**TRACHEOSTOMY AND VENTILATOR TEACHING**

**CHECK OFF FORM**

|  |  |  |  |
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| **MODULE** | **LEARNER 1**  (Name)- | **LEARNER 2**  (Name)- | **STAFF TRAINER**  (Name Below) |
| **Date Trained** (below) dd/mm/yy | |  |
| Respiratory System |  |  |  |
| Manual resuscitator |  |  |  |
| Suctioning |  |  |  |
| Tracheostomy |  |  |  |
| * Trach care |  |  |  |
| * Travel/supply bag |  |  |  |
| * Trach change |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Humidifiers |  |  |  |
| Metered Dose Inhaler |  |  |  |
| Aerosol Medication |  |  |  |
| Oxygen |  |  |  |
| Pulse Oximeter |  |  |  |
| Ventilator |  |  |  |
| * Modes |  |  |  |
| * Settings |  |  |  |
| * Alarms |  |  |  |
| * Circuit change |  |  |  |