasks in each module with the trainee. Direct the trainee to review the training references to gain a better understanding of the objective for each module. If the trainee has any questions about the objective, clarify the behavior that is expected in the objective. Review the performance checklist with the trainee, and allow him/her sufficient time to learn each step (some objectives may take longer to teach). Remember--the objective of each QTP is to standardize training and to allow sufficient time for the trainee to learn each task thoroughly in order to perform the task ***without assistance***.

4. When the trainee receives sufficient training and is ready to be evaluated on an objective, follow the evaluation instructions. The performance checklist must be used as you evaluate each task objective. When the trainee successfully accomplishes the objective, document task completion appropriately in AFTR.

5. The QTP task completion is to be annotated on AF Form 1098, *Special Task Certification and Recurring Training*, filed in Part 3, Section B in AFTR. **NOTE:** The individual checklists are **not** filed in each member's AFTR. A master checklist is filed in Part 3, Section B of the hardcopy Master Training Plan (MTP) folder.

6. If the trainee does not accomplish the objective, review the areas which need remediation. Conduct a feedback concerning each module with the trainee, and document appropriately in AFTR. As the trainer, when you are satisfied that the trainee is qualified to perform the task, he/she will be re-evaluated until the objective is met.

7. If the task which is being trained requires third-party certification by a task certifier/certifying official, the trainer first must ensure that the trainee is qualified to perform the task ***without assistance***. Then the trainee will be evaluated by a task certifier/certifying official. The tasks which require third-party certification are denoted with a "^" in Column 3E of the Career Field Education and Training Plan (CFETP). After third-party certification, training qualification is documented appropriately in AFTR.

8. The QTPs are a necessary tool for standardizing refresher/sustainment training. Such standardization will benefit the CFETP training concept throughout each member's career. These documents also will be utilized for assessing/certifying the Aerospace Medical Service Specialist each time that he/she is assigned to a new duty position. The QTP developers' goal is to publish a usable document for certifying officials, trainers, and trainees for the purpose of enhancing on-the-job training for *Aerospace Medical Service Specialty* personnel. We value your first-hand expertise, and we encourage your feedback. Direct all inquiries to:

383d TRAINING SQUADRON/TRR
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FIELD TRIAGE

SUBJECT AREA: Field Medicine.

TASK(s): Perform Field triage.

CFETP/STS REFERENCE(s): **10.12.6.**

EQUIPMENT REQUIRED: Ambulance with complete supply and equipment inventory.

TRAINING REFERENCE(s): Emergency War Surgery.

REMARKS/NOTES: Review steps of the process one-on-one with IDMT, Medical Technician and/or nursing personnel skilled and verified in ambulance operations in situations involving the need for field triage.

OBJECTIVE: The trainee will successfully demonstrate without error the performance aspects in situations involving the need for field triage.

EVALUATION INSTRUCTIONS:

1. This QTP should be evaluated by conducting a mock-exercise scenario.

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

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 AFTR. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
1. Respond safely to scene.		
2. Use proper radio transmissions at all times.		
3. Assess scene for safety hazards, don gloves, and establish a command post.		
4. Perform initial triage and use tags to place in appropriate categories: a. Priority 1 - Immediate care required (RED) also called IMMEDIATE: (1) Respiratory arrest or obstruction (2) Suspected heart attack (3) Severe bleeding (4) Severe head injury (5) Cervical spine injury (6) Open chest or abdominal wound (7) Fractures to extremities with no distal pulse present (8) Femur fractures (9) Critical or complicated burns involving respiratory complications (10) Severe shock (11) Tension pneumothorax (12) Other correctable life-threatening illnesses or injuries b. Priority 2 - Care may be delayed (YELLOW) also called DELAYED: (1) Moderate blood loss (2) Moderate to critical burns without airway problems (3) Open or multiple fractures (4) Eye injuries (5) Back injuries (6) Other serious but not life-threatening illnesses or injuries c. Priority 3 - "Walking wounded" (GREEN) also called MINIMAL: (1) Minor soft tissue injuries (2) Simple fractures and sprains (3) Minor to moderate burns d. Priority 4 - Dead or fatally injured (BLACK/BLUE)also called EXPECTANT: (1) Exposed brain matter (2) Cardiac arrest (may be placed in Priority 1 if manpower permits) (3) Decapitation (4) Severed trunk		
5. Assign personnel to perform initial treatment in order of priorities.		
6. Perform secondary triage as more help arrives: a. Reassess patients and upgrade or downgrade priority accordingly b. Ensure care is performed according to reassigned priorities		
7. Properly load and transport patients to hospital according to priorities.		
8. Document all procedures.		
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 AFTR.

SET-UP EQUIPMENT FOR CARDIOVERSION/DEFIBRILLATION/PACEMAKER

SUBJECT AREA: Emergency care procedures.

TASK(s): Set-up equipment for cardioversion/defibrillation/pace maker.

CFETP/STS REFERENCE(s): **9.1.15.2.2.**

EQUIPMENT REQUIRED: ECG monitor/defibrillator with leads and electrodes, conduction gel/paste, suction unit, BVM, oxygen, pacing equipment, cutdown tray, suture and dressing material, gloves, and fully stocked crash cart.

TRAINING REFERENCE(s): Lippincott Manual of Nursing Practice, current edition, and ECG 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 setting up equipment for cardioversion/defibrillation/pace maker.

OBJECTIVE: The trainee will successfully demonstrate without error the performance aspects of setting up equipment for cardioversion/defibrillation/pace maker.

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 AFTR. 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. Don gloves.		
SET-UP FOR CARDIOVERSION 1. Identify patient, explain procedure, ensure patient has been NPO 12 hours before procedure, and ensure written consent has been obtained.		
2. Ensure IV line is established.		
3. Obtain baseline vital signs, to include EKG.		
4. Ensure appropriate lab work has been accomplished (i.e. potassium)		
5. Set electrical energy level as ordered by physician.		
6. Apply conduction gel/paste to paddles.		
7. Ensure monitor recorder is running to record procedure.		
8. Stand clear during cardioversion.		
9. Observe monitor during and after cardioversion.		
10. Obtain post-procedure vital signs, to include EKG.		
SET-UP FOR DEFIBRILLATION 1. Perform initial patient assessment IAW AHA standards.		
2. Ensure CPR is initiated with airway adjunct and high flow oxygen via BVM.		
3. Ensure IV line is established.		
4. Ensure EKG monitor is connected to patient.		
5. Identify ventricular tachycardia or ventricular fibrillation.		
6. Set electrical energy level as ordered by physician.		
7. Apply conduction gel/paste to paddles.		
8. Ensure monitor recorder is running to record procedure.		
9. Stand clear during defibrillation.		
10. Observe monitor during and after defibrillation.		
11. Set electrical energy level(s) for subsequent defibrillation attempts or resume CPR as ordered by physician.		
12. Ensure all procedures are recorded.		
SET-UP FOR PACEMAKER INSERTION 1. Ensure all equipment is readily available.		
2. Ensure battery on unit is functional.		
3. Assist physician as directed during procedure.		
4. Ensure all procedures are 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 AFTR.

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IRRIGATE EYES

SUBJECT AREA: Medical Examinations/Special Procedures.

TASK(s): Eye irrigation.

CFETP/STS REFERENCE(s): **2.13.2.7.**

EQUIPMENT REQUIRED: Normal Saline/Lactated Ringer's solution or prescribed solution, IV tubing, Basin, Gloves, Towel or Drape and Tissues.

TRAINING REFERENCE(s): **Mosby's Nursing Skills/Kx, current edition, Bates Guide to Physical Exam and History, Fundamental Concepts & Skills for Nursing.**

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

OBJECTIVE: The trainee will successfully demonstrate without error the performance aspects of eye irrigation.

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 AFTR. 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 equipment.		
3. Verify patient using two identifiers/explain procedure.		
4. Wash hands.		
5. Don gloves.		
6. Remove patient's contact lens if applicable.		
7. Position patient in supine position.		
8. Instruct patient to tilt head toward side of the affected eye.		
9. Drape patient appropriately.		
10. Position basin to collect solution.		
11. Spike bag of solution with IV tubing/prime tubing.		
12. Irrigate eye with solution, allowing it to flow from the inner canthus.		
13. Instruct patient to roll eye in all directions as solution is administered.		
14. Pat the eye dry after the procedure.		
15. Assist patient to position of comfort.		
16. Dispose of supplies properly.		
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 AFTR.

Application of Simple Splints / Cast Modifications

SUBJECT AREA: Orthopaedic Procedures.

TASK(s): Application of Simple Splints / Cast Modifications

CFETP/STS REFERENCE(s): **2.13.5.**

TRAINING REFERENCE(s): Mosby's Nursing Skills >
-Splinting: Plaster and Fiberglass
-Cast Removal

EQUIPMENT REQUIRED:

-Application of Simple Splints:

Gloves
Cotton or synthetic cast padding (Sof-Rol®, Webril®)
Plaster or fiberglass splints/rolls
Bandage Scissors
Bucket with tepid water
Elastic bandages
Towels

-Cast Modifications:

Eye protection for trainee, patient and nurse/practitioner
Gloves
Cast cutter
Cast spreader
Bandage Scissors
Tape/Mole skin

OBJECTIVE: The trainee(s) will demonstrate the ability to determine, step by step, the orthopaedic procedures of splint application, cast bivalve/removal, trimming and petaling.

REMARKS/NOTES: The principal danger of splinting an extremity that has recently been injured, manipulated or operated on, is causing an iatrogenic compartment syndrome when the extremity swells in a limited space. Splints should be carefully wrapped to prevent this complication.

EVALUATION INSTRUCTIONS:

1. The evaluator will instruct trainee(s) on procedures and techniques of splint application and cast modification. Allowing for questions and clarification to ensure understanding.
2. Use the performance checklist provided to ensure all steps of the task are understood.
3. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
SPLINTING: PLASTER AND FIBERGLASS 1. Performed hand hygiene and donned gloves		
2. Verified correct patient using two identifiers		
3. Removed jewelry, including rings, from the extremity		
4. Assessed the extremity for the 8 P's: pain, pallor, pulses, paresthesia, paralysis, puffiness, position and pressure		
5. Obtained or facilitated radiographic studies as indicated. Expressed awareness that common indications include suspected fractures/dislocations, severe soft tissue injuries, and suspected foreign bodies. Notified the practitioner immediately of any abnormalities in neurovascular status before splint application		
6. If skin integrity was disrupted in the presence of a fracture, considered it to be an open fracture; notified the practitioner immediately		
7. Inspected all wounds and covered them with a sterile dressing. Cleaned and cultured wounds as directed by the practitioner		
8. Collaborated with the practitioner in choosing the most suitable type of splint		
9. Placed the patient in a position of comfort that was appropriate for the splint chosen		
10. Prepared water for splint material: a. **Fiberglass splints:** Used only a small amount of water. b. **Plaster splints:** Prepared a bucket of tepid water, 21°C to 29°C (70°F to 84°F) Note: Used cool or warm water, not hot water, to wet the plaster or fiberglass		
11. Measured the uninjured extremity		
12. Cut prepared splints, rolls, or loose sheets to the measured length. Determined the width by the largest surface to be supported		
13. When using loose sheets or plain plaster, padded the entire area to be splinted with one to four layers of cast padding. Used extra padding for marked edema, friable skin, or bony prominences. Wrapped the padding around the extremity circumferentially from the distal to the proximal end of the extremity, seeking conformity and uniform pressure. Alternatively, folded the padding and placed it directly under the splint. Avoided making the splint too loose or too tight. Protected bony prominences by using the appropriate size of splint and shaping it carefully in addition to using extra padding. Used caution with patients at high risk for skin breakdown		
14. When incorporating digits in splints, placed a single layer of padding between the digits		

15. Activated the splint: a. **Fiberglass splint rolls:** Used a minimum amount of water (i.e., a single line of water down the middle of splints 3 inches or less wide, and a zigzag line of water down wider splints). Rolled up the moistened splint inside a towel and pressed it to remove excess moisture (did not squeeze); repeated this on the dry side of the towel. b. **Plaster splints:** Immersed and maintained plaster splints in the soaking bucket until the bubbling stopped; took the material from the bucket and gently squeezed it to remove excess moisture, then smoothed the material together to meld the layers. Maintained the desired position of the extremity from the time the first layer of padding or splinting material was applied		
16. Applied the now-activated and smoothed splinting material. Used the palmar surface of the hand and an elastic bandage to form and shape the material into a splint. Applied the elastic bandage circumferentially, wrapping the bandage from the distal to the proximal end of the extremity, seeking uniform pressure and conformity		
17. Reassessed distal motor and neurovascular status; notified the practitioner immediately of any abnormalities		
18. Elevated the extremity on a smooth surface, and allowed 15 minutes of drying time before discharge. Did not place the splint on a plastic surface for drying		
19. Continued to reassess distal motor and neurovascular status (i.e., of the hand or foot) after splint application; notified the practitioner immediately of any abnormalities		
20. If the splint was for a lower extremity, taught the patient how to walk with crutches or another ambulatory assistive device		
21. If a sling was appropriate, applied it after the splint had been cured to firmness		
22. Applied cold packs wrapped in a dry towel or cloth as indicated and/or prescribed for no longer than 20 minutes at a time		
23. Assessed, treated, and reassessed pain according to institution standard		
24. Administered tetanus immunization as indicated and prescribed		
25. Administered antibiotics as indicated and prescribed		
26. Discarded supplies, removed gloves and performed hand hygiene		
27. Documented the procedure in the patient's record		
CAST REMOVAL 1. Performed hand hygiene and donned gloves		
2. Verified correct patient using two identifiers		
3. Explained the physical sensations the patient should expect during cast		
4. Donned eye protection and provided eye protection for the patient and practitioner removing the cast		
5. Assisted the practitioner by positioning, turning and holding the cast, padding and stockinette		

6. After removal of the cast and padding, inspected the skin for general condition,		

PERFORMANCE ITEM	SAT	UNSAT
CAST REMOVAL *continued*		
7. If the skin was intact, gently washed the skin with mild soap and If needed, immersed the extremity in warm water to remove tissue debris.		
8. After patting skin dry (avoided rubbing), gently applied a generous coating of skin lotion to the affected area.		
9. Discarded supplies, removed PPE and performed hand hygiene.		
10. Ensured all nondisposable equipment was cleaned per institution policy.		
11. Documented the procedure in the patient's record.		
CAST BIVALVE		
1. Performed hand hygiene and donned gloves.		
2. Verified correct patient using two identifiers.		
3. Explained the physical sensations the patient should expect during cast bivalve.		
4. Donned eye protection and provided eye protection for the patient and practitioner accomplishing the cast bivlave.		
5. Assisted the practitioner by positioning, turning and holding the cast and padding.		
6. Cut the padding with bandage scissors, leaving the stockinet intact.		
7. Applied cast spacers (i.e., 1" cast padding rolled up tightly or brand name cast spacers) between the two halves to prevent the cast from closing up and the patient's skin from getting pinched. Note: The two halves may be secured together with an elastic wrap, or the top is removed and the bottom shell of the cast becomes a posterior splint		
8. Discarded supplies, removed PPE and performed hand hygiene.		
9. Ensured all non-disposable equipment was cleaned per institution policy.		
10. Documented the procedure in the patient's record.		
TRIM/PETAL CAST		
1. Performed hand hygiene and donned gloves.		
2. Verified correct patient using two identifiers.		
3. Inspected cast for any rough areas or chipped material.		
4. Trimmed frayed areas from edges of cast.		
5. Cut several "petals"(strips of 1 or 2 inch tape/mole skin)		
6. Trim edges of petals to form curves or points.		
7. Slipped half of each petal (trimmed edge first) into the inside of the cast.		
8. Secure the other end of the petal over the edge and onto the outside of the cast. Using as many petals as needed to cover the trimmed cast edge.		
9. Discarded supplies, removed PPE and performed hand hygiene.		
10. Ensured all non-disposable equipment was cleaned per institution policy.		
11. Documented the procedure in the patient's record		
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 AFTR.

EMERGENCY MEDICATION ADMINISTRATION

SUBJECT AREA: Medications and fluid therapy under supervision of nurse or physician, and emergency care procedures.

TASK(s): Prepare and administer sublingual medications. Emergency medications: Epinephrine auto-injector, oral glucose, activated charcoal, syrup of ipecac, and assist patients with prescribed medications (bronchodilator inhalers and sublingual nitroglycerin).

CFETP/STS REFERENCE(s): **2.12.8., 2.12.8.1., 2.12.8.2, 2.12.8.3.**

EQUIPMENT REQUIRED: Gloves, epinephrine auto-injector, oral glucose, activated charcoal, magnesium citrate (or other locally approved liquid for mixing with charcoal), syrup of ipecac, prescribed medications (bronchodilator inhaler and sublingual nitroglycerin), medication cups, tongue depressors, B/P cuff, stethoscope, and sterile dressing material.

TRAINING REFERENCE(s): Mosby's Nursing Skills/Kx, current edition, *Fundamental Concepts and Skills for Nursing, Fundamentals of Nursing, Clinical Nursing Skills: Basic To Advanced Skills, Mosby's Drug Reference,* and local instructions.

REMARKS/NOTES: 1. Demonstrate step of medication process one-on-one in a patient care setting under direct supervision (preceptorship) of a registered nurse preceptor, qualified 4N071 (MSgt or above) or 4N091. A qualified 4N071 (MSgt or above) or 4N091 are those who are trained and signed off in the tasks in which they are providing training or preceptorship for.

2. Prior to performing the attached tasks, medical technicians must successfully pass the Mosby's Nursing Skills On-Line skills and tests

OBJECTIVE: The trainee will successfully demonstrate without error the performance aspects of administering emergency medications.

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 individuals Air Force Training Record (AFTR) on AF

IMT 1098 (using the “4N0 Medication Administration Program” task from the Master Catalog) and all recurring evaluations should be documented on the 1098.

PERFORMANCE ITEM	SAT	UNSAT
EPINEPHRINE AUTO-INJECTOR 1. Wash hands and don gloves.		
2. Identify patient/explain procedure.		
3. Verify physician's order using the 5 rights(right patient, right drug, right route, right dose, right time)		
4. Obtain epinephrine auto-injector and ensure medication is not expired or discolored.		
5. Position patient with thigh exposed.		
6. Remove cap from injector.		
7. Place top of injector against lateral portion of patient's thigh, midway between waist and knee.		
8. Push injector firmly against thigh to activate.		
9. Hold injector in place until all medication is administered (approx.10 sec.)		
10. Massage the site with a sterile gauze pad and apply Band-Aid.		
11. Dispose of supplies properly and wash hands.		
12. Monitor patient for adverse reactions.		
13. Document procedure.		
ORAL GLUCOSE 1. Wash hands and don gloves.		
2. Verify physician's order using the 5 rights (right patient, right drug, right route, right dose, right time)		
3. Obtain tongue depressor and oral glucose to be administered per physician's order.		
4. Identify patient/explain procedure.		
5. Administer glucose: a. For conscious patients, assist patient in drinking orange juice, sprinkling sugar under tongue, or administering other form of glucose under tongue. Monitor the patient's airway closely		
6. Monitor patient's reaction to glucose administration.		
7. Dispose of supplies properly and wash hands.		
8. Document procedure.		
ACTIVATED CHARCOAL 1. Verify physician's order using the 5 rights (right patient, right drug, right route, right dose, right time)		
2. Obtain activated charcoal and magnesium citrate (or other locally approved liquid for mixing with charcoal) and check expiration date		
3. Identify patient/explain procedure.		
4. Position patient in upright position.		
5. Wash hands and don gloves.		
6. Prepare activated charcoal solution per manufacturer's instructions.		
7. Assist patient in drinking prescribed dose.		
8. Monitor patient.		
9. Dispose of supplies properly and wash hands.		
10. Document procedure		

SYRUP OF IPECAC		
1. Verify physician's order using the 5 rights (right patient, right drug, right route, right dose, right time)		
2. Obtain syrup of ipecac and check expiration date		

continued on next page

PERFORMANCE ITEM	SAT	UNSAT
SYRUP OF IPECAC *continued*		
3. Identify patient/explain procedure.		
4. Position patient in upright position.		
5. Wash hands and don gloves.		
6. Prepare correct dose of syrup of ipecac per orders.		
7. Assist patient in drinking syrup of ipecac and 1 to 2 glasses of water.		
8. Monitor patient for vomiting *(Note: save vomitus for examination)*		
9. If vomiting does not occur within 20 minutes, administer 1 additional dose if ordered to do so.		
10. Dispose of supplies properly and wash hands.		
11. Document procedure.		
BRONCHODILATOR INHALER 1. Wash hands and don gloves.		
2. Verify physician's order using the 5 rights (right patient, right drug, right route, right dose, right time)		
3. Obtain prescribed bronchodilator inhaler and check expiration date.		
4. Identify patient/explain procedure.		
5. Position patient in upright position.		
6. Shake container vigorously several times.		
7. Instruct patient to exhale and place mouth around mouthpiece.		
8. Instruct patient to depress the inhaler while inhaling deeply through the mouth.		
9. Instruct patient to hold breath briefly to permit medication absorption.		
10. Assist patient in administering additional dose(s) per orders.		
11. Dispose of supplies properly and wash hands.		
12. Monitor patient's reaction to medication.		
13. Document procedure.		
SUBLINGUAL NITROGLYCERIN 1. Wash hands and don gloves.		
2. Verify physician's order using the 5 rights (right patient, right drug, right route, right dose, right time)		
3. Obtain nitroglycerin tablet container and check expiration date.		
4. Identify patient/explain procedure.		
5. Position patient in position of comfort.		
6. Obtain baseline set of vital signs.		
7. Pour nitroglycerin tablet into medication cup.		
8. Place tablet under the patient's tongue and instruct the patient not to swallow the medication.		
9. Monitor vital signs closely and patient's reaction to medication.		
10. Administer additional dose(s) of medication per orders.		
11. Dispose of supplies properly and wash hands.		
12. 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 AFTR.