

Date:				Unit:			
Health care worker- Name:				Designation:			
Trained in HBB: Y / N				Year:			
				Month:			
Non-Compliant (NC)		Compliant (C)		** Critical items			
Equipment required:							
1. Resus. Mannequin		2. Resuscitation device (Ambubag)		3. Size 0 and 1 round facemasks			
4. Size 6, 8 and 10 suction catheters		5. Hand spray		6. Stethoscope (from unit)			
7. Nasal prongs (from unit)							
<i>State: "You hear the saturation monitor alarming on your 30 week preterm baby. He is one week old. You go to the bedside and see that the saturations are 72% in room air. The mother has recently finished tube feeding the baby. Please show me what you would do?"</i>							
				NC		C	
				Comment			
1. Sprays hands							
Ensures a patent airway							
2. Assesses breathing (Asks or looks for breathing)							
3. Assesses colour (Asks or looks for baby's colour)							
<i>State: "Baby is not breathing and blue." If asked about vomiting confirm that the baby has vomited.</i>							
4. Positions baby supine							
5. Extends the neck **							
6. Selects a size 6 FG suction catheter							
7. Suctions the mouth and then the nose							
8. Assesses breathing (Asks or looks for breathing) **							
<i>State: "Baby is not breathing."</i>							
Checks resuscitation device							
9. Checks that the duck billed valve is present and functional							
10. Checks pressure release valve is working							
11. Checks there are no leaks **							
12. Selects and firmly attaches size 0 round mask							
Ventilates baby							
13. Starts ventilation within a minute with room air (at ____ seconds)							
14. Ventilates at 40-60bpm (breath 2,3, breath 2,3) for 30 seconds							
15. Assesses breathing (Asks or looks for breathing)							
16. Assesses heart rate (Asks or feels for heart beat)							
<i>State: "Baby is not breathing. Heart rate is 90bpm"</i>							
Improves Ventilation							
17. Continues ventilation. For a further 30 seconds							
18. Calls for help							
<i>State: "How would you assess the effectiveness of your bagging?"</i>							
19. Looks for chest movement **							
20. Looks for improved colour							
<i>State: "Please show/tell me what you would do if the chest is not moving with ventilation?"</i>							
21. M- Mask adjustment							
22. R- Repositions head							
23. S- Suctions							
24. O-Opens mouth slightly							
25. P-Pressure increase							
26. A-Alternate airway							

Improves Ventilation cont.		NC	C	Comment
<i>After one or more steps to improve ventilation, State: "The chest is moving now"</i>				
27. Assesses breathing (Asks or looks for breathing)				
28. Assesses heart rate (Asks or feels for heart beat)				
29. Assesses colour/saturations				
<i>State: "The baby has started breathing but has severe recession, and the heart rate is 120bpm. The baby is now pink and saturations are 92% Describe what you would do now"</i>				
On-going management				
30. Commences baby on nasal prong oxygen or CPAP (if available) to maintain saturation 90-94%.				
31. Monitors closely for apnoea/desaturations				
32. Ensures baby is seen by a doctor urgently				
33. Informs mother of change in condition and reassures				
<i>State: "Please show how you would set the alarm limits on your saturation monitor?"</i>				
34. Sets saturation alarm limits correctly at 89 & 95% and HR limits at 100 & 180bpm				
Totals:		X0	X1	* Must score 80%
Total:		/34		
Percentage:				
Assessed By: Print		Sign:		

Use the questions below to help the participant reflect on his or her own performance and then provide feedback.

1. What happened to the baby?
2. Did you follow the Action Plan?
3. What went well and what could have gone better?
4. What did you learn?
5. What will you do differently next time?