Tension Pneumothorax Management with Capnospot®
Competency Evaluation

Date: _____ **Clinician Name:** _____

Performance Criteria	S	U
Uses appropriate PPE		
Verbalizes signs and symptoms of tension pneumothorax in a self-ventilating patient		
Verbalizes the signs and symptoms of tension pneumothorax in patients who are receiving positive pressure or are being mechanically ventilated		
Identifies landmarks and properly locates the 2nd intercostal space at the midclavicular line and preps the site with antiseptic agent		
Identifies landmarks and properly locates the 4th or 5th intercostal space at the anterior axillary line		
Prepares properly sized decompression needle and affixes Capnospot's male Luer connection to the female Luer connection of the decompression device		
Penetrates the skin advancing the decompression device at a 90-degree angle through the chest wall just above the rib and into the plural space		
Advance the catheter through the chest wall until a positive indication of CO2 is observed via Capnospot® or a pop is felt upon entering the plural space		
Hold the decompression device in place for approximately 10 seconds and observe Capnospot® for visible color change in the indication chamber		
Advance the catheter hub of the decompression device to the plane of the patient's skin		
Remove Capnospot® from the needle and dispose the needle in an appropriate sharp securement device		
Reapply the Capnospot to the catheter for ongoing assessment of catheter patency based on the color changing indicator		
Secure the catheter per institutional policy		
Verbalizes continuous evaluation for objective patient improvement via vital signs and catheter patency with Capnospot®		
Demonstrate catheter trouble shooting by aspirating the Capnospot® with a 10mL syringe for suspected catheter failure		
Verbalizes need to perform additional decompression if catheter failure occurs and the patient's clinical condition worsens		
Verbalizes that the catheter and Capnospot® may be kept in place to assess catheter patency until definite care is reached		

Comments: _____

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Successful or **Unsuccessful** Demonstration of Competency (**S** or **U**): _____

Evaluator Name: _____

Evaluator Signature: _____