

ADMINISTER OXYGEN

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

TABLE: II
REFERENCE: STP 8-68W13-SM-TG, Tasks: 081-833-0158, Administer Oxygen.

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 difficulty breathing. You must administer oxygen to the patient with an appropriate delivery device; you have been provided the necessary medical equipment.

GRADING SHEET

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
3. Performance Measures						
a. Assembled the regulator/flow meter to oxygen cylinder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Checked for leaks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Checked the oxygen cylinder pressure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Positioned the patient in a position of comfort, unless contraindicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Determined the delivery device to use and applied.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Checked the equipment for security of tubing connections, oxygen flow and humidified water level, as indicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Adjusted the oxygen flow rate to at least 12 to 15 liters per minute.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Calculated the duration of flow of the oxygen cylinder.	<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

This form was prepared by U.S. Government employees for use in the 68W MOS. Although it contains, in part, copyright material from National Registry of Emergency Medical Technicians, Inc. (NREMT) skill sheets ©2011, this form has neither been prepared nor approved by NREMT. Use is restricted to guidelines contained in the Preface to TC 8-800.