



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 or planning to address these gaps and to enhance understanding of important concepts impacting patient care.

Most Missed Concepts on the 2021 Credential Maintenance Program Assessments

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

- A new arterial line should be kept closed to air and flushed with saline before establishing the zero point because opening the line can cause air to enter the system.
- When compared to curved tracheostomy tubes, angled tubes exert less pressure on the stoma and tracheal wall by more closely following the shape of the airway.
- After initiating inhaled nitric oxide, patients with ARDS may experience a short-term improvement in oxygenation. However, this effect is likely to be limited to the first 24 hours, so extended use may worsen ventilation-perfusion mismatch plus increase the risk of developing methemoglobinemia.
- A patient who has received high doses of propofol for an average of three days can develop Propofol Infusion Syndrome that presents with metabolic acidosis plus increases in creatinine kinase, potassium, and triglyceride.

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

- When a significant PEEP increase causes a hypoxemic patient to experience a noticeable decrease in blood pressure, the patient is likely hypovolemic, which may require a fluid bolus.
- When a neonate, who is receiving inhaled NO, has an unexpectedly low SpO₂ when compared to the PaO₂, then a neonatal/pediatric specialist should suspect the patient's methemoglobin % is above normal, which decreases oxygen carrying capacity.

Someone credentialed in Pulmonary Function Technology is expected to recognize:

- No missed concepts were identified this year.

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

- No missed concepts were identified this year.

Someone credentialed in Respiratory Therapy is expected to recognize:

- Ketamine is a first-line induction drug for patients with hypotension who may not tolerate the use of other induction drugs or who have reactive airway disease and signs of bronchospasm. Ketamine also has no contraindications for patients with end-stage renal disease.

- A therapist should assess the accuracy of a measuring device after observing an impossibly high PO_2 for an FIO_2 as predicted by the alveolar gas equation.