

PERFORM ORAL SUCTIONING

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLE: II
REFERENCE: STP 8-68W13-SM-TG, Task: 081-833-0021, Perform Oral Suctioning.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. § 3013 Secretary of the Army; AR 350-1, Army Training Leadership and Development.
PRINCIPAL PURPOSE: To ensure that accomplishment of training is properly credited to the correct individual for NREMT certification IAW AR 40-68, AR 220-1 and AR 350-1.
ROUTINE USES: Used by Unit personnel to monitor training. The DOD "Blanket Routine uses" set forth at the beginning of the Army's compilation of system of records notices may apply to this system.
DISCLOSURE: Voluntary. Failure to provide your name may result in a loss of credit for accomplishing the training or error in processing applicable favorable personnel actions. For Official Use Only.

1. Soldier (Last Name, First Name, MI)

2. Date (YYYYMMDD)

SCENARIO:

While responding to an emergency call, you encounter a patient with altered level of consciousness and gurgling sounds coming from their airway. You must suction the patient's oropharynx to establish a clear airway.

GRADING SHEET

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
3. Performance Measures						
a. Took body substance isolation precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Positioned the conscious patient in a semi-Fowler's position, or in the case of trauma, rolled the patient onto his side.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turned on/prepared suction unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Selected the appropriate size catheter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pre-oxygenated the patient, if oxygen is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Suctioned the patient. Did not apply suction for more than 15 seconds at one time (<i>adult</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Re-oxygenated the patient, if oxygen is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Demonstrated Proficiency Yes No

5. Start Time	6. Stop Time	7. Initial Evaluator
8. Start Time	9. Stop Time	10. Retest Evaluator
11. Start Time	12. Stop Time	13. Final Evaluator

14. Evaluator's Comments

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