

Step	S	U	NP	Comments
<p>Transitioned the patient who was newly intubated to APRV.</p> <ol style="list-style-type: none"> 1. Set P high to a maximum of 30 cm H₂O. 2. Set P low at 0 cm H₂O. 3. Set T high from 3 to 6 seconds and adjusted according to the patient's needs. 4. Set T low from 0.5 to 0.8 seconds. 5. Set FIO₂ for the desired PaO₂ or SaO₂ level. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<p>Transitioned the patient to APRV from HFOV.</p> <ol style="list-style-type: none"> 1. Set P high with MAP on HFOV <i>plus</i> 2 to 4 cm H₂O. 2. Set P low at 0 cm H₂O. 3. Set T high from 3 to 6 seconds and adjusted according to the patient's needs. 4. Set T low from 0.5 to 0.8 seconds (acute restrictive lung disease) or from 0.8 to 1.5 seconds (acute obstructive lung disease). 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<p>Adjusted settings based on the patient's release and spontaneous VT, SpO₂, ETco₂, ABG values, expiratory gas flow pattern, and clinical status.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<p>Evaluated the patient's readiness for weaning and proceeded with the "drop" and "stretch" method for weaning.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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Ensured that all ventilator alarms were on and set appropriately.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Monitored the patient's ventilator waveforms, SpO ₂ , ETCO ₂ , exhaled minute volume, release and spontaneous VT and hemodynamic status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Observed the patient for signs or symptoms of pain. If pain was suspected, reported it to the authorized practitioner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Removed PPE and performed hand hygiene.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Documented the procedure in the patient's record.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Learner: _____ Signature: _____

Evaluator: _____ Signature: _____

Date: _____