**TRACHEOSTOMY AND VENTILATOR TEACHING**

**CHECK OFF FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **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
 |  |  |  |