



# Florida Agricultural and Mechanical University

Tallahassee, Florida 32307-3100

*Excellence with Caring*

School of Allied Health Sciences

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Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

**Date#1**                      **Time In**                      **Time Out**                      **Supervisor's Signature**

\_\_\_\_\_

**Date #2**                      **Time In**                      **Time Out**                      **Supervisor's Signature**

\_\_\_\_\_

**Note:** You may not have the opportunity to observe all of the following. Please do not become overly concerned and add undue stress to the staff therapists.

**Prospective Student in Cardiopulmonary Science Clinical Observations Checklist**

**1. Oxygen delivery devices (or setups):**

**Therapist's Initials**

- |                      |       |       |  |
|----------------------|-------|-------|--|
| a. nasal cannula     | _____ | _____ |  |
| b. venti-mask        | _____ | _____ |  |
| c. non-rebreather    | _____ | _____ |  |
| d. aerosol face mask | _____ | _____ |  |

**2. Mechanical ventilation:**

- |                                 |       |       |  |
|---------------------------------|-------|-------|--|
| a. intubation/ extubation       | _____ | _____ |  |
| b. ventilator type:             |       |       |  |
| 1. Adult Ventilator             | _____ | _____ |  |
| 2. Pediatric Ventilator         | _____ | _____ |  |
| 3. Neonatal Ventilator          | _____ | _____ |  |
| c. ventilator check (waveforms) | _____ | _____ |  |
| d. ventilator circuit change    | _____ | _____ |  |
| e. suction (closed or open)     | _____ | _____ |  |

**3. Therapies/treatments**

- |  |       |       |  |
|--|-------|-------|--|
| a. patient assessments                 | _____ | _____ |  |
| b. medicated aerosols                  | _____ | _____ |  |
| c. chest physical therapy              | _____ | _____ |  |
| d. Continuous Positive Airway Pressure | _____ | _____ |  |
| e. breathing techniques                | _____ | _____ |  |

**4. Pulmonary diagnostics**

- |                         |       |       |  |
|-------------------------|-------|-------|--|
| a. bedside spirometry   | _____ | _____ |  |
| b. arterial blood gases |       |       |  |
| 1. arterial line        | _____ | _____ |  |
| 2. puncture             | _____ | _____ |  |
| c. x-ray interpretation | _____ | _____ |  |

**5. Other Procedures Observed:**

_____	_____	_____	
_____	_____	_____	
_____	_____	_____	