HINDS COMMUNITY COLLEGE
RESPIRATORY CARE PROGRAM
HOSPITAL OBSERVATION FORM

As part of the admission process for the Respiratory Care Program at Hinds Community College, each student is required to complete an **eight-hour observation** in a hospital Respiratory Care department. This form is to be returned to the Admissions Clerk, HCC-N/AHC 1750 Chadwick Drive, Jackson, MS 39204.

The prospective student should arrange the observation with a hospital of their choice. During this observation, the student should see all (or as many as possible) of the following procedures/equipment and department routine/protocols:

1. Department policy manual
2. Obtain understanding of the shifts and work schedule requirements
3. Oxygen Therapy
4. Bulk Oxygen System
5. Small Volume Nebulizer treatment
6. Incentive Spirometry treatment
7. IPPB treatment
8. Arterial Blood Gas sampling
9. Suctioning procedure
10. Ventilator patient
11. Patient chart – the components included
12. Charting procedure – information which is included
13. Equipment – supply room, cleaning procedures

Confidentiality statement and liability release. I understand and agree that all hospital and patient information in any form that I may become aware of, must remain confidential according to the hospital and patient's legal and ethical rights. I understand that inappropriate disclosure of patient data may result in large fines and imprisonment. I further understand that patient information must be protected from discussion in public places such as elevators, hallways, cafeterias or anywhere else, the public could overhear a professional discussion. I also release this hospital or medical center from any liability that may be incurred during my observation.

_____ _____
student signature ***date***

_____ _____
print student name here ***date of observation***

_____
name of hospital or medical center

The student named above completed the outlined observation requirements and has signed the confidentiality agreement and liability release.

Signature of Department Director or Supervisor: _____

STUDENT COPY. TO BE SUBMITTED TO N/AHC, ADMISSION CLERK

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HOSPITAL COPY. TO BE FILED ACCORDING TO INSTITUTION POLICY