

Respiratory Case (Possible Infectious Disease) Documentation Form

Candi	idate (Print): Date:			
Exam	iner (Instructor Name Printed):			
Exam	niner Signature:			
Note:	The 25 kg, 5 y/o patient is not response to voice, appears to be starring unfocused whi respirations; patient's mother states the patient has had a four day period of "flu like" productive cough on the second day; today parent states the patient is not responding protocol is used, it reveals extensive 'B' line with consolidation in all views). The Ex simulator respiratory case to reflect Sinus Tachycardia at 120 with a MAP of 60 mmH mmHg, RR: 50, Temp: 38 C. The examiner may conclude the case following proper return to stable with vital signs returning toward stable range.	symptoms a to them (If the aminer will Ig, SpO2: 80	nd had a ultrasound BI use or modif)%, EtCO2: 6	LUE Sy a 50
	PASS Fail	_		
Task		Correct	Incorrect	
Ident	ifies Respiratory Failure			
Ident	ifies unstable patient condition			
Obtai	res proper oxygenation of the patient while assessing ins Endotracheal Intubation with medications and ventilates patient 10-20 bpm with 6-8 g PBW.			
Utiliz	blishes large bore IV above the level of the diaphragm tees 20 ml/kg bolus of balanced high SID IV fluid to attempt to improve MAP prior to ation, repeated as necessary			
Begin	ns antibiotic therapy with 1-2 gm ceftriaxone IV			
	sess patient after each intervention and a minimum of every two minutes any "incorrect" represents a skill failure			
Criti	cal Failure Criteria			
	ailure to establish oxygenation for the patient			
	ailure to take appropriate medication and/or fluid bolus intervention			
Fa	ailure to identify unstable patient			
Fa	ailure to manage the patient as a competent provider			
E	xhibits unacceptable affect with patient or other personnel			
U	ses or orders a dangerous or inappropriate intervention	<u> </u>		

NOTE: You must factually document any "incorrect" or critical failure criteria on the bottom or back of this form.

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