

PERFORMANCE EVALUATION: CHEST PERCUSSION AND POSTURAL DRAINAGE

Date: Lab _____ Clinical _____ Agency _____

Lab: Pass _____ Fail _____ Clinical: Pass _____ Fail _____

Student name _____ Instructor name _____

No. of times observed in clinical _____

No. of times practiced in clinical _____

PASSING CRITERIA: Obtain 90% or better on the procedure. Tasks indicated by * must receive at least 1 point, or the evaluation is terminated. Procedure must be performed within designated time, or the performance receives a failing grade.

SCORING:
 2 points — Task performed satisfactorily without prompting.
 1 point — Task performed satisfactorily with self-initiated correction.
 0 points — Task performed incorrectly or with prompting required.
 NA — Task not applicable to the patient care situation.

TASKS:	PEER	LAB	CLINICAL
* 1. Verifies the physician's order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 2. Follows standard precautions, including handwashing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Introduces self and explains procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 4. Places patient into proper position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Percusses patient's chest			
* a. Does not redden skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* b. Makes a loud popping sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* c. Percusses over segments being drained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 6. Vibration does not exert excessive pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 7. Vibrates only on exhalation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Percusses and vibrates over light cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 9. Leaves patient in position for proper length of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Monitors patient's condition			
* a. Pulse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* b. Color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* c. Respiratory rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 11. Assists patient to cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 12. Has expectoration supplies nearby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Leaves patient safe and comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 14. Records the procedure on the chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score: Peer _____ points of possible 36; _____%
Lab _____ points of possible 36; _____%
Clinical _____ points of possible 36; _____%

TIME: _____ out of possible 20 minutes

STUDENT SIGNATURES

INSTRUCTOR SIGNATURES

PEER: _____

LAB: _____

STUDENT: _____

CLINICAL: _____