

Respiratory Therapy

Dress Code	Attire appropriate to the occupational area
SLC Orientation	Event explained to the competitors and individual time cards handed out. Students will return to the event room at least 5 minutes before their allotted time. Students should plan to participate in both Round 1 and Round 2 at SLC. Round 2 SLC skills are a secret scenario. If there are too many competitors, we may have to limit the number of competitor's advancing to Round 2 based on Round 1 scores.
Round # 1	Students will have 2 minutes to set up and 8 minutes to present their research and interview to the judges. Timer will announce when 1 minute is remaining and stop the time at the completion of 8 minutes.
Round # 2	Skill procedures from rubric guidelines will be performed by each competitor. Competitors may be asked to do one or multiple of the performance skills.

Round One Summary

Round One will allow competitors to [research respiratory therapist careers and topics](#), interview a respiratory therapist, and create a presentation based on their research.

Round One Interview and Research

To help research the needed information for the round one presentation described below, competitors will select a Registered Respiratory Therapist who knows their selected topic.

Competitors will conduct an interview with their selected Respiratory Therapist and ask questions to help them learn more about the career and the topic they selected for their presentation. Assistance with locating a Respiratory Care program, if needed can be found [HERE](#).

Competitors and interviewees can discuss and determine an appropriate length and format of the interview (in-person, via Zoom, via telephone, etc.).

Round One Suggested References

The following references may be helpful to competitors in developing their round one interview questions and presentation material:

- a. Asthma Disease Management
 - i. https://www.cdc.gov/asthma/?CDC_AAref_Val=https://www.cdc.gov/asthma/default.htm
 - ii. <https://medlineplus.gov/asthma.html>
 - iii. <https://ginasthma.org/pocket-guide-for-asthma-management-and-prevention/>

- b. COPD Disease Management
 - i. <https://www.cdc.gov/copd/index.html>
 - ii. <https://medlineplus.gov/copd.html>
 - iii. <https://goldcopd.org/2023-gold-report-2/>

- c. Vaping / Smoking Cessation

- i. <https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/>
- ii. https://www.cdc.gov/tobacco/e-cigarettes/?CDC_AAref_Val=https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm
- iii. <https://medlineplus.gov/smoking.html>
- iv. <https://medlineplus.gov/ecigarettes.html>
- v. <https://www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/2020-cessation-sgr-factsheet-key-findings/index.html>

Round One Presentation Content

The eight (8) minute presentation for judges will include:

- d. Information about respiratory careers
 - i. Demand and Occupational Outlook
 - 1. Research the need for RTs and why now is the time to consider this career path <https://morerts.com/growing-need/>
 - ii. Educational pathways and requirements
 - 1. Outline the education needed to become an RT and opportunities for professional growth through advanced degrees and specialty credentialing <https://be-an-rt.org/find-your-path/>
 - iii. Overview of the profession
 - 1. Explain the benefits and challenges of being an RT, the various healthcare environments RTs serve, and their role on these healthcare teams.
- e. Research about respiratory therapy assessment and interventions that are relevant to ONE of the selected topics below: (competitors will select ONE topic)
 - i. Asthma Disease Management
 - 1. What is asthma, and how does a RT play a role in asthma disease management?
 - 2. Share tips about asthma education
 - 3. Develop a sample asthma management plan
 - 4. Describe or demonstrate how a peak flow meter is used
 - 5. Explain the importance of good asthma management
 - ii. COPD Disease Management
 - 1. What is COPD, and how does a RT play a role in COPD management?
 - 2. Share tips about COPD education
 - 3. Develop a sample COPD management plan
 - 4. Describe or demonstrate how a spirometer is used
 - 5. Explain the importance of COPD management, which is mainly related to pulmonary rehabilitation.
 - iii. Smoking / Vaping Cessation
 - 1. What is the respiratory impact of smoking and vaping, and how does a RT play a role in smoking/vaping cessation?
 - 2. Share tips about smoking/vaping cessation
 - 3. Develop a sample smoking/vaping cessation plan
 - 4. Describe various long-term health issues caused by smoking/ vaping.
 - 5. Explain the importance of smoking/vaping cessation.

Round One Presentation Details and Competitive Process

Competitors will create an educational and creative presentation – “How does a Respiratory Therapist Play a Role with _____(insert selected topic) - that will be shared with judges during the competition. The exact presentation title can be of the competitor’s choosing.

The presentation will be a maximum of eight (8) minutes long.

Competitors may use any presentation aids/tools/technology they wish – Prezi, PowerPoint, Bulb, video clips, videos, photos, posters, handouts, etc. –. Still, the competitors must speak during the presentation and only use the aids to enhance the message they are trying to convey. In other words, competitors should not simply record something ahead of time and push “play” – the presentation should be live for the judges.

Competitors should present the content creatively to capture the judges' attention and share what they learned about Respiratory Therapy as it relates to their chosen disease management or cessation topic.

The content can be organized and presented in any manner the competitor wishes – the most compelling and unique ways of sharing the content will be most successful.

Competitors will report to the event site at their appointed time with any pre-made presentation aids/tools/technology to support their presentation. HOSA only provides one table. The competitor must provide any other equipment and presentation needs.

Upon entering the competition room, competitors will have two (2) minutes to set up any presentation equipment/materials.

Competitors will NOT have access to electricity. A personal electronic device (such as a laptop) is permitted. Internet connection is NOT provided but can be used if provided by the competitor via a Wi-Fi hotspot or other source.

The use of index card notes during the presentation is permitted. Electronic notecards (on a tablet, smartphone, laptop, etc.) are permitted, but they may not be shown to the judges.

The timekeeper will announce when the two (2) minute setup time is complete and when one (1) minute remains in the presentation. The timekeeper will stop the presentation after eight (8) minutes, and the competitor will be excused.

Round Two References

The references below were used in the development of the round two skill rating sheets.

- a. [Kacmarek, Stoller & Heuer. *Egan's Fundamentals of Respiratory Care*. Elsevier. Latest edition.](#)
- b. [Simmers, Simmers-Nartker, Simmers-Kobelak, & Fuller. *DHO Health Science*. Latest edition.](#)
- c. [American Association for Respiratory Care](#)

Round Two Skills

Round Two is the performance of a selected skill(s). The Round Two skills approved for this event are:

Skill I:	Basic Airway Management	4 minutes
Skill II:	Donning & Removing Transmission-Based Isolation Garments	4 minutes
Skill III:	Administering Oxygen via Nasal Cannula Without Humidification	6 minutes
Skill IV:	Pulse Oximetry	4 minutes
Skill V:	Assessment of the Newborn	5 minutes
Skill VI:	Vital Signs	8 minutes
Skill VII:	Hand-held Nebulizer	8 minutes

(FOR ALL SKILLS, BODY FLUIDS WILL BE A SIMULATED PRODUCT)

The selected skill(s) will be presented to competitors as a written scenario at the beginning of the round. The scenario will be the same for each competitor. Some scenarios may involve the combination of multiple skill sheets, in which case some elements may not be scored due either to being duplicative or not appropriate within the scenario. A sample scenario can be found [here](#).

Timing will begin when the scenario is presented to the competitor and will be stopped at the end of the time allowed.

The scenario is a secret topic that includes the Physician's Orders for the skill(s) to be performed. Competitors MAY NOT discuss or reveal the secret topic until after the event has concluded or will face penalties per the [GRRs](#).

Judges will provide information to competitors as directed by the rating sheets. Competitors may ask questions of the judges while performing skills if the questions relate to the patient's condition and will be included in the scenario or judge script.

Competitors must provide:

- Non-latex gloves, gown, goggles or safety glasses, mask, eye shield or face guard
- Sterile gloves
- Index cards or electronic notecards (optional)
- Any battery-operated device and presentation aids/tools needed to support the Round One presentation

RESPIRATORY THERAPY ROUND 1

Section # _____
 Competitor # _____

Division: _____ SS _____ PS/Collegiate
 Judge's Signature _____

A. Overview	Excellent 5 points	Good 4 points	Average 3 points	Fair 2 points	Poor 0 points	JUDGE SCORE
1. Live Presentation for Judges	Presentation for Judges is given live and not a recording.	N/A	N/A	N/A	Presentation was recorded.	
B. Presentation Content	Excellent 10 points	Good 8 points	Average 6 points	Fair 4 points	Poor 0 points	JUDGE SCORE
1. Overall understanding / coverage of Demand and Occupational Outlook	Exceptional presentation of the demand and outlook for the occupation. It is evident the competitor researched and understands this career and why the time is now to consider this career path.	The presentation of occupational demand is mostly clear and is provided, but some details are missing.	The presentation is somewhat vague and does not clearly show an understanding of the demand and outlook of the occupation.	The presentation is unclear with little information provided on the demand and outlook of the occupation.	Presentation does not provide information regarding the demand and outlook of the occupation.	
2. Overall understanding / coverage of educational pathways and requirements	Presentation includes detailed information along with excellent descriptions of the educational pathways and requirements to becoming a Registered Respiratory Therapist.	Information regarding educational pathways and requirements were provided and described.	Presentation includes a short description of the educational pathways and requirements but there were gaps in the information provided.	The information provided in the presentation provided an incomplete description of the educational pathways and requirements.	Presentation is unclear and does not provide information regarding educational pathways and requirements	
3. Overview of the Respiratory Therapist profession	Presentation includes detailed information along with excellent descriptions about the benefits and challenges of the Respiratory Therapy profession as well as their role in the healthcare team. The career picture painted is clear and exciting to the listener.	Basic benefits and challenges about the Respiratory Therapy profession were provided and described, and some key content about the RT's role in the healthcare team was included.	Presentation includes a short overview of the Respiratory profession, including some benefits and challenges, but there were gaps in the information provided.	The information in the presentation provided an incomplete overview of the Respiratory profession. Minimal benefits, challenges, or role within the healthcare team was shared.	Presentation is unclear and does not provide an overview of the Respiratory profession.	
4. Chosen Disease/Behavior Topic Description and how the RT plays a role	Exceptional description of the selected topic with numerous details and a clear outline of how the RT plays a role in the management of the selected topic. The competitor obviously understands the integration and connection between the topic and the RT.	The topic is clearly explained and there is good description of the RT's role in the management of the selected topic. The competitor shares a basic connection between the topic and the RT.	The presentation includes some information on the selected topic and a few connections to the RT, but details are lacking.	The presentation starts to hit key points about the selected topic and the RT's role, but largely misses the mark.	The presentation is unclear and does not provide information about the selected topic or RT's role.	

Presentation Content	Excellent 10 points	Good 8 points	Average 6 points	Fair 4 points	Poor 0 points	JUDGE SCORE
5. Tips shared about Chosen Disease/ Behavior Topic	The tips shared about the selected topic are accurate, relevant, significant and presented in a way that the audience can understand and relate to. The tips greatly enhance the overall presentation.	The tips shared about the selected topic are relevant and accurate but lack the "wow" factor.	Some of the tips shared about the selected topic are not accurate or may not be relevant. They are shared but not in a way that enhances the presentation for the audience.	The presentation lacks accurate tips about the selected topic. The competitor made an attempt but did not select appropriate information.	The presentation does not include tips about the selected topic.	
6. Sample management / cessation plan	A fabulous sample management plan / cessation plan is included in the presentation. It clearly outlines the steps for the patient and is presented in a way that will greatly engage and encourage the patient to follow the plan.	A sample management / cessation plan is included in the presentation and covers the important points the patient needs to follow. It does a good job engaging the patient.	A sample management / cessation plan is included in the presentation but some of the information shared is inaccurate or not appropriate.	Portions of a sample management / cessation plan are shared in the presentation but correct content and relevance is missing.	The presentation does not include a sample management / cessation plan.	
7. Inclusion of RT medical equipment describing/demonstrating how a peak flow meter or spirometer is used <i>(if the asthma or COPD topic is selected)</i> -----OR----- Inclusion of long term health issues caused by smoking/vaping <i>(if the Smoking/Vaping topic is selected)</i>	The competitor does an excellent job describing and/or demonstrating how to use the applicable medical equipment for their selected topic. They have a clear command of the therapy and why it is used. ----- OR----- The competitor does an excellent job describing the long term health issues caused by smoking / vaping. They have a clear command of the content and numerous important and relevant details were included.	The competitor does a good job describing and/or demonstrating how to use the applicable medical equipment for their selected topic. They cover most key points in a satisfactory manner. ----- OR----- The competitor does a good job describing the long term health issues caused by smoking / vaping. They cover most key points about the health issues in a satisfactory manner.	The competitor includes the content and does describe and/or demonstrate how to use the applicable medical equipment, but there are some important areas missing. ----- OR----- The competitor includes some content and does describe some health issues caused by smoking / vaping, but there are important areas missing.	The competitor tries to describe and/or demonstration how to use the applicable medical equipment, but largely shares inaccurate or not enough information to really make a difference. ----- OR----- The competitors tries to describe long term health issues caused by smoking / vaping, but largely shares inaccurate or not enough information to really make a difference.	The presentation does not include the description or demonstration of the medical equipment. ----- OR----- The presentation does not include a description of the long term health issues caused by smoking / vaping.	
8. Importance of asthma/COPD management or smoking/vaping cessation	The competitor has a clear understanding of the importance of their selected topic and commands the room when sharing this information with the judges. Information is accurate and shared with passion in a way that showcases the	The competitor shares the importance of their topic with the judges. Information is accurate and relatable to the audience.	The competitor shares the importance of their topic but lacks urgency or enthusiasm that helps the messaging come through.	The competitor includes a few statements about the importance of their selected topic but leaves significant room for improvement.	The presentation does not include information about the importance of the disease management or cessation process.	

	importance of the topic.					
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Presentation Content	Excellent 10 points	Good 8 points	Average 6 points	Fair 4 points	Poor 0 points	JUDGE SCORE
9. Distinctive / Captivating / Unique	The competitor provided a highly creative, original, and imaginative presentation that was highly distinct. It stood out and was unique.	The presentation was unique and offered a fresh approach to the topic; however, it was missing the “wow” factor.	The presentation was adequately distinctive. Would like to see more creativity and innovation in the approach to the presentation.	The presentation was unoriginal and included more box checking than critical thinking.	No evidence of imagination or creativity was used in the presentation.	
C. Presentation Organization and Materials	Excellent 5 points	Good 4 points	Average 3 points	Fair 2 points	Poor 0 points	JUDGE SCORE
1. Flow, Logic, and Transitions	There is evidence of practice and consistency of presentation flow using transitions.	There is evidence of practice and some consistency in presentation flow using transitions.	The presentation could benefit from a more consistent flow using transitions.	More practice is needed to achieve an authentic flow in the presentation.	The entire presentation is delivered with a lack of attention to flow and transitions.	
2. Opening	The competitor clearly establishes the occasion and purpose of the presentation, grabs the audience's attention, and makes the audience want to listen.	The competitor introduced the presentation adequately, including an attention getter and established the occasion and purpose of the presentation.	The competitor introduced the topic but did not clearly establish the occasion and/or purpose of the presentation. Weak attention getter.	The competitor failed to introduce the presentation. Or the introduction was not useful in indicating what the presentation was about.	The competitor did not provide any kind of opening statement or action.	
3. Closing	The competitor prepares the audience for ending and ends memorably. They drew the presentation to a close with an effective memorable statement.	The competitor adequately concluded the presentation and ended with a closing statement. Clear ending but ends with little impact.	The competitor concluded the presentation in a disorganized fashion.	Audience has no idea conclusion is coming. Competitor's closing message was unclear.	The competitor ended the presentation abruptly without any kind of conclusion.	
4. Presentation Visual Aids / Tools / Technology	All visual aids, props, tools, and/or technology used adds value and relevance to the presentation. They help to tell a story and offer a better understanding of the subject. Creativity is evident.	Most visual aids, props, tools, and/or technology support the theme of the presentation and complement the overall message.	Some of the visual aids, props, tools and/or technology add some value to the presentation but could have supported the overall message more effectively.	The visual aids used offered minimal support or missed the opportunity to enhance the overall presentation.	No visual aids were used to complement the presentation.	

D. Presentation Delivery	Excellent 5 points	Good 4 points	Average 3 points	Fair 2 points	Poor 0 points	JUDGE SCORE
1. Voice Pitch, tempo, volume, quality	The competitor's voice was loud enough to hear. The competitor varied rate & volume to enhance the presentation. Appropriate pausing was employed.	The competitor spoke loudly and clearly enough to be understood. The competitor varied rate OR volume to enhance the presentation. Pauses were attempted.	The competitor could be heard most of the time. The competitor attempted to use some variety in vocal quality, but not always successfully.	Judges had difficulty hearing /understanding much of the presentation due to little variety in rate or volume.	The competitor's voice is too low or monotone. Judges struggled to stay focused during the majority of presentation.	
2. Stage Presence Poise, posture, eye contact, and enthusiasm	Movements & gestures were purposeful and enhanced the delivery of the presentation and did not distract. Body language reflects comfort interacting with audience. Facial expressions and body language consistently generated a strong interest and enthusiasm for the topic.	The competitor maintained adequate posture and non-distracting movement during the presentation. Some gestures were used. Facial expressions and body language sometimes generated an interest and enthusiasm for the topic.	Stiff or unnatural use of nonverbal behaviors. Body language reflects some discomfort interacting with audience. Limited use of gestures to reinforce verbal message. Facial expressions and body language are used to try to generate enthusiasm but seem somewhat forced.	The competitor's posture, body language, and facial expressions indicated a lack of enthusiasm for the topic. Movements were distracting.	No attempt was made to use body movement or gestures to enhance the message. No interest or enthusiasm for the topic came through in presentation.	
3. Diction*, Pronunciation** and Grammar	Delivery emphasizes and enhances message. Clear enunciation and pronunciation. No vocal fillers (ex: "ahs," "uh/ums," or "you-knows"). Tone heightened interest and complemented the verbal message.	Delivery helps to enhance message. Clear enunciation and pronunciation. Minimal vocal fillers (ex: "ahs," "uh/ums," or "you-knows"). Tone complemented the verbal message	Delivery adequate. Enunciation and pronunciation suitable. Noticeable verbal fillers (ex: "ahs," "uh/ums," or "you-knows") present. Tone seemed inconsistent at times.	Delivery quality minimal. Regular verbal fillers (ex: "ahs," "uh/ums," or "you-knows") present. Delivery problems cause disruption to message.	Many distracting errors in pronunciation and/or articulation. Monotone or inappropriate variation of vocal characteristics. Inconsistent with verbal message.	
Total Points (130):						

*Definition of Diction – Choice of words, especially with regard to correctness, clearness, and effectiveness.

**Definition of Pronunciation – Act or manner of uttering officially.

RESPIRATORY THERAPY

Section # _____ Division: _____ SS _____ PS/C

Competitor # _____ Judge's Signature _____

For use with unconscious patient who is not breathing (manikin)

Skill I: Basic Airway Management (Time: 4 minutes)		Possible	Awarded
1.	Gathered equipment.	1 0	
2.	Washed hands or used alcohol-based hand-rub for hand hygiene and put on gloves.	2 0	
3.	Identified self.	2 0	
4.	Assessed for responsiveness. Judge states, "patient is not responding".	2 0	
5.	Performed Head Tilt Chin Lift	2 0	
	a. Held the mandible with the middle and index finger of one hand.	2 0	
	b. Lifted the chin forward to displace the mandible anteriorly while tilting the head back with the other hand on the forehead.	2 0	
6.	Checked for breathing and pulse simultaneously for no more than 10 seconds. Judge states, "pulse is evident, no breathing noted".	2 0	
7.	Attached BVM to 100% O ₂ using the flowmeter.	2 0	
8.	Positioned self at the top of the patient's head or at the head of the bed.	2 0	
9.	Checked mask is working properly.	2 0	
10.	Applied mask tightly to the face using the "C-E" hold.	2 0	
11.	Manually ventilated.	2 0	
12.	Observed for chest rise and fall. If no chest rise, repositioned.	2 0	
13.	Ventilated every 5 to 6 seconds until airway adjunct is placed and chest rise evident. Judge states, "airway adjunct is placed"	2 0	
14.	Removed gloves.	2 0	
15.	Washed hands or used alcohol-based hand-rub for hand hygiene.	2 0	
16.	Documented in patient's chart.	2 0	
17.	Used appropriate verbal and nonverbal communication with patient and other personnel.	2 0	
18.	Practiced standard precautions throughout skill.	2 0	
TOTAL POINTS -- SKILL I		37	
70% Mastery for Skill I = 25.9			

RESPIRATORY THERAPY

Section # _____ Division: _____ SS _____ PS/C

Competitor # _____ Judge's Signature _____

Skill II Donning & Removing Transmission-Based Isolation Garments		Time: 4 minutes		Possible	Awarded
1.	Assembled equipment.	1	0		
2.	Removed any jewelry and if sleeves are long pulled up sleeves	2	0		
3.	Washed hands or used alcohol-based hand-rub for hand hygiene.	2	0		
3.	Donning Gown:				
	a. Lifted the gown by placing the hands inside the shoulders.	2	0		
	b. Worked arms into the sleeves of gown by gently twisting (If sleeves are too long rolled the cuffs).	2	0		
	c. Placed hands inside the neckband and adjusted until in position and tied the bands at the back of the neck.	2	0		
	d. Secured gown at the waist with the ties.	2	0		
4.	Donning Mask:				
	a. Secured mask under the chin and covered mouth and nose.	2	0		
	b. Either placed elastic bands behind ears or tied mask securely behind head and neck by tying top ties first and bottom ties second.	2	0		
	c. Pinched at the nose to secure the mask.	2	0		
5.	Donning Gloves: Put gloves on and made sure that gloves covered the top cuff of the gown.	2	0		
6.	Judge states "Skill completed". Removing Gown: Untied the waist ties and loosened the gown at the waist.	2	0		
7.	Removing Gloves:				
	a. Removed first glove by grasping the outside of the cuff with the opposite gloved hand and placed the glove over the hand so it is inside out.	2	0		
	b. Removed the second glove by placing the bare hand inside the cuff and pulled glove off so it is inside out.	2	0		
	c. Placed the gloves in the infectious waste container.	2	0		
	d. Washed hands or used alcohol-based hand-rub for hand hygiene,	2	0		
8.	Removing Gown:				
	a. Untied the neck ties and loosened the gown at the shoulders handling only the inside of the gown.	2	0		
	b. Folded the gown in half and rolled together.	2	0		
	c. Placed gown in infectious waste container.	2	0		
9.	Removing Mask:				
	a. Untied bottom ties first followed by the top ties or removed from behind ears.	2	0		
	b. Held mask by top ties only and dropped into infectious waste container.	2	0		
10.	Washed hands or used alcohol-based hand-rub for hand hygiene.	2	0		
TOTAL POINTS -- SKILL II		43			

RESPIRATORY THERAPY

Section # _____ Division: _____ SS _____ PS/C
 Competitor # _____ Judge's Signature _____

Scenario will include method of administration and liter flow per minute (cannula only).

Skill III: Administering Oxygen via Nasal Cannula Without Humidification (Time: 6 minutes)		Possible	Awarded
1.	Obtained and reviewed physician's order (scenario).	2 0	
2.	Obtained needed equipment.	1 0	
3.	Washed hands or used alcohol based hand-rub for hand hygiene and put on gloves.	2 0	
4.	Approached, greeted, and identified patient using two patient identifiers.	2 0	
5.	Explained the procedure and obtained consent.	2 0	
6.	Connected the tubing from the oxygen supply to the tubing on the cannula.	2 0	
7.	Nasal cannula did not touch any surface.	2 0	
8.	Turned on the oxygen supply.	2 0	
9.	Regulated the gauge to the correct liter flow.	2 0	
10.	Checked to be sure the oxygen is passing through the tubing by placing hand by the outlet on the cannula.	2 0	
11.	Washed hands or used alcohol based hand-rub for hand hygiene and put on disposable gloves.	2 0	
12.	With the oxygen flowing, applied nasal cannula.	2 0	
13.	Cannula:	2 0	
	a. Placed two prongs in the patient's nostrils pointing down and looped the tubing around each ear.	2 0	
	b. Adjusted the straps at the neck so the tips remain in position.	2 0	
	c. Instructed patient to take deep breaths through the nose.	2 0	
14.	Checked surrounding area to make sure all safety precautions are observed – no sparks or flames.	2 0	
15.	Removed gloves.	2 0	
16.	Washed hands or used alcohol-based hand-rub for hand hygiene.	2 0	
17.	Documented in patient's chart.	2 0	
18.	Used appropriate verbal and nonverbal communication with patient and other personnel.	2 0	
19.	Practiced standard precautions throughout skill.	2 0	
TOTAL POINTS – SKILL III 70% Mastery for Skill III = 28.7		41	

RESPIRATORY THERAPY

Section # _____ Division: _____ SS _____ PS/C
 Competitor # _____ Judge's Signature _____

Skill will be performed with a portable pulse oximetry and probe.

Skill IV: Pulse Oximetry (Time: 4 minutes)		Possible	Awarded
1.	Obtained and reviewed physician's order (scenario).	2 0	
2.	Obtained needed equipment.	1 0	
3.	Washed hands or used alcohol-based hand-rub for hand hygiene and put on gloves.	2 0	
4.	Approached, greeted, and identified patient using two patient identifiers.	2 0	
5.	Provided privacy.	1 0	
6.	Explained the procedure and obtained consent.	2 0	
7.	Properly assembled equipment and tested equipment prior to patient application.	1 0	
8.	Equipment turned on and tested prior to use.	2 0	
9.	Examined the patient's fingers to make sure the nail beds are clear and the hands are not visibly soiled.	2 0	
9.	Pulse oximeter probe is placed on the finger.	1 0	
10.	Observed for an adequate waveform.	1 0	
11.	Assured measurement of the patient's oxyhemoglobin status (SpO ₂) and heart rate (Pulsatile).	1 0	
12.	Notified patient and appropriate personnel (judge) of SpO ₂ and verbalized if level is in normal range.	2 0	
13.	Removed and disposed of gloves.	2 0	
14.	Washed hands or used alcohol-based hand-rub for hand hygiene.	2 0	
15.	Appropriately documented procedure in treatment notes.	2 0	
16.	Used appropriate verbal and nonverbal communication with patient and other personnel.	2 0	
17.	Practiced standard precautions throughout skill.	2 0	
TOTAL POINTS – SKILL IV 70% Mastery for Skill IV = 21		30	

RESPIRATORY THERAPY

Section # _____ Division: _____ SS _____ PS/C
 Competitor # _____ Judge's Signature _____

Skill V: Assessment of Newborn (Time: 5 minutes)		Possible	Awarded
1.	Obtained needed equipment.	1 0	
2.	Washed hands or used alcohol-based hand-rub for hand hygiene.	2 0	
3.	Put on disposable gloves.	2 0	
4.	Identified self to care team, mother, and any family members with mother.	2 0	
5.	Draped warm dry blanket over arms to receive infant.	2 0	
6.	Hugged infant to chest to prevent dropping the infant.	2 0	
7.	Placed infant in warmer in supine position.	2 0	
8.	Positioned head closest to competitor and in neutral position or slightly extended.	2 0	
9.	Used blanket to dry providing tactile stimulation.	2 0	
10.	As blanket becomes wet, removed and used dry blanket under infant to continue stimulation for one minute.	2 0	
11.	Inspected the chest and noted breathing pattern. <i>Judge will share information on the above from the script provided. If increased work of breathing go to step #12; if no increased work of breathing move to step #13.</i>	2 0	
12.	Using a bulb syringe.	2 0	
	a. Squeezed the bulb prior to entering into the airway.	2 0	
	b. Entered bulb syringe into the mouth and released and cleaned.	2 0	
	c. Repeated steps 12 a & b above for both nares.	8 0	
13.	Used stethoscope to assess breath sounds and heart rate. <i>Judge states, "heart rate greater than 100 beats/min and respirations are adequate".</i>	2 0	
14.	Assessed for muscle tone, infant response to stimuli, and infant skin color. <i>Judge will share information on the above from script provided.</i>	2 0	
15.	Verbalized to the judge that the APGAR score was completed at 1 and 5 minutes.	2 0	
16.	<i>Judge states, "the infant is stable".</i> Infant is wrapped in a dry towel and hat is placed on the head.	2 0	
17.	Ensured patient's safety and comfort.	2 0	
18.	Verbalized handed infant to appropriate personnel or mother.	2 0	
19.	Removed and disposed of gloves.	2 0	
20.	Washed hands or used alcohol-based hand-rub for hand hygiene.	2 0	
21.	Documented in patient's record.	2 0	
22.	Used appropriate verbal and nonverbal communication with patient and other personnel.	2 0	

23. Practiced standard precautions throughout skill.	2	0	
TOTAL POINTS – SKILL V Increased Work of Breathing		55	
TOTAL POINTS – SKILL V Without Increased Work of Breathing		33	
70% Mastery for Skill V Increased Work of Breathing = 38.5 70% Mastery for Skill V Without Increased Work of Breathing = 23.1			

RESPIRATORY THERAPY

Section # _____

Division: _____ SS _____ PS/Collegiate

Competitor # _____

Judge's Signature _____

Skill VI	Measure and Record Vital Signs (Time: 8 minutes)	Possible	Awarded
1.	Assembled equipment and supplies.	1	0
2.	Washed hands or used alcohol-based hand-rub for hand hygiene and put on gloves.	2	0
3.	Greeted patient and introduced self.	1	0
4.	Identified patient using two patient identifiers.	2	0
7.	RADIAL PULSE		
a.	Positioned patient's hand and arm so they were well supported and rested comfortably with palm pointed downward.	1	0
b.	Located the radial artery by placing middle and index finger toward the inside of the patient's wrist on the thumb side.	1	0
c.	Exerted light pressure, counted for 30 seconds and multiply by 2 or count for full minute.	1	0
8.	RESPIRATION		
a.	Continued pulse position to keep patient unaware of counting.	1	0
b.	Counted regular respirations for 30 seconds and multiply by 2 or count for a full minute (counting each expiration and inspiration as one respiration).	1	0
9.	Verbalized pulse count and respiration count within +/- 2 of judge's count.	4	0
10.	Described quality characteristics of pulse (volume – character strength, and rhythm - regularity) AND respirations (depth and rhythm) to judge.	4	0
11.	Recorded pulse and respiration accurately on the graphic form.	4	0
12.	BLOOD PRESSURE		
a.	Placed the center of the cuff above the brachial artery.	1	0
b.	Palpatory Systolic Pressure: Found radial pulse and fingers remained on radial pulse.	1	0
c.	Closed valve on bulb, by turning clockwise.	1	0
d.	Inflated the cuff until the radial pulse disappeared.	1	0
e.	Continued to inflate cuff 30 mm Hg above this point.	1	0
f.	Slowly released the pressure while watching the gauge.	1	0
g.	When the pulse is felt again noted the reading (palpatory systolic pressure).	1	0
h.	Correctly positioned earpieces of stethoscope in ears.	1	0
i.	Palpated brachial artery.	1	0

j.	Placed stethoscope over brachial artery.	1	0	
k.	Inflated the cuff to 30 mm Hg above palpatory systolic pressure.	1	0	
l.	Deflated the cuff by slowly turning the valve counterclockwise at an even rate of 2 – 3 mm Hg per second.	2	0	

Skill VI Measure and Record Vital Signs (con't) - Items Evaluated		Possible		Awarded
m.	Continued deflating the cuff slowly and noted the first sound and the last sound.	1	0	
n.	Completely deflated the cuff and removed cuff from patient's arm and made patient comfortable.	1	0	
o.	Recorded blood pressure accurately on graphic form.	4	0	
p.	Replaced equipment appropriately.	1	0	
q.	Maintained accuracy within +/- 2 mm Hg of judge's reading of systolic pressure.	4	0	
r.	Maintained accuracy within +/- 2 mm Hg of judge's reading of diastolic pressure.	4	0	
13.	Washed hands or used alcohol based hand-rub for hand hygiene.	2	0	
14.	Executed all vital sign skills (pulse, respiration and blood pressure) smoothly and in logical order, overlapping skills to maximize efficiency of time.	1	0	
15.	Observed all checkpoints before leaving the patient: placed call signal within easy reach, lowered bed, positioned patient in good body alignment, and reported any changes to the nurse.	2	0	
16.	Used appropriate verbal and nonverbal communication with patient and other personnel.	2	0	
17.	Practiced standard precautions throughout skill.	2	0	
TOTAL POINTS – SKILL VI		60		
70% Mastery for Skill VI = 42				

RESPIRATORY THERAPY

Section # _____ Division: _____ SS _____ PS/C
 Competitor # _____ Judge's Signature _____

Skill VII: Hand-Held Nebulizer (Time: 8 minutes)		Possible	Awarded
1.	Obtained and reviewed physician's order (scenario).	2 0	
2.	Obtained needed equipment.	1 0	
3.	Obtained medication as ordered (per scenario).	2 0	
4.	Knocked and provided privacy.	2 0	
5.	Washed hands or used alcohol-based hand-rub for hand hygiene and put on gloves.	2 0	
6.	Approached, greeted, and identified patient using two patient identifiers.	1 0	
7.	Interviewed patient and obtained relevant history (home nebulizer use, any oxygen use at home).	1 0	
8.	Explained the procedure and obtained consent.	2 0	
9.	Performed baseline physiology assessment:	2 0	
	a. pulse	2 0	
	b. breath sounds and respiratory rate	2 0	
10.	Removed and disposed of gloves.	2 0	
11.	Washed hands or used alcohol-based hand-rub for hand hygiene and put on gloves.	2 0	
12.	Properly assembled equipment and tested equipment prior to patient application.	1 0	
13.	Prepared medication:	2 0	
	a. Accurately prepared prescribed medication.	2 0	
	b. Aseptically injected medication into delivery device.	2 0	
14.	Verbalized "Activated gas flow to meet manufacturers' flowrate requirement or as limited by gas source."	2 0	
15.	Selected mouthpiece/mask delivery system and connected to compressor.	1 0	
16.	Observed for aerosol before placing on or handing to the patient.	2 0	
17.	Handed nebulizer to patient or placed mask on patient.	1 0	
18.	Coached patient to breathe slowly through the mouth and hold breath after 5-6 regular breaths for 10 seconds.	1 0	

19.	Monitored patient for adverse response to treatment and noted if monitors show: a. Patient's HR increased greater than 30 BPM - stopped	2	0	
	b. Patient's RR increased to above 22 breaths per minute – stopped.	2	0	
Skill VII: Hand-Held Nebulizer (con't)		Possible		Awarded
20.	Continued treatment until nebulizer begins to sputter. Judge states, "nebulizer has begun to sputter".	1	0	
21.	Removed nebulizer or mask prior to turning of the oxygen.	2	0	
	22. Turned off oxygen and encouraged patient to cough.	2	0	
	23. Asked patient how they feel.	2	0	
	24. Performed post assessment by checking the listening to breath sounds, respiratory rate and pulse rate.	2	0	
	25. Disassembled and rinsed the nebulizer with sterile water and air dried or discarded if soiled.	1	0	
	26. Removed gloves, and washed hands or used alcohol-based hand-rub for hand hygiene.	2	0	
27.	Appropriately documented procedure and response in treatment notes.	2	0	
28.	Used appropriate verbal and nonverbal communication with patient and other personnel.	2	0	
	29. Practiced standard precautions throughout skill.	2	0	
TOTAL POINTS – SKILL VII		55		
70% Mastery for Skill VII = 38.5				

