

#### Clinical Simulation Examination Detailed Content Outline

Each section of each problem is classified to a minor content heading, for example, I.A, II.B

#### I. PATIENT DATA

#### A. Evaluate Data in the Patient Record

- Patient history, for example,
  - history of present illness (HPI)
  - orders
  - medication reconciliation
  - progress notes
  - DNR status / advance directives
  - social, family, and medical history
- 2. Physical examination relative to the cardiopulmonary system
- 3. Lines, drains, and airways, for example,
  - chest tube
  - vascular lines
  - artificial airway
- 4. Laboratory results, for example,
  - CBC
  - electrolytes
  - coaqulation studies
  - sputum culture and sensitivities
  - cardiac biomarkers
- 5. Blood gas analysis and / or hemoximetry (CO-oximetry) results
- 6. Pulmonary function testing results, for example
  - spirometry
  - lung volumes
  - DLCO
- 7. 6-minute walk test results
- 8. Imaging study results, for example,
  - chest radiograph
  - CT scan
  - ultrasonography and / or echocardiography
  - PET scan
  - ventilation / perfusion scan
- 9. Maternal and perinatal / neonatal history, for example,
  - Apgar scores
  - gestational age
  - L/S ratio
- 10. Sleep study results, for example,
  - apnea-hypopnea index (AHI)



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	11.	Trer	nds in monitoring results
		a.	fluid balance
		b.	vital signs
		c.	intracranial pressure
		d.	ventilator liberation parameters
		e.	pulmonary mechanics
		f.	noninvasive, for example,
			<ul> <li>pulse oximetry</li> </ul>
			• capnography
			• transcutaneous
		g.	cardiac evaluation / monitoring results, for example,
			• ECG
			hemodynamic parameters
	12.	Dete	ermination of a patient's pathophysiological state
В.	Perf	orm (	Clinical Assessment
	1.	Inte	rviewing a patient to assess
		a.	level of consciousness and orientation, emotional state, and ability to
			cooperate
		b.	level of pain
		C.	shortness of breath, sputum production, and exercise tolerance
		d.	smoking history
		e.	environmental exposures
		f.	activities of daily living
		g.	learning needs, for example,
			• literacy
			<ul> <li>preferred learning style</li> </ul>
			social / cultural
	2.	Perf	orming inspection to assess
		a.	general appearance
		b.	characteristics of the airway, for example,
			• patency
			Mallampati classification
			tracheal shift
		C.	cough, sputum amount and character
		d.	status of a neonate, for example,
			<ul> <li>Apgar score</li> </ul>
			gestational age
		e.	skin integrity, for example,
			<ul> <li>pressure ulcers</li> </ul>
			• stoma site



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3. Palpating to assess
a. pulse, rhythm, intensity
b. accessory muscle activity
c. asymmetrical chest movements, tactile fremitus, crepitus, tenderness,
tactile rhonchi, and / or tracheal deviation
4. Performing diagnostic chest percussion
5. Auscultating to assess
a. breath sounds
b. heart sounds and rhythm
c. blood pressure
6. Reviewing a chest radiograph to assess
a. quality of imaging, for example,
<ul> <li>patient positioning</li> </ul>
<ul> <li>penetration</li> </ul>
lung inflation
b. presence and position of airways, lines, and drains
c. presence of foreign bodies
d. heart size and position
e. presence of, or change in,
(i) cardiopulmonary abnormalities, for example,
• pneumothorax
• consolidation
pleural effusion
pulmonary edema
pulmonary artery size
(ii) diaphragm, mediastinum, and / or trachea
C. Perform Procedures to Gather Clinical Information
1. 12-lead ECG
2. Noninvasive monitoring, for example,
• pulse oximetry
• capnography
• transcutaneous
3. Peak flow
4. Mechanics of spontaneous ventilation linked to tidal volume, minute volume,
maximal inspiratory pressure, and vital capacity
5. Blood gas sample collection
6. Blood gas analysis and / or hemoximetry (CO-oximetry)
7. Oxygen titration with exercise



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8.	Cardiopulmonary calculations, for example,
	<ul> <li>P(A-a)O₂</li> </ul>
	• V <sub>D</sub> /V <sub>T</sub>
	• P/F
	• OI
9.	Hemodynamic monitoring
10.	Pulmonary compliance and airways resistance
11.	Plateau pressure
12.	Auto-PEEP determination
13.	Spontaneous breathing trial (SBT)
14.	Apnea monitoring
15.	Apnea test (brain death determination)
16.	Overnight pulse oximetry
17.	CPAP / NPPV titration during sleep
18.	Cuff management, for example,
	• tracheal
	laryngeal
19.	Sputum induction
20.	Cardiopulmonary exercise testing
21.	6-minute walk test
22.	Spirometry outside or inside a pulmonary function laboratory
23.	DLCO inside a pulmonary function laboratory
24.	Lung volumes inside a pulmonary function laboratory
25.	Tests of respiratory muscle strength - MIP and MEP
26.	Therapeutic bronchoscopy
D. Eva	aluate Procedure Results
1.	12-lead ECG
2.	Noninvasive monitoring, for example,
	• pulse oximetry
	• capnography
	• transcutaneous
3.	Peak flow
4.	
<u>'</u>	maximal inspiratory pressure, and vital capacity
5.	
6.	<b>3</b>
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# Clinical Simulation Examination Detailed Content Outline

7.	Cardiopulmonary calculations, for example,
	• P(A-a)O <sub>2</sub>
	• V <sub>D</sub> / V <sub>T</sub>
	• P/F
	• OI
8.	Hemodynamic monitoring
9.	Pulmonary compliance and airways resistance
10.	Plateau pressure
11.	Auto-PEEP
12.	Spontaneous breathing trial (SBT)
13.	Apnea monitoring
14.	Apnea test (brain death determination)
15.	Overnight pulse oximetry
16.	CPAP / NPPV titration during sleep
17.	Cuff status, for example,
	• laryngeal
	tracheal
18.	Cardiopulmonary exercise testing
19.	6-minute walk test
20.	Spirometry outside or inside a pulmonary function laboratory
21.	DLCO inside a pulmonary function laboratory
22.	Lung volumes inside a pulmonary function laboratory
23.	Tests of respiratory muscle strength - MIP and MEP
E. Rec	ommend Diagnostic Procedures
1.	Testing for tuberculosis
2.	Laboratory tests, for example,
	• CBC
	• electrolytes
	• coagulation studies
	sputum culture and sensitivities
	cardiac biomarkers
3.	Imaging studies
4.	Bronchoscopy
	a. diagnostic
	b. therapeutic
5.	Bronchoalveolar lavage (BAL)
6.	Pulmonary function testing



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	Tot example, i.A, ii.b
7.	Noninvasive monitoring, for example,
	• pulse oximetry
	• capnography
	• transcutaneous
8.	Blood gas and/or hemoximetry (CO-oximetry)
9.	ECG
10.	Exhaled gas analysis, for example,
	• CO <sub>2</sub>
	• CO
	• FENO
11.	Hemodynamic monitoring
12.	Sleep studies
13.	Thoracentesis
	SHOOTING AND QUALITY CONTROL OF EQUIPMENT, AND INFECTION
CONTROL	_
A. Ass	emble /Troubleshoot Devices
1.	Medical gas delivery interfaces, for example,
	• mask
	• cannula
	heated high-flow nasal cannula
2.	Long-term oxygen therapy
3.	Medical gas delivery, metering, and /or clinical analyzing devices, for example,
	• concentrator
	• liquid system
	• flowmeter
	• regulator
	• gas cylinder
	• blender
	• air compressor
	• gas analyzers
4.	CPAP / NPPV with patient interfaces
5.	Humidifiers
6.	Nebulizers
7.	Metered-dose inhalers, spacers, and valved holding chambers
8.	Dry-powder inhalers (DPI)
9.	Resuscitation equipment, for example,
	self-inflating resuscitator     flow inflating resuscitator
	<ul><li>flow-inflating resuscitator</li><li>AED</li></ul>
4.0	Mechanical ventilators
10.	iviechanicai ventilators



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11.	Intubation equipment
12.	Artificial airways
13.	Suctioning equipment, for example,
	• regulator
	• canister
	• tubing
	• catheter
14.	Blood analyzers, for example,
	hemoximetry (CO-oximetry)
	• point-of-care
	blood gas
15.	Patient breathing circuits
16.	Hyperinflation devices
17.	Secretion clearance devices
18.	Heliox delivery device
19.	Portable spirometer
20.	Testing equipment in a pulmonary function laboratory
21.	Pleural drainage
22.	Noninvasive monitoring, for example,
	• pulse oximeter
	• capnometer
	• transcutaneous
23.	Bronchoscopes and light sources
24.	Hemodynamic monitoring
	a. pressure transducers
	b. catheters, for example,
	• arterial
	pulmonary artery
B. Ensi	ure Infection Prevention
1.	Adhering to infection prevention policies and procedures, for example,
	Standard Precautions
	• donning/doffing
	• isolation
2.	Adhering to disinfection policies and procedures
3.	Proper handling of biohazardous materials
C. Perf	orm Quality Control Procedures
1.	Blood analyzers
2.	Gas analyzers
3.	Pulmonary function equipment for testing
	a. spirometry results



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		b. lung volumes
		c. diffusing capacity (DLCO)
		4. Mechanical ventilators
		5. Noninvasive monitors
III.	INITIA	TION AND MODIFICATION OF INTERVENTIONS
	A. I	Maintain a Patent Airway Including the Care of Artificial Airways
		1. Proper positioning of a patient
		2. Recognition of a difficult airway
		3. Establishing and managing a patient's airway
		a. nasopharyngeal airway
		b. oropharyngeal airway
		c. esophagealtracheal tubes / supraglottic airways
		d. endotracheal tube
		e. tracheostomy tube
		f. laryngectomy tube
		g. speaking valves
		h. devices that assist with intubation, for example,
		<ul> <li>endotracheal tube exchanger</li> </ul>
		video laryngoscopy
		4. Performing tracheostomy care
		5. Exchanging artificial airways
		6. Maintaining adequate humidification
		7. Initiating protocols to prevent ventilator-associated infections
		8. Performing extubation
	В. Г	Perform Airway Clearance and Lung Expansion Techniques
		Postural drainage, percussion, or vibration
		2. Suctioning, for example,
		<ul><li>nasotracheal</li></ul>
		oropharyngeal
		3. Mechanical devices, for example,
		<ul> <li>high-frequency chest wall oscillation</li> </ul>
		vibratory PEP
		<ul> <li>intrapulmonary percussive ventilation</li> </ul>
		insufflation / exsufflation device
		4. Assisted cough, for example,
		huff
		abdominal thrust
		5. Hyperinflation therapy
		6. Inspiratory muscle training



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C.	Supp	port Oxygenation and Ventilation
	1.	Initiating and adjusting oxygen therapy
	2.	Minimizing hypoxemia, for example,
		patient positioning
		secretion removal
	3.	Initiating and adjusting mask or nasal CPAP
	4.	Initiating and adjusting mechanical ventilation settings
		a. continuous mechanical ventilation
		b. noninvasive ventilation
		c. high-frequency ventilation
		d. alarms
	5.	Recognizing and correcting patient-ventilator dyssynchrony
	6.	Utilizing ventilator graphics
	7.	Performing lung recruitment maneuvers
	8.	Liberating a patient from mechanical ventilation
D.	Adm	ninister Medications and Specialty Gases
	1.	Aerosolized preparations
		a. antimicrobials
		b. pulmonary vasodilators
		c. bronchodilators
		d. mucolytics / proteolytics
		e. steroids
	2.	Endotracheal instillation
	3.	Specialty gases, for example,
		• heliox
		• inhaled NO
E.	Ensu	ure Modifications are Made to the Respiratory Care Plan
	1.	Treatment termination, for example,
		life-threatening adverse event
	2.	Recommendations
		a. starting treatment based on patient response
		b. treatment of pneumothorax
		c. adjustment of fluid balance
		d. adjustment of electrolyte therapy
		e. insertion or change of artificial airway
		f. liberating from mechanical ventilation
		g. extubation
		h. discontinuing treatment based on patient response
		i. consultation from a physician specialist



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	3. Recommendations for changes
	a. patient position
	b. oxygen therapy
	c. humidification
	d. airway clearance
	e. hyperinflation
	f. mechanical ventilation
	4. Recommendations for pharmacologic interventions
	a. bronchodilators
	b. anti-inflammatory drugs
	c. mucolytics and proteolytics
	d. aerosolized antibiotics
	e. inhaled pulmonary vasodilators
	f. cardiovascular
	g. antimicrobials
	h. sedatives and hypnotics
	i. analgesics
	j. narcotic antagonists
	k. benzodiazepine antagonists
	I. neuromuscular blocking agents
	m. diuretics
	n. surfactants
	o. changes to drug, dosage, administration frequency, mode, or concentration
F. U	Jtilize Evidence-Based Practice
	1. Classification of disease severity
	2. Recommendations for changes in a therapeutic plan when indicated
	3. Application of guidelines, for example,
	ARDSNet
	• NAEPP
	• GOLD
G. F	Provide Respiratory Care Techniques in High-Risk Situations
	1. Emergency
	a. cardiopulmonary emergencies excluding CPR
	b. disaster management
	c. medical emergency team (MET) / rapid response team
	2. Interprofessional communication
	3. Patient transport
	a. land / air between hospitals
	b. within a hospital



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H. Assi	st a Physician / Provider in Performing Procedures
1.	Intubation
2.	Bronchoscopy
3.	Specialized bronchoscopy, for example,
	• EBUS
	<ul> <li>navigational bronchoscopy (ENB)</li> </ul>
4.	Thoracentesis
5.	Tracheotomy
6.	Chest tube insertion
7.	Insertion of arterial or venous catheters
8.	Moderate (conscious) sedation
9.	Cardioversion
10.	Withdrawal of life support
I. Con	duct Patient and Family Education
1.	Safety and infection control
2.	Home care and related equipment
3.	Lifestyle changes, for example,
	smoking cessation
	• exercise
4.	Pulmonary rehabilitation
5.	Disease / condition management, for example,
	• asthma
	• COPD
	• CF
	tracheostomy care
	ventilator dependent

Test For	Problem Count			
Α.	A. Adult Chronic Airways Disease			
	Intubation and mechanical ventilation	2		
	2. Noninvasive management			
	-for example, medical treatment, noninvasive positive pressure			
	ventilation	2		
	3. Outpatient management of COPD			
	-for example, medical treatment, discharge planning, rehabilitation	1		
	4. Outpatient management of asthma			
	-for example, medical treatment, discharge planning, rehabilitation	1		
	5. Diagnosis			
	-for example emphysema, chronic bronchitis, bronchiectasis, asthma	1		
B.	Adult Trauma	1		
C.	Adult Cardiovascular	2		
	1. Heart failure	1		
	2. Other			
	-for example, arrhythmia, pulmonary hypertension, myocardial ischemia /			
	infarction, pulmonary embolism	1		
D.	Adult Neurological or Neuromuscular	1		
E.	Adult Medical or Surgical	5		
	<ol> <li>Cystic fibrosis or non-cystic fibrosis bronchiectasis</li> </ol>	1		
	2. Infectious disease	1		
	3. Acute respiratory distress syndrome	1		
	4. Other			
	-for example, immunocompromised, shock, bariatric, psychiatric	2		
F.	Pediatric	2		
	1. Asthma	1		
	2. Other			
	-for example, infectious disease, bronchiolitis, chronic lung disease of			
	prematurity, congenital defect	1		
G.		2		
	Respiratory distress syndrome	1		
	2. Resuscitation	1		
	<b>-</b>			
	Total	20		