



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

Equipment required:		
1 Infant Mannequin	2 Yankhauer Suction Catheter	3 Non-breathing mask with reservoir bag
4 Nasal Prong Oxygen	5 Size 0, 1, 2 Face mask	6 Tongue depressor
7 Intubatable Head	8 Suction catheter (6.8)	9 Oxygen tubing
10 Ambubag child	11 Glucometer	12 Oropharygeal (Guedal airways) size 000 - 4

Scenario
*A 6-month-old baby boy was brought to POPD by his mother who complained of not feeding well, coughing and noisy breathing for 2 days. He was also warm to touch.
 The nurse triages the patient using the ETAT triage method and sends him into the Emergency room and immediately informing the doctor.
 His anthropometric measurements from his last visit a week ago at the clinic was obtained from the RTHB
 Weight: 6.2 kg
 Length: 60cm*

(OVERALL CASE SUMMARY FOR THE INSTRUCTOR only)

Diagnosis: Severe pneumonia in severe respiratory distress – (infant progresses to have a respiratory arrest)

- The candidate is expected to assess that the child is breathing and then proceed to assess the patency of the airway for which the airway maneuver is performed by positioning the head and suctioning to relieve any obstruction.
- The severity of the respiratory distress is then assessed clinically by the degree of recession, cyanosis as well confirmed by low oxygen saturation in room air.
- A non- rebreathing mask is attached to run at an oxygen flow rate of 10-15L/min.
- The candidate must then proceed to assess the circulation and the level of consciousness.
- At this stage the child is not in shock and responds to voice, the glucose is normal.
- Despite the high flow oxygen the patient remains cyanosed, soon stops breathing and requires bag mask ventilation. The technique of the BMV is assessed as well as the insertion of an appropriate size oropharygeal airway.
- This skills station does not test the candidate's ability to intubate.

Nº	Indicator	NC	C	Comment
Assessment of breathing				
1	Look (or ask)			
2	Listen (or ask)			
3	Feel (or ask)			
State: "The baby is having labored noisy breathing"				
Assessment of the airways				
4	Head position (head-tilt - chin lift)			
5	Suction with 8F suction catheter			
State: "Despite the suctioning the infant's breathing is still very labored"				
Assessment of respiratory distress				
6	Baby is breathing fast RR = 60breaths /min			
7	Intercostal and subcostal recession			
8	Cyanosed			
9	Attach to monitor including pulse oximeter			
10	Administer high flow oxygen via a non rebreather mask with a reservoir			
11	Keep NPO			
State: "The infant's colour has improved slightly"				
What would you do next				
12	Circulation: Warm hands			
13	Level of consciousness: AVPU – responses to voice			
14	Check the glucose			
State: "Despite the oxygen therapy the saturation remains at 88% in high flow oxygen and the baby soon stops breathing"				
15	Reposition the head - head tilt chin lift			
16	Size the mask			

Nº	Indicator	NC	C	Comment
17	Position the mask			
18	Suction the airways with a Yankhauer catheter/suction catheter			
19	Connect the bag to oxygen source to run at 10-15L			
20	Bag mask ventilation at 40 breaths per min			
State: "How would you assess the effectiveness of you bagging"				
21	Look for chest movement			
22	Look for improvement in colour			
23	Look at the improvement in saturation			
State: "If the chest is not moving effectively with bagging, demonstrate what would do to improve the chest rise"				
24	Reposition the head			
25	Adjust the mask			
26	Open up the airway - select an appropriate size oropharyngeal airway			
27	Insert the oropharyngeal airway using a tongue depressor			
State: "The baby's colour improves and the saturation improves to 95% after the mask was adjusted however it drops to 80% when you stop bagging." What would you do next?				
28	Call for help			
29	Prepare for intubation			
30	Counsel the mum			
Totals:		X 0	X 1	
Total:			/ 30	
Percentage:			%	