



Announcement

The goal of the credential maintenance program is to strengthen the relationship between competencies of credential holders and expectations linked to those credentials. Participant feedback indicates credentialed practitioners find value and meaning in the assessments.

As an added value, we would like to share the list of **Most Missed Concepts** identified by the Credential Maintenance Program Assessments. It is our hope that this information will be useful to educators, managers, and practitioners while stimulating conversation and or planning to address these gaps and to enhance understanding of important concepts impacting patient care.

Most Missed Concepts on the 2020 Credential Maintenance Program Assessments

Someone credentialed in the Adult Critical Care Specialty is expected to recognize:

- A patient in whom a cricotracheal separation has been confirmed will require surgery as soon as possible.
- A patient diagnosed with Myasthenia Gravis who received edrophonium chloride (Tensilon) and experiences the side effect of bradycardia will require atropine to counteract the cholinergic effects.

Someone credentialed in the Neonatal Pediatric Specialty is expected to recognize:

- A vascular ring may be a consideration in an infant who is only a few months old, presenting with respiratory distress in whom an infection and/or other potential causes of airway narrowing have been ruled out.

Someone credentialed in Pulmonary Function Technology is expected to recognize:

- A bronchoscope must be reprocessed if it has not been placed in a cleaned bronchoscope cabinet within 3 hours of processing to prevent bacterial colonization.
- When a HEPA filter is not used, a waiting period of at least 30 minutes should be done between testing of two patients who have Cystic Fibrosis to prevent bacterial cross contamination.
- A patient should maintain a heart rate of 80-90% of the predicted maximum for between 4 and 6 minutes during testing for exercise-induced bronchospasm.

Someone credentialed in Respiratory Therapy is expected to recognize:

- Endotracheal tube cuff pressure should be maintained between 22 cm H₂O and 30 cm H₂O to discourage migration of microbe-laden secretions into the trachea and decrease tracheal ulceration.
- In the event of an unplanned extubation, a therapist's priority should be to clear the airway of the endotracheal tube and holder so ventilation can be restored by mask rather than blindly attempting to reintubate or advance a tube that can result in malposition.
- A patient who is described as obtunded, will be difficult to awaken but will still feel pain.

Someone credentialed in the Sleep Disorders Specialty is expected to recognize:

- The PAP level should remain the same, when the PSG study is nearing completion, even after the patient moves to the supine position prompting new apneic events.