



# 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 2025 Credential Maintenance Program Assessments

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

- No missed concepts were identified this year.

Someone credentialed in the Asthma Educator Specialty is expected to recognize:

- When a patient 12 years of age or older receives treatment consistent with a SMART plan, yellow zone symptoms should be treated with as many as 12 puffs of an ICS/formoterol inhaler in a 24 hour period. According to GINA guidelines, the preference is to treat with an ICS/formoterol rather than albuterol. It can be acceptable to use albuterol for the yellow zone. However, SMART plans are intended to be simple to use, which means using the same medication for exacerbations as are used for control.

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

- Common symptoms of epiglottitis in a toddler are stridor, high fever, drooling, tripod positioning, and respiratory distress. When airway compromise due to epiglottitis is suspected, the intubation should be performed by an expert-level clinician in a controlled setting, such as the OR.

Someone credentialed in Pulmonary Function Technology is expected to recognize:

- An inhaled corticosteroid dose does not need to be withheld before proceeding with bronchodilator responsiveness testing.
- When a diluent is used with methacholine during a bronchoprovocation test, the threshold for test termination should be calculated by a technologist as being 20% less than the postdiluent FEV<sub>1</sub> value.

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

- When obstructive apneas have been resolved but central apneas increase during bilevel titration, the AAST Titration Technical Guideline recommends a down-titration step to confirm the therapeutic pressure.

## Someone credentialed in Respiratory Therapy is expected to recognize:

- Extra tubing and stopcocks in an arterial line system are the most common cause of underdamping, which is often recognized by a therapist after a patient returns from being transported for some diagnostic imaging.
- Use of a total face mask during NIV support can minimize a patient's feelings of claustrophobia by not obstructing their field of vision, particularly when high PEEP and PIP settings are needed to support the patient's ventilation after respiratory failure.