

Date:		Unit:	
Nurse/Doctor assessed:			
Non-Compliant:	<50% compliance		
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 28 week 1200g premature baby. The baby was unbooked and did not receive antenatal steroids. He is receiving nCPAP at 50% FIO₂. He has received in and out surfactant but continues to have moderate recession and tachypnoea. Together with the nurse you decide that the baby requires intubation and ventilation. Please prepare for and proceed with this procedure."</i>

NO.	INDICATOR	NC	C	Comment
1.	Communicates with mother			
2.	Identifies baby-checks ID band information			
Prepares equipment and baby				
3.	Washes hands			
4.	Ensures clean ventilator is set and ready. Sets oxygen to 50% Pressures 20/5 and rate 60bpm <i>(Prompt if required- "What settings would you use?")</i>			
5.	Correctly orders sedation with morphine and midazolam			
6.	Checks resus device correctly			
7.	Attaches oxygen tubing			
8.	Checks laryngoscope-straight size 0 blade			
9.	Checks suction and prepares 6FG catheter			
10.	Ensures a size 2.5 ETT with KY Jelly is prepared, maintaining sterility)			
11.	Ensures neonatal Magills forceps are 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			
State: "Please proceed to intubate baby"				
Intubates baby				
15.	Sprays hands			
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.	Clears 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	
<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) at 7/8cm			
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 90-94%			
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.	4-6mls/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 X100 =				%

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

Assessed by:			
Sign:		Print:	
		Desig:	