

Age: 50 Gender: M Weight (Lbs.): 170 Weight (kg): 77.4 Height (in): 168 cm IBW (kg): _____

Chief complaint:

Dyspnea

Admitting diagnosis:

Dyspnea
on going

Current diagnosis:

Covid-19

Past medical history:

Hypertension, hyperlipidemia, childhood asthma, development and cognitive delay. Anxiety & pre-diabetes

Smoking history:

Never smoked

Events leading to current hospitalization:

The last 4 days he has noted increasing shortness of breath especially when showering. He admitted to testing pps. for Covid 7 days ago. He denies any chest pain, abdominal pain, nausea, vomiting, diarrhea, or dysuria

Initial mechanical ventilator settings with ABG and interpretation:

Paralyzed, intubated & mechanically ventilated in supine position FiO_2 70%. PEEP 7 Tidal volume 420, Returned tidal volume 370-380 mL.

PRVC 420/32/70/7

Pharmacologic Agents

All medications to include generic and brand name, dosage, frequency, indications, side effects and contraindications: *See attachment*

Respiratory medications:

There is no respiratory medications currently being given to the patient

Cardiovascular medications:

Sedatives/Paralytics:

Other:

*Ceftriaxone - Antibiotics 4Gm Oral
Acetaminophen-Tylenol 1000mg Intravenous
Dexamethasone - 8mg 8mg Intravenous
Doxycycline 100mg Oral*

Formulas and Calculations

For the following formulas, please indicate normal ranges, and interpret results.

PiO2:

PAO2:

P(A-a)O2:

PaO2/FiO2 (P/F ratio):

Complete Physical Assessment of Patient

General appearance:

no edema or exudate at left intercostal
jugular central line.

Sensorium:

Diminished breath sounds with ventilator
sounds

Auscultation:

rhonchi in upper R & L lung

Chest inspection:

Equal bilateral symmetrical excursion
no subcutaneous emphysema

Chest palpation:

none

Chest percussion:

There were no chest percussions performed

Vital signs:

BP: 112/75 Pulse: 69 Temp: 36.3°C Resp: 32
Ht: 168cm Wt: 70.3kg SpO₂: 92% BMI: 24.91 kg/m²

Hemodynamic data:

WBC 7.1

HGB 8.6

HCT 29.1

Pct 40

Diagnostics

Imaging data:

CT Chest - severe disease, pneumomediastinum
and tiny right apical pneumothorax, no pulmonary
embolism

Electrocardiogram:

Current arterial blood gases with interpretation:

7.2 / 4 / 87 / 59

Sputum culture and sensitivity:
3/7 - no growth 10-25 white blood cells

Laboratory data with interpretation: 03/08/21 0300
WBC 7.1
HGB 8.6
HCT 29.1
PLT 40

Treatment and Plan

Current mechanical ventilator settings:
PRVC 420/32/70/7

Is this patient being *weaned* from mechanical ventilation? Explain

The patient is not being weaned from the mechanical ventilation.

Is this patient being *liberated* from mechanical ventilation? Explain

The patient is not being liberated from the mechanical ventilation.

Is this patient being *extubated*? Explain

The patient is not being extubated. The patient is too ill.

Input, output, and fluid balance interpretation:

Intake last 24 hours 4633.9g
Output: 3738 ml

Nutrition:

Nutrien 2.0

V_E :

V_A :

V_D/V_T :

Cstat:

R_{AW} :

RSBI:

$C(a-v)O_2$:

Patient Care Plan and Summary:

ET tube size is 8.5 secured at 19cm at the lip
pt intubated 1-31-21

New lab data reviewed. He remains oligo-anuric
remains CRRT dependent for fluid and electrolyte
management. He is on all HKBath at an effluent
dose of 32 ml/kg/h. Electrolytes within safe
limit, however potassium is rising will adjust
dialysis bath. Phos is acceptable. His intake
and outtake in last 24 hours 2.4 hours 2.4L/3.2L
He is in negative fluid balance overall. He is
off IV bicarbonate. Monitor LFT's closely
Avoid all nephrotox agents. Check BMP in AM
Continue Supportive Care. Overall Poor Prognosis

Student signature: _____

Kristal Turner

Instructor signature: _____

Medications

Ceftriaxone

Brand name: Rocephin

Dosage: 4 Gm Oral

Indications: Susceptible bacterial infections of the lower respiratory tract, skin and skin structure.

Side effects: Rash, diarrhea, nausea, vomiting, upset stomach.

Contra: liver problems, severe renal impairment, yellowing of the skin in a newborn baby.

Doxycycline

Brand name: Vibramycin

Dosage: 100mg

Indications: To reduce the development of drug resistant bacteria and maintain the effectiveness.

Side effects: Diarrhea, Difficulty swallowing, Pruritus, rash, tinnitus, Headache

Contra: Liver disease due to rare fatal hepatotoxicity, History of yeast infections, Myasthenia gravis

Respiratory Assessment Flow Chart		Subjective →	Objective →	Assessment →	Plan →
Pt. name _____ Age <u>50</u> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Date <u>3-11-21</u> Time <u>0700</u> Admitting diagnosis <u>SOB</u> Therapist _____ Hospital <u>Memorial</u>		<u>The patient is SOB when he arrives at physical therapists.</u>	Vital signs: RR <u>32</u> HR <u>69</u> BP <u>127/75</u> Temp <u>37.3</u> On antipyretic agent? <input type="checkbox"/> Yes <input type="checkbox"/> No Chest assessment: Insp. <u>Bilateral chest rise</u> Palp. _____ Perc. _____ Ausc. _____ Radiography _____ Bedside spir.: PEF <u>0</u> \bar{a} _____ \bar{p} _____ SVC _____ FVC _____ NIF _____ Cough: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak Sputum production: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Sputum char. <u>10-25 white blood cells</u> ABG: <input checked="" type="checkbox"/> pH <u>7.2</u> \bar{a} Paco ₂ _____ HCO ₃ _____ PoO ₂ _____ Sao ₂ _____ SpO ₂ _____ Neg. O ₂ transport factors _____ Other: _____	<u>Upon arrival pt was SOB and was tested positive for CO2 a few days before. Pt is 50 y.o male 17.4kg. Pt stated SOB was worsen. His general appearance upon arrival was normal. about the pt. My assessment on the patient today informed about the pt is currently in respiratory distress.</u>	<u>The present plan of care is to continue to monitor the patient by the family. The family has been notified and has been informed about the overall poor prognosis.</u>

FIGURE 3-12 Example of a SOAP form for respiratory care progress notes.

Keiser University
Respiratory Therapy Program

Student Weekly Clinical Time Sheet

This completed time sheet must be faxed to the
Director of Clinical Education no later than 5:00 PM each clinical day.

Attention: Director of Clinical Education
Respiratory Therapy

Student	Crystal Turner
Clinical Site	Memorial Hospital Miramar
Date	3-10-21

Clinical Rotation: (circle one) C I C II **C III** C IV C V

Week: (circle one) **1** 2 3 4

Cumulative Hours Worked: _____

Day	Date	Start Time	End Time	Lunch	Total Hours Worked*	Comment
Monday						
Tuesday						
Wednesday	3-10-21	0630	1830			Burlaine Fortaine
Thursday	3-11-21	0630	1830			K. Patis
Friday						
Saturday						
Sunday						
Total Hours Per Week for						

Crystal Turner
Student Signature

3-11-21
Date

Clinical Instructor Signature

Date

Respiratory Therapy Program
Daily Performance Evaluation

5. **Independent:** Near-flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative. (A= 4.7-5.0)
 4. **Minimally Supervised:** Few errors; able to self-correct; seeks guidance when appropriate. (B = 3.7-4.65)
 3. **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe. (C=3.0-3.65)
 2. **Marginal:** Below average; critical errors or problem areas noted; would benefit from remediation. (D=2.0-2.99)
 1. **Dependent:** Poor; unacceptable performance, unsafe; gross inaccuracies; potentially harmful. (F<2.0)

PERFORMANCE CRITERIA		SCORE				
COGNITIVE DOMAIN						
1.	Consistently displays knowledge, comprehension, and command of essential concepts	5	4	3	2	1
2.	Demonstrates the relationship between theory and clinical practice	5	4	3	2	1
3.	Ability to select, review, apply, analyze, synthesize, interpret, and evaluate information. Makes recommendations to modify care plan	5	4	3	2	1
PSYCHOMOTOR DOMAIN						
4.	Minimal errors, no critical errors; able to self-correct; performs all steps safely, is accurate	5	4	3	2	1
5.	Selects, assembles, and verifies proper function and cleanliness of equipment; ensures operation and corrects malfunctions; provides adequate care and maintenance	5	4	3	2	1
6.	Exhibits the required manual dexterity.	5	4	3	2	1
7.	Performs procedure in a reasonable time frame for clinical level	5	4	3	2	1
8.	Applies and maintains aseptic technique and PPE as required	5	4	3	2	1
9.	Maintains concise and accurate patient and clinical records	5	4	3	2	1
10.	Reports promptly on patient status/needs to appropriate personnel	5	4	3	2	1
AFFECTIVE DOMAIN						
11.	Exhibits courteous and pleasant demeanor; shows consideration, respect, honesty, and integrity	5	4	3	2	1
12.	Communicates clearly and concisely, both verbally and in writing	5	4	3	2	1
13.	Preserves confidentiality and adheres to all policies	5	4	3	2	1
14.	Follows directions, exhibits sound judgment, and seeks help when required	5	4	3	2	1
15.	Demonstrates initiative, self	5	4	3	2	1

TOTAL POINTS= _____ / 15 AVERAGE RATING: _____

(Performance rating should be 3.0 or higher to obtain a "PASS")

Additional comments: Identify areas of excellence; list errors of omission or commission, critical errors:

SUMMARY OF PERFORMANCE EVALUATION AND RECOMMENDATIONS

PASS: SATISFACTORY PERFORMANCE

- Minimal supervision needed, may progress without remediation
- Minimal supervision needed, may progress to next level provided specific skills addressed

FAIL: UNSATISFACTORY PERFORMANCE

- Needs additional laboratory and clinical practice before reevaluation
- Recommend clinical probation

Evaluator: K. Patel Signature: Karase Patel Date: 3/11/21

Student name: Krista Turner Signature: _____ Date: _____



Associates of Science
Respiratory Therapy Program
Daily Clinical Log

Name: Kristal Turner
 Student ID: 9430515 Facility: Memorial Hospital Miramar
 Clinical Rotation: RET 1940 RET 2941 Dates of Clinical Rotation: (1) 3-10-21 (2) 3-11-21
 RET 2944 RET 2946 RET 2948

Mark on the list below the assigned areas, clinical experiences and Journal on the space provided:

- | | | |
|--|--|--|
| <input type="checkbox"/> Aerosol therapy | <input type="checkbox"/> Charting | <input type="checkbox"/> Body mechanics/Transport |
| <input type="checkbox"/> Aseptic techniques | <input type="checkbox"/> Pulmonary mechanics | <input type="checkbox"/> MDI/DPI therapy |
| <input type="checkbox"/> BiPAP/NIV/PPPB | <input type="checkbox"/> CPT | <input type="checkbox"/> SAN therapy |
| <input type="checkbox"/> Bedside Spirometry | <input type="checkbox"/> ICU patient assessment | <input type="checkbox"/> Artificial airway ID & maintenance |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Pediatrics/Neonatal interventions | <input type="checkbox"/> Bronchoscopy |
| <input type="checkbox"/> Drawing/preparing meds | <input type="checkbox"/> Respiratory pharmacology | <input type="checkbox"/> Critical care pharmacology |
| <input type="checkbox"/> General pharmacology | <input type="checkbox"/> Arterial blood gases-interpretation | <input type="checkbox"/> Chest tubes/ drainage |
| <input type="checkbox"/> Hemodynamic monitoring | <input type="checkbox"/> Arterial blood gases-sampling | <input type="checkbox"/> Ventilator patient transport |
| <input checked="" type="checkbox"/> Mechanical vent/initiation | <input type="checkbox"/> Mechanical ventilation/modes | <input checked="" type="checkbox"/> Mechanical ventilation/changes |
| <input type="checkbox"/> Monitoring techniques | <input type="checkbox"/> Pulmonary pathophysiology | <input type="checkbox"/> General pathophysiology |
| <input type="checkbox"/> Oxygenation | <input type="checkbox"/> Skills lab | <input type="checkbox"/> PFT lab |
| <input checked="" type="checkbox"/> Patient assessment | <input type="checkbox"/> Oxygen administration | <input type="checkbox"/> Airway care |

Other*:

PHYSICIAN CONTACT: Name: _____

TOPIC(S) _____ DURATION _____

Daily Activities

This area should contain a concise overview of your clinical activities for each day. It should include the following:

1. Activities completed as it relates to the current clinical objectives.
2. Clinical Instructor/Preceptor input
3. If you need more space to record your notes, use the back of this form.

1. Date/assessment 3-10-21
Observed patient unit setting
patient suctioning

2. Date/assessment 3-11-21
Observed ABG drawn from Alve
Observed and perform suctioning

3. Date/assessment _____

Student Signature: Kristal Turner DATE: 3-11-21

Instructor (Name/Credentials): K. Patel DATE: 3/11/22

(The clinical instructor/preceptor will at the midpoint and final have a Clinical Affective Behavior Evaluation completed)