																_			
MEASURE A PATIENT'S RESPIRATIONS For use of this form see TC 8-800; the proponent agency is TRADOC.																			
TABLE:																			
REFERENCE:	STP 8-68W13-																		
				PRIVA	CY	ACT STATE	ME	NT											
AUTHORITY:	10 U.S.C. § 3013	3 Secret	ary of	the Army;	AR	350-1, Army	/ Tr	aining Leadership and De	/elop	ment.									
PRINCIPAL PURPOSE:	DSE: To ensure that accomplishment of training is properly credited to the correct individual for AR 220-1 and AR 350-1.										or NREMT certification IAW AR 40-68,								
ROUTINE USES:	Used by Unit personnel to monitor training. The DOD "Blanket Routine uses" set forth at the begins compilation of system of records notices may apply to this system.												the A	rmy's					
DISCLOSURE:	Voluntary. Failure to provide your name may result in a loss of credit for accomplishing applicable favorable personnel actions. For Official Use Only.											the training or error in processing							
1. Soldier (Last Name, First Name, MI)										2. Date (YYYYMMDD)									
SCENARIO: While responding to an emoof this patient, you must ob				. You mus	st de	emonstrate th	ne t					ent	and r	nanag	jeme	nt			
TASK COMPLETED															_				
			TAS	K							CO								
3. Performance Measures									P	+	2N -	ID F	- 		-				
a. Positioned the patient, seated or lying supine.										F	ij				Ė	ī			
b. Had the patient remove any overgarments that obstructed the ability to observe the patient's chest rise and fall with each breath.														F	ī				
c. Observed the rise and fall of the patient's chest as they breathe. Each cycle of inhalation and exhalation equates to one respiration.															=				
d. Counted the number of respirations (rate) in a 30-second period and multiplied times two. EVALUATOR: If the patient is demonstrating an irregular breathing pattern, the Soldier Medic must measure the number of respirations for a full 60 seconds.															<u> </u>				
e. Evaluated the depth of the respirations (unlabored, shallow, labored).																Ī			
f. Evaluated the quality(character) of the respirations (normal, noisy, etc.).																			
g. Documented the respiration rate, depth, and quality and the time obtained on the appropriate medical form.																			
h. Reported any abnormal respirations.																			
4. Demonstrated Proficie	ency	Yes		No															
5. Start Time		6. Stop Time 7. Initial Evaluator																	
8. Start Time		9. Stop Time					1	10. Retest Evaluator											
11. Start Time		12. Stop Time					1	13. Final Evaluator											
14. Evaluator's Commer	y U.S. Governmer																		
Registry of Emergency Me restricted to guidelines co					eets	©2011, this f	torr	m has neither been prepar	ed no	r appı	oved	by by	NRE	:MT. □	Use	IS			

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