ALVIN COMMUNITY COLLEGE
RESPIRATORY CARE

SYLLABUS
RSPT - 1331
RESPIRATORY CARE FUNDAMENTALS - II

INSTRUCTOR: Gail Zieba, BS, RRT, RCP

FALL 2013
RSPT 1331 Fall Semester

RSPT 1331 meets on:  
LECTURE - 8:00-8:50 M,W,F  
LAB - 10-11:50 Monday  
LAB - 1:00-2:50 Wednesday

Clock Hours: 80

ADA Statement

“This college will adhere to all applicable federal, state, and local laws, regulations, and guidelines with respect to providing reasonable accommodations as required to afford equal educational opportunity. It is the policy of ACC to provide reasonable accommodations for qualified individuals who are students with disabilities. It is the student’s responsibility to contact the Counseling Center in a timely manner to arrange for appropriate accommodations.”

Instructor Information:  
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Course Description

An in-depth study of basic respiratory concepts, theories and techniques with emphasis in lung expansion therapy, incentive spirometry, suctioning, chest physical therapy, airway clearance techniques, airway management and home care and rehab. Application of these procedures are performed in the laboratory and in the clinical area under supervision.

Rationale

The student must have a thorough understanding of the basic procedures described in this course in order to function as a respiratory care practitioner in the hospital setting.

Methods of Accomplishing Objectives

RSPT 1331 consists of two (3) lecture hours, and three (2) laboratory hours. Course objectives are met through classroom lecture, use of media and demonstration along with practical application in the hospital under qualified supervision. Each student is required to be checked off on each type of procedure in the laboratory before performing that procedure in the clinical setting.

Grading System

A = 100 - 90  
B = 89 - 80  
C = 79 - 75  
Final average less than 75 denotes failure (F)
Each student is expected to attend class and lab regularly. Any student who accumulates an equivalence of two (2) weeks absence will be referred to the Dean of Instruction and possibly dropped or the absences will be reflected in the student's final grade average.

Student evaluations are based on completion of all assigned homework, quizzes, laboratory work, lab evaluations, and written unit examinations.

Quizzes (scheduled or unscheduled) cannot be made up if missed. A grade of "0" will be averaged into the final quiz grade. The lowest quiz grade will be dropped from quiz average.

**CHECK-OFFS:**
- Students must first attempt and pass a peer check-off by a fellow classmate before scheduling an official check-off by an instructor.
- Students must complete and pass check-offs by the date specified by an instructor.
- Only three (3) attempts will be allowed for any check-off.
- If a student does not show up for a scheduled check-off, it will count as a failed attempt.
- Grading of check-offs - pass on 1st try = 95;
  pass on 2nd try = 85;
  pass on 3rd try = 75

**EXAMS**

Students may miss one (1) unit examination which must be made up on the date of return, prior to the scheduled class, ONLY if the student has an EXCUSED ABSENCE. In the event of an Unexcused absence, no make-up exam will be given. The highest score that the student will receive for the make-up exam is 75%.

**FINAL EXAMS:**

Every student will be required to take the final exam for each course for a grade. The syllabus for each course will state the weight of the final exam. The final exam will be given during the week of finals.

**EVALUATION WEIGHTS**

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Quizzes, Assignments, Check-offs 10%
Lab Practical 10%
Final 10%
TOTAL 100%

Assignments

Assignments will be given throughout the duration of this course. Due dates will be given for each assignment. **Five (5) points will be deducted from the grade for each class date the assignment is late.**

Course Outline

Unit I  Artificial Airways
Unit II  Maintenance of Patent Airways
Unit III Lung Expansion Therapy
Unit IV Airway Clearance Techniques
Unit V  Home Health & Rehab

Textbooks

Egan's, Fundamentals of Respiratory Care, 10th ed.
Cairo, J.M. & Pilbeam, Susan, (Mosbey's) **Respiratory Care Equipment.** 8th ed. 2010 (not required)
Wehrman, Stephen F., Study Guide for Egan's Fundamentals of Respiratory Care (not required)

References

Shapiro, Gary, **Clinical application of Respiratory Care.** 3rd ed.
Burton, Hodgkin, Respiratory Care: A Guide to Clinical Practice, 2nd ed
Taylor, Joan, **Manual of Respiratory Therapy.**
Clark and Bradford, **Pressure-cycled Ventilators.** 1984.
Grady, Daniel, **Laboratory Exercises in Respiratory Care.** 1987.
Frownfelter, Donna, Chest Physical Therapy and Pulmonary Rehabilitation.
Grenard, Essentials of Respiratory Home Care, 1986.
Barnes, Respiratory Care Practice, 1988.
White, Equipment Theory for Respiratory Care. 2nd ed., l996.
White, **Basic Clinical Lab Competencies for Resp. Care.** 3rd ed., 1998.
Course Competencies

I. Select and obtain equipment appropriate to the respiratory care plan
   A. Artificial airways
   B. Suctioning devices
   C. Incentive breathing devices
   D. Percussors and vibrators
   E. Pneumatic ventilators (IPPB)

II. Assemble, check for proper function, identify malfunctions and take action to correct malfunctions of equipment
   A. Artificial airways:
      1. oro- and nasopharyngeal airways
      2. oral and nasal endotracheal tube
      3. tracheostomy tubes and buttons
      4. intubation equipment: laryngoscope and blades
      5. laryngeal mask
      6. combitube
   B. Resuscitation devices:
      1. manual resuscitator (bag-valve)
      2. pneumatic (demand-valve)
   C. Pneumatic ventilators (IPPB)
   D. Suctioning devices
      1. suction catheters
      2. specimen collectors
      3. oropharyngeal suction devices
   E. Incentive breathing devices
   F. Percussions and vibrators

III. Conduct therapeutic procedures to achieve maintenance of a patent airway including the care of artificial airways
   A. Position patient properly
   B. Maintain adequate humidification
   C. Insert appropriate oro- and nasopharyngeal airways
   D. Maintain proper cuff inflation and position of endotracheal or tracheostomy tube

IV. Conduct therapeutic procedures to achieve removal of broncho-pulmonary secretions.
   A. Instruct and encourage proper coughing techniques
   B. Perform postural drainage
   C. Perform percussion and vibration
   D. Suction endotracheal and tracheostomy tubes
   E. Perform nasotracheal or orotracheal suctioning
V. Conduct therapeutic procedures to achieve adequate spontaneous and artificial ventilation.

A. Instruct in proper breathing technique
B. Encourage deep breathing
C. Instruct and monitor techniques of incentive spirometry
D. Instruct in inspiratory muscle training techniques
E. Initiate and adjust IPPB therapy:
   1. adjust sensitivity, flow, volume, and/or pressure
   2. adjust FIO\textsubscript{2}
   3. change pt.-machine interface (mouthpiece, mask, etc.)
   4. adjust expiratory retard

VI. Evaluate and monitor patient's response to respiratory care
A. Measure and record vital signs
B. Auscultate chest and record changes
C. Observe changes in sputum production
D. Note patient's subjective response to therapy

VII. Make necessary modifications in therapeutic procedures and recommend respiratory care plan modifications based on patient response.
A. Terminate treatment based on patient's adverse reaction to any type of therapy being administered.
B. Modify chest physiotherapy (bronchopulmonary drainage)
   1. Alter duration of treatment
   2. Alter equipment used
   3. Alter techniques
   4. Coordinate sequence of therapies
C. Modify management of artificial airways: change type of humidification equipment and connecting apparatus.
D. Recommend modifications in the respiratory care plan based on patient response.
   1. Recommend discontinuation of any treatment based on patient response.
   2. Recommend change in duration of therapy
Objectives

Unit I - Artificial Airways

A. **Unit Objectives** - Upon completion of this unit of study, the student will develop an understanding of the use of artificial airways in respiratory care.

B. **Specific Objectives of this Unit** - Upon completion of this unit of study, the student should be able to:

1. Identify by name the types of airways used in respiratory care:
   a. oral, nasal pharyngeal
   b. endotracheal, nasotracheal
   c. tracheostomy
      1) fenestrated
      2) trach-button, trach-talk, Passey Muir
   d. combitube
   e. (LMA) Laryngeal mask airway

2. Describe the procedure, indications, contraindications, and hazards, involved for airway insertion (refer to objective 1) for each artificial airway.

3. Identify and explain the use of all accessory equipment used for artificial airway establishment:

4. Describe the criteria used when selecting an airway:
   a. anatomic and physiological requirements
   b. high-volume, low-pressure cuff
   c. low-volume, high-pressure cuff

5. Explain the function of the following committees:
   a. American National Standards Institute, Inc. (ANSI)
   b. Z-79

6. Define implantation testing (IT)

7. List indications for cuff inflation and deflation.

8. Explain and demonstrate:
   a. "no-leak" technique
   b. "minimal leak" technique
   c. minimal occluding volume

9. Describe the guidelines for selection of endotracheal tubes:
   a. I.D.
   b. O.D.
   c. length

10. Given a manual or gas-powered resuscitator, identify by name and explain the characteristics of the bag. Include:
    a. type of valve (pt., bag inlet)
    b. volume
    c. flow rates
    d. O₂ percentage
    e. type O₂ reservoir
    f. pressure relief

11. Given a model, demonstrate the use of a resuscitator.

12. Describe the criteria and procedure involved in extubating a patient.
13. Describe the laryngeal and tracheal complications of artificial airways.

C. **Unit Outline**
   I. Artificial Airways
      a. types
      b. indications
      c. contraindications
      d. hazards
      e. insertion
   II. Cuffs
   III. Quality Control
   IV. Accessory Equipment
   V. Resuscitators

D. **Resources**
   Barnes, Respiratory Care Practice. pp 195-198, 255-267
   Shapiro, Clinical Application of Respiratory Care, pp 213-248, 253-279
   Burton, Respiratory Care, pp 5051-523

E. **Lab Assignment** – Respiratory Care Equipment - Chap., 6 pp 169-207
   Reading Assignment – Egan’s, Fundamentals of Respiratory Care, - Chap. 33, pp 732-785

F. **Learning Activities** (*must be checked off in lab before performed in clinical)
   1. Construct a chart to compare and contrast the various types of artificial airways.
   2. Given a model, demonstrate the insertion of oral and nasal pharyngeal, endotracheal and esophageal obturator airways.
   3. Construct a chart to compare and contrast types of endo-tracheal tubes and their cuff design.
   4. Measure cuff pressure on an intubated or tracheal patient.
   5. After insertion of endotracheal tube, check position of tube and securely tape the tube.
   6. Determine if a patient can be extubated using certain criteria as discussed in class.
   7. Given a model or patient, intubate and extubate with 100% accuracy.
   8. Disassemble and reassemble various types of resuscitation bags.
   9. Determine the volume of each bag and the pressure exerted by one-handed squeeze vs. two-handed squeeze.
   10. Given a model, demonstrate the use of a resuscitation bag in intubated and non-intubated cases.
G. **Evaluations** - The following are study questions for this unit:

1. List and describe the general indications for using artificial airways.
2. List and describe the general problems associated with the use of artificial airways.
3. Describe the specific advantages, disadvantages and precautions for each of the following:
   a. oropharyngeal airway
   b. nasal pharyngeal airway
   c. oral intubation
   d. nasal intubation
   e. tracheostomy
   f. LMA
4. Describe the procedures for oral intubation using straight and curved laryngoscope blades.
5. Distinguish between tracheostomy and tracheotomy.
6. Describe the physical characteristics and physiological effects of low and high-pressure cuffs.
7. Describe the recommended standards for endotracheal tubes as outlined by the American National Standards Institute (ANSI).
8. What are the causes and corrective therapy for each of the following post-extubation complications:
   a. glottic edema
   b. subglottic edema
   c. vocal cord ulceration
   d. tracheal stenosis
Unit II - Maintenance of Patent Airways

A. **Unit Objective** - Upon completion of this unit of study, the student should understand the suctioning procedure.

B. **Specific Objectives of this Unit** - Upon completion of this unit of study, the student should be able to:
1. List three (3) indications for suctioning.
2. List the equipment necessary to suction a patient.
3. State the problems and complications involved in suctioning and how to prevent or treat these problems.
4. Explain the relationship between the size of suction catheters and the diameter of the airway involved when suctioning.
5. Demonstrate and explain each of the following methods when suctioning a patient:
   a. nasal-pharyngeal
   b. oral-pharyngeal
   c. nasal-tracheal, oral-tracheal, stoma
   d. endotracheal
   e. tracheostomy
   f. using trach care system
6. Demonstrate and explain the method of tracheal instillation.
7. Describe transtracheal aspiration
9. Given a model or patient, perform tracheostomy care (stoma care).
10. Prepare a patient for the suctioning procedure by giving an explanation and acting in a reassuring manner with each patient.
11. Suction a patient using aseptic technique.

C. **Unit Outline**

I. Indications for Suctioning
II. Problems of Suctioning
III. Equipment
IV. Procedure - technique
V. Trach Care

D. **Resources**


E. **Reading Assignment**: Egan’s Fundamentals– Chap 33
F. **Learning Activities** (*must be checked off in lab before performed in clinical*)

   a. nasal-pharyngeal
   b. oral-pharyngeal
   c. nasal-tracheal
   d. oral-tracheal
   e. stoma
   f. endotracheal
   g. tracheostomy

G. **Evaluations** - The following are study questions for this unit:

1. List and describe the complications associated with airway suctioning.
2. Generally, how large should the outside diameter of a suction catheter be compared to the inside diameter of an endotracheal or tracheostomy tube?
3. List the steps and precautions involved in suctioning a patient's airway.
4. What is the rationale for instilling saline into the trachea?
5. List the equipment needed to perform tracheostomy care.
A. **Unit Objective** - Upon completion of this unit of study, the student should understand the theory and procedure of Incentive spirometry.

B. **Specific Objectives of this unit** - Upon completion of this unit of study, the student should be able to:
   1. state the indications of incentive spirometry.
   2. describe the advantages and disadvantages of incentive spirometry.
   3. distinguish between flow and volume types of incentive spirometry.
   4. perform and teach incentive spirometry to a patient.

C. **Unit Outline**
   I. Indications for Incentive Spirometry
   II. Advantages and Disadvantages
   III. Types
      a. Volume
      b. Flow
   IV. Procedure

D. **Resources**
   Barnes, *Respiratory Care Practice*, pp 208-215, 418-423
   Shapiro, *Clinical Application of Respiratory Care*, pp 144-147
   Hunsinger, *Respiratory Technology*, pp 383-386

E. **Reading Assignment**: Egan’s – Chap 39, pp. 945-960

F. **Learning Activities** - (* must be checked off in lab before performed in clinical)
   1. List the brand names of incentive spirometers that are based on volume.
   2. List the brand names of incentive spirometers that are based on flow.
   * 3. Perform an incentive spirometry treatment on a class member or patient with 100% accuracy.

G. **Evaluations** - The following are study questions for this unit:
   1. What is the difference between the two (2) types of incentive spirometers? In your opinion, which is better?
Unit III – Lung Expansion Therapy - IPPB Therapy

A. **Unit Objective** - Upon completion of this unit of study, the student should understand the concepts and equipment used in IPPB therapy.

B. **Specific Objectives of this unit** - Upon completion of this unit of study, the student should be able to:

1. Define intermittent positive-pressure breathing (IPPB).
2. State the indications for IPPB therapy.
3. State the primary goal of IPPB therapy.
4. State relative and absolute contraindications to IPPB therapy.
5. Identify and locate information which should be obtained from the patient's chart prior to administration of therapy and discuss its pertinence to therapy.
6. Physically prepare the patient and the bedside area for therapy.
7. Prepare medications as ordered for therapy.
8. Assess the effectiveness of IPPB treatments with 100% accuracy:
   a. pre, during, and post-treatment PULSE
   b. pre, during, and post-treatment BREATH SOUNDS
   c. pre, during, and post-treatment TIDAL VOLUME
   d. cough STRENGTH
   e. cough SOUND
   f. cough PRODUCTION
9. Describe appropriate plans for improvement of therapy when indicated.
10. Define compliance.
11. Define airway resistance.
12. State the changes in tidal column given abnormal compliance and resistance with 100% accuracy.
13. State pathological conditions causing decreased compliance and increased airway resistance.
14. Define the following classification terms:
   a. pressure-cycle
   b. pneumatic
   c. pressure-limited
   d. assistor
   e. controller
   f. assist/control
   g. time-cycled
   h. flow-cycled
   i. flow-sensitive
   j. flow-adjustable
15. Describe the ventilatory and cardiovascular effects of positive-pressure breathing.
16. For each of the IPPB machines discussed in class (Bennett PR-1, Bennett PR-2, Bennett AP-5, and Bird Mark 7), be able to:
   a. locate all the controls on the machine.
   b. state the function of each control on the machine.
   c. describe the cycling mechanism of the machine.
   d. assemble and disassemble the circuit with 100% accuracy.
   e. given a failure of the machine to cycle from inhalation to exhalation, repair the cause.
   f. Given a failure of the machine to cycle from exhalation to inhalation, repair the cause.
   g. State the concentration of oxygen delivered by the machine.
h. state the position the medication nebulizer must be in to facilitate complete nebulization of the medication.

*17. Given a "patient", administer an IPPB treatment with 100% accuracy in the manner described below: (with each type of machine):
   a. identify information in the patient's chart that is pertinent to IPPB therapy
   b. identify the patient
   c. identify yourself to the patient
   d. describe the purpose of IPPB therapy as related to the patient
   e. instill the prescribed medication into the nebulizer
   f. ask the patient questions that pertain to the patient's respiratory illness
   g. gather pertinent observable information about the patient's respiratory illness pre, during, and after therapy
   h. correctly administer IPPB
   i. correctly assess the benefit of therapy given
   j. correctly describe a plan for future therapy
   k. chart therapy performed

C. **Unit Outline**

I. Concepts of IPPB Therapy
   A. Indications
   B. Contraindications
   C. Hazards
   D. Physiological Effects
      1. Ventilatory
      2. Cardiovascular

II. Compliance

III. Airway Resistance

IV. Classification of IPPB Machines

V. IPPB Equipment
   *A. Bird Mark-7
   *B. Bennett PR-2

VI. Administration of IPPB Therapy and IPPV Therapy

D. **Resources**

Barnes, *Respiratory Care Practice*. pp 201-207, 406-417
Shapiro, *Clinical Application of Respiratory Care*. pp 123-131
Burton, *Respiratory Care*. pp 546-582

E. **Lab Assignment**

TBA

**Reading Assignment**
F. **Learning Activities** - (* must be checked off in lab before performed in clinical)
   1. Assemble and disassemble disposable and non-disposable circuits to IPPB machine
   2. Given a simulated patient, administer a treatment using each type of machine with 100% accuracy.

G. **Evaluations** - The following are study questions for this unit:

1. What are the effects of IPPB therapy on the pulmonary system?
2. State the intrapulmonary and intrathoracic pressures of the respiratory cycle during normal breathing and during IPPB therapy.
3. What is the effect of IPPB on the work of breathing?
4. Describe the effect of IPPB on the blood pressure and cardiac output.
5. Give the formula for compliance and airway resistance and give the correct units.
6. Indicate the machine and patient factors that determine the tidal volume delivered during IPPB treatments.
7. Describe patient and machine factors that affect the FIO₂ delivered by the following machines operating in air-mix modes:
   a. Bird mark 7
   b. Bennett PR-2
8. Explain the use of the following controls found on IPPB devices:
   a. pressure  
   b. flow rate  
   c. sensitivity  
   d. air-mix  
   e. nebulization  
   f. terminal flow  
   g. rate  
   h. expiratory time
9. Explain the purpose of applying a retard valve to the expiratory port of an IPPB manifold during a treatment.
10. List indications for IPPB therapy.
11. What information should be included in an order for IPPB therapy?
12. Describe the hazards associated with the administration of IPPB therapy.
13. What are the symptoms of hyperventilation during the administration of IPPB therapy?
14. Give specific instances of situations in which an IPPB treatment should be stopped.
15. Explain the precautions that should be taken when delivering IPPB to patients with COPD.
Unit IV – Airway Clearance Techniques

A. **Unit Objective** - Upon completion of this unit of study, the student should understand the goals of chest physical therapy and be able to perform chest physiotherapy.

B. **Specific Objectives of this unit** - Upon completion of this unit of study, the student should be able to:

1. Define the following terms
   a. postural drainage  
   b. percussion  
   c. vibration  
   d. breathing exercises  
   e. pursed-lip breathing  
   f. diaphragmatic assist  
   g. pulmonary rehabilitation  
2. Explain, physiologically, how you cough  
3. Distinguish between spontaneous cough, reflexive cough and voluntary cough  
4. Describe the positions for bronchial drainage for all lobes and segments of the right and left lungs  
5. Apply proper body mechanics and patient positioning in chest physical therapy  
6. List and explain the goals for chest physiotherapy  
7. List and explain the indications for chest physiotherapy  
8. List and explain the contraindications for chest physiotherapy  
9. Perform and teach the following chest physical therapy treatments on any selected person (patient):
   a. bronchial drainage  
   b. percussion  
   c. vibration  
   d. breathing exercise  
   e. cough  
   f. FET  
   g. PEP  
   h. therapy vest  
   i. flutter  
   j. IPV

C. **Unit Outline**

   I. Chest Physiotherapy Terms  
   II. Types of Coughs  
   III. Lobes and Segments of the Lung  
   IV. Chest Physiotherapy Procedures  
      a. goals  
      b. indications  
      c. contraindications  
      d. techniques  
      e. flutter device

D. **Resources**

Barnes, *Respiratory Care Practice*, pp 181-194, 423-427  
Cherniack, *Respiration in Health and Disease*, pp 438-447  
Shapiro, *Clinical Application of Respiratory Care*, pp 133-144  
Burton, *Respiratory Care*, pp 672-693
E. **Lab Assignment**

TBA

**Reading Assignment**

Egan’s – Chap 40, pp 962-982
Lung Segments- pp 176-194

F. **Learning Activities** (must be checked off in lab before performed in clinical)

1. Make a diagram indicating the segments and lobes of the right and left lung
2. Teach the following breathing exercises to a friend or family member:
   a. pursed-lip breathing
   b. diaphragmatic breathing
   c. segmental breathing
   d. breathing with movement
3. Teach the following chest physiotherapy techniques to a friend or family member:
   a. postural drainage
   b. chest percussion
   c. chest vibration
4. Perform the following chest physiotherapy techniques on another class member with accuracy:
   a. postural drainage
   b. chest percussion
   c. chest vibration
   d. diaphragmatic assist (on mannikin)
5. Describe a home-care program for a COPD patient

G. **Evaluations** - The following are study questions for this unit:

1. What are the primary indications for postural drainage?
2. Give examples of disease states that could benefit from postural drainage
3. what are the precautions and contraindications to administering postural drainage?
4. Describe the principle involved in administering postural drainage
5. What is the bronchial drainage position of the patient in each of the following segment:
   a. left and right apical segments
   b. left and right anterior segments
   c. right posterior segment
   d. left posterior segment
   e. lingular process of left lung
   f. middle lobe of right lung
g. left lower lobe (apical)
h. left lower lobe (lateral basal)
i. left and right lower lobes (anterior basal)
j. left and right lower lobes (posterior basal)

6. What are the indications for chest percussion? Chest vibration?
7. What are the precautions and contraindications to administering chest percussion? Chest vibration?

Unit V – Home Health and Rehabilitation and Trach Care

A. **Unit Objective** - Upon completion of this unit of study the student should have a better understanding for what is involved in the care for geriatric and elderly patients, as well as the responsibilities of the respiratory therapist. The student will perform and understand the procedures and importance for trach care.

B. **Objectives of this Unit** – Upon completion of this unit the student should be able to:
   1. Discuss and identify the indications for the assessment of the elderly.
   2. Name chronic conditions involved with the elderly
   3. Describe problems with aging
      1. Temperature
      2. Renal functions
      3. Gastrointestinal functions
      4. Cardiac functions
   4. Explain leading causes for hospitalization
   5. Physical activities
      1. age related changes in the body
      2. what is affected by this
   6. Have a better understanding toward medications and their adverse reactions
   7. Knowing why patients are compliant versus non-compliant
   8. Discuss vision issues, hearing issues, and arthritic conditions.
   9. Have a better understanding for home health care expenditures and rehabilitations services.
   10. Explain educational and participation needs for family and patient.
   11. Learn what your role as the respiratory therapist entails.

C. **Unit Outline**

   I. Indications for Assessment
   II. Problems with aging
   III. Disease
   IV. Home Health Care Services and Responsibilities
   V. Trach Care

D. **Resources**

   Egan’s, *Fundamentals of Respiratory Care*, 10th, edition
   Sorenson, *Geriatric Respiratory Care*
E. **Reading Assignment**: Egan’s, Home care 1281, 1308, 1335
Trach Care 766 and in class

**RSPT 1331**

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| **Unit 1 Exam** | x .15 = | |
| **Unit 2 Exam** | x .15 = | |
| **Unit 3 Exam** | x .15 = | |
| **Unit 4 Exam** | x .15 = | |
| **Unit 5 Exam** | x .10 = | |
| **Lab Practical** | x .10 = | |

**Total Points**: A _______

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**Quizzes**

Airway _______
IPPB _______
Lung Seg _______

**Check-offs/Labs**

Intubation _______
Extubation _______
Trach Care _______
IS _______
NT SX _______
ETT SX _______
IPPB _______
CPT _______
**Total Points**: B _______ x .10 = _______

**Final Exam**: C _______ x .10 = _______

**Final Grade** = _______
Respiratory Care – RSPT 1331  
Lab Schedule In S-142  
Monday 10-11:50 group A, Wednesday 1-2:50 group B

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SCANS

COMPETENCIES

Resources
C1- Allocates Time
C2- Allocates Money
C3- Allocates Material and Facility Resources
C4-Allocates human Resources

Information
C5- Acquires and Evaluates information
C6- Organizes and Maintains Information
C7- Interprets and Communicates Information C8- Uses Computers to process Information

Interpersonal
C9- participates as a member of a team
C10- teaches others
C11-serves clients /customers
C12- exercise leadership
C13- negotiates to arrive at a decision
C14- works with cultural diversity

Systems
C15- understands systems
C16- monitors and corrects performance
C17- improves and designs systems

Technology
C18- selects technology
C19-applies technology to task
C20- maintains and troubleshoots technology

FOUNDATION SKILLS

Basic Skills
F1-Reading
F2- Writing
F3- Arithmetic
F4-Mathematics
F5-Listening
F6-Speaking
F7- Creative Thinking
F8- Decision Making
F9- problem Solving
F10- Seeing Things in the Mind’s Eye
F11- Knowing how to learn
F12-Reasoning

Personal Qualities
F13- Responsibility
F14- Self Esteem
F15- social
F16- Self-Management
F17- Integrity/Honesty