

CLINICAL COMPETENCY

3.2 Airway clearance techniques - Mechanical cough devices

Name:	Date Commenced:	Role: RN 🗆	SNA \square	Physio \square	Medical Dr \square
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Aspect of Care/Clinical Skill: Respiratory Management (SCI) Method of assessment: Question, observation and case scenarios

Observable criteria		Tick assessment outcome							е	Candidates/ Assessors Signature and Date
3. Chest therapy and airway clearance techniques.		S/A	1	2	3	4	5	pass x	fail x	
3.2 The participant will be able to safely set up and use a mechanical cough assistive device.										
3.2.1 State the clinical indications for using a mechanical cough assist device.	K									
3.2.2 Outline the contraindications to mechanical cough assist therapy.	K									
3.2.3 State any other safeguards or cautions to be considered prior to using a mechanical cough assist device.	K									
3.2.4 State the precautions that should be made when treating a patient with a recent spinal injury	K									
3.2.5 State who is responsible for prescribing a mechanical cough assist device for a new patient and where this is recorded.	K									
3.2.6 Outline the settings you would select and why (physios/B6 RNs)PressuresTimings	К									
3.2.7 Navigate around the device, explaining the modes and treatment settings available.	K									
3.2.8 Discuss clinical need for other medical equipment required during treatment.	K									
3.2.9 Discuss what you need to consider when setting up a mechanical cough assist device to use with a patient for the first time.	K									



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Observable criteria		k asse	essm	ent	out	com	е	Outcom	e	Candidates/ Assessors Signature and Date
3. Chest therapy and airway clearance techniques.	K/S	S/A	1	2	3	4	5	pass x	fail x	
3.2.10 Demonstrate how to connect the patient circuit and perform function tests	s									
3.2.11 Demonstrate how to set up a mechanical cough assist device in accordance with a prescription.	s	Not for S/A								
3.2.21 Complete a safe and effective titration (determine the most effective pressures, timing, mode and interface) for your patient	s	Not for S/A								
3.2.13 State how frequently the filter and circuit need changing.	K									
 3.2.14 Demonstrate a safe and effective treatment of a patient using the: Respironics Cough Assist machine Respironics E70 NIPPY Clearway device. 	S	Not for S/A								
3.2.15 Describe how you would evaluate the effectiveness of a mechanical cough device treatment.	К									
3.2.16 Discuss clinical reasons to alter or to stop therapy.	K									
 3.2.17 Describe/ demonstrate correct disposal and or cleaning of equipment: Following a treatment session Between patients 	K									
3.2.18 Demonstrate appropriate awareness and use of established documentation for recording treatments.	K									



Learning log and Assesso	r's comments	
To be completed by the assessor	when all the sections	above have been signed confirming that the above named person has been assessed as
competent.		
Assessment outcome:	Pass	Refer □
Assessed by:		
Name:	Job title:	Date:

Please place one copy in your professional portfolio and give a second copy to the ward leader.