

PERFORMANCE EVALUATION: OXYGEN CONCENTRATORS

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. Places the concentrator correctly at the point of use			
* a. Away from walls or draperies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* b. Away from heaters, heat registers, or radiators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 2. Connects the power cord, ensuring that the circuit has minimal electrical load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 3. Checks the gross particle filter and cleans as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 4. Connects a humidifier as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 5. Connects the oxygen delivery device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 6. Adds up to 50 feet of extension tubing as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 7. Turns on the power switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 8. Sets the liter flow rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 9. Documents procedure in the patient record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORE: Peer _____ points of possible 20; _____%

Lab _____ points of possible 20; _____%

Clinical _____ points of possible 20; _____%

TIME: _____ out of possible 30 minutes

STUDENT SIGNATURES

INSTRUCTOR SIGNATURES

PEER: _____

LAB: _____

STUDENT: _____

CLINICAL: _____