



Facility Name		Year:			
Doctor assessed:		Rank:	CSO		MO Gr1
Non-Compliant:	<80% compliance		MO Gr 2		Specialist
Compliant:	80 - 100% Compliance				

Equipment required:					
1	Resus. Mannequin	2	ET tubes (from unit)	3	Zinc oxide tape
4	Extra thin hydrocolloid dressing	5	Hand spray	6	Skin prep wipe/TBCo
7	Resus device	8	Suction catheters	9	Ventilator and circuit
10	Magills forceps	11	Introducer		

Scenario				
<i>State: "You are managing a 6 month old baby with presumed pneumonia. The baby is not maintaining saturations without bagging. You have decided he needs to be intubated for ventilation."</i>				
N ^o	INDICATOR	NC	C	Comment
1	Greets mother and introduces herself			
2	Explains the procedure			
3	Obtains consent			
Prepares equipment and baby				
4	Performs hand hygiene			
5	Ensures clean ventilator is set and ready. Sets oxygen to 50% Pressures 20/5 and rate 60 bpm <i>(Prompt if required- "What settings would you use?")</i>			
6	Correctly orders sedation with morphine and midazolam			
7	Checks resus device (ambubag) correctly			
8	Checks laryngoscope-straight size 1 blade			
9	Checks suction and prepares 8FG catheter			
10	Ensures a size 3.5 ETT with KY Jelly is prepared, maintaining sterility			
11	Ensures paediatric Magills forceps available (nasal intubation) OR Introducer with appropriate curve (oral intubation)			
12	Ensures appropriate strapping has been prepared			
13	Positions baby flat with head to side /foot of bed			
14	Ensures adequate light			
<i>State: "Please proceed to intubate baby"</i>				
Intubates baby				
15	Performs hand hygiene			
16	Positions head in neutral position			
17	Passes lubricated ETT into nasopharynx (nasal intubation)			
18	Holding laryngoscope in Lt hand passes scope slowly over tongue pushing tongue to the left			
19	Suctions airway as required			
20	Visualises epiglottis			
21	Lifts (not tilts) laryngoscope to visualise vocal cords			
22	Passes ETT into glottis to end of vocal cord guide using introducer (oral intubation)			
23	Using forceps passes ETT into glottis to end of vocal cord guide using Magills (nasal intubation)			
24	Attaches resus device with oxygen. Commences bagging			
25	Uses stethoscope to listen for air entry and looks for bilateral chest movement			
26	Checks ETT position at nostril (WT+6 oral, WT+7 nasal)			
A. Totals:				

Secures ET tube and stabilises baby		NC	C	Comment
<i>State: "The baby has been successfully intubated. What would you check about the strapping and what further steps would you take?"</i>				
27	Ensures skin is prepared with skin prep wipe or TBCo and extra thin hydrocolloid dressing			
28	Ensures ETT tube correctly secured (according to unit protocol)			
29	Ensures nostrils are visible and pink after strapping			
30	Orders an ET aspirate for MC&S			
31	Ensures vent. circuit is attached and commences ventilation			
32	Observes for chest movement			
33	Monitors saturations and colour			
<i>State: "The baby's saturations are 92% with good chest movement. What would you do now?"</i>				
Ongoing care				
34	Ask the nurse to maintain saturation above 94%			
35	Order a chest X-Ray to confirm tube position			
36	Records procedure in record noting size and depth of ETT			
37	Communicates with and reassures mother			
Knowledge Check				
<i>State: "Please tell me what the correct position of the ETT should be?"</i>				
38	Above the carina at T2 - 3			
<i>State: "Please tell me what inspired tidal volume does your baby require?"</i>				
39	4 - 6 mls/kg			
<i>State: "Please tell me what do PIP, PEEP and MAP stand for?"</i>				
40	PIP = Peak Inspiratory Pressure; PEEP = Positive End Expiratory Pressure ; MAP = Mean Airway Pressure			
<i>State: "What are you aiming to achieve with ventilation?"</i>				
41	Improved oxygenation and CO ₂ elimination			
		B. Total		
		A. Total brought forward		
		Combined Totals		
		Compliant total / 41		
		Final Percentage X 100 =		
			%	

In Discussion with the Individual:	
Gaps Identified:	
Action Plan:	

Assessed by:			
Sign:		Print:	
		Desig:	