



EVALUATION CHECKLIST

Use this worksheet to take notes during your patient telehealth encounter, while you are evaluating their demonstration of skills/technique. When they have finished, refer back to this checklist to make your remediation and education efforts more efficient.

Treatments/Therapies	Adherent?	Correct Technique?			Remediation Completed?	Notes
		Set-up	Treatment	Cleaning		
Bronchodilators						_____
Hypertonic Saline						_____
Mucolytics (Mucus Thinners)						_____
Airway Clearance Therapies:						
• Positive Expiratory Pressure (PEP) PEP Valve PEP Mask Flutter						_____
• Oscillating Positive Expiratory Pressure (OPEP) Acapella Choice® Aerobika® Lung Flute®						_____
• Vest Therapy (Mobile) AffloVest® Monarch®						_____
• Vest Therapy (Stationary) The Vest® InCourage® SmartVest®						_____
• Huff Coughing						_____
• Percussion and Postural Drainage						_____
• Active Cycle of Breathing Techniques (ACBT)						_____
• Autogenic Drainage						_____
• Intrapulmonary Percussive Ventilation (IPV)						_____
• Other:						_____
Exercise (Please specify which type)						_____
Inhaled Antibiotics Cayston® TOBI® TOBI Podhaler® Bethkis® Colistin®						_____
Inhaled Corticosteroids Pulmicort® QVar® Flovent®						_____



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