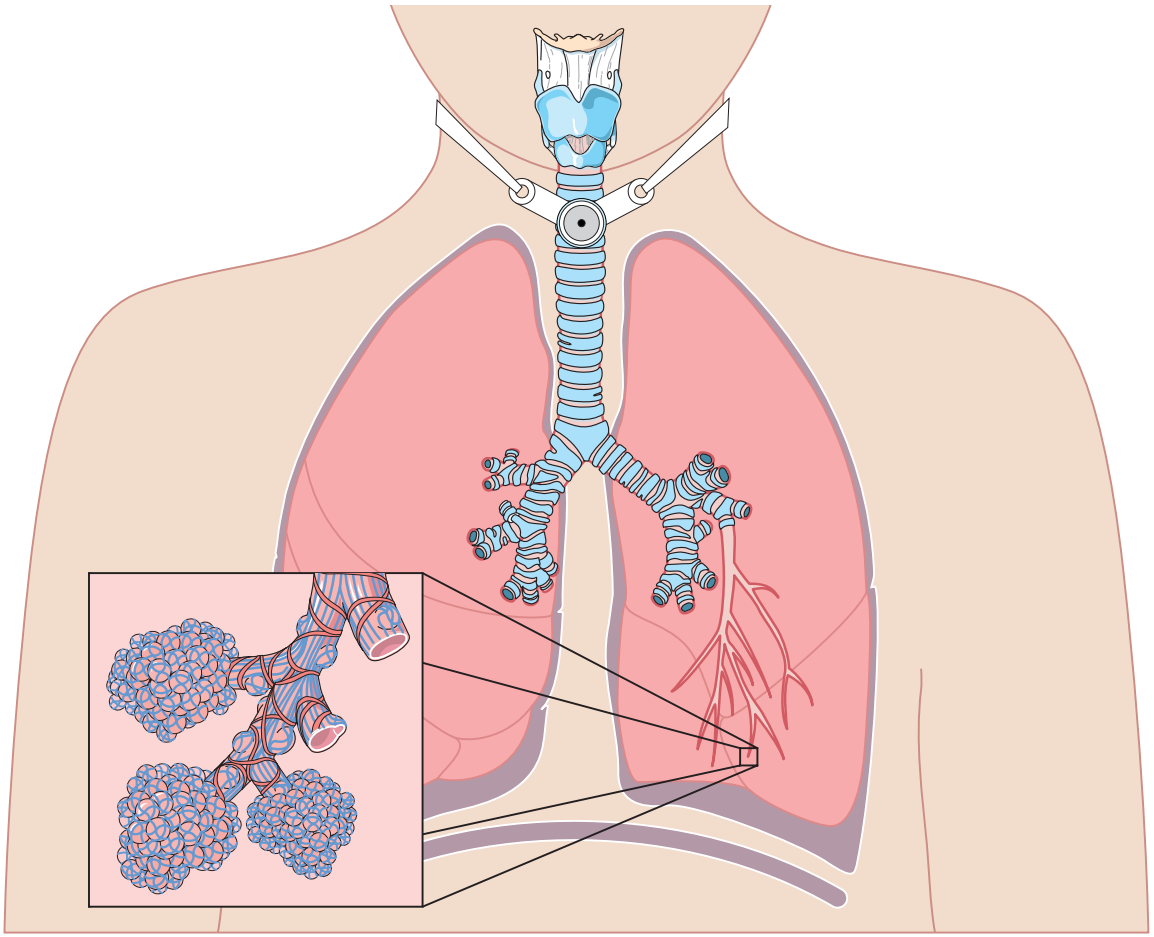
Appendix 5: Staff Competencies for Ventilation via an artificial airway

Great Ormond Street Hospital for Children NHS
NHS Trust

Ventilation via an Artificial Airway



Staff Competencies & Discharge Planning

Child's Name:	
Hospital Number:	
Date of birth:	
Consultant:	
Ward:	

Affix Patient Label

Ventilation via an artificial airway

Staff Competencies & Discharge Planning

Introduction

This training package is intended to provide a structure and framework for teaching staff to care for the child using a ventilator at home. Additionally it defines competencies that staff need to achieve prior to the child's discharge.

1st staff member: Name: _____

Relationship to child: _____

2nd staff member: Name: _____

Relationship to child: _____

Training schedule:

Date & Time	Session	Carer & Trainer	Location
1 October 2004 14:00	Tracheostomy tape changes	Staff to observe CNS	Peter Pan Ward
2 October 2004 13:00	Tracheostomy tape changes	Staff member to hold tube for tape changes	Peter Pan Ward

Affix Patient Label

Ventilation via an artificial airway

Staff Competencies & Discharge Planning

Supportive Ventilation

Performance Criteria:

	Competence Achieved (Trainer to enter initials)	
	Staff 1	Staff 2
Staff are able to discuss principles of supportive ventilation.		
Staff are able to demonstrate checking of ventilation pressures.		
Staff are able to discuss principles of air flow.		
Staff are able to demonstrate checking of airflow alarms.		
Staff are able to demonstrate how to check ventilator function before attaching to child.		

Remarks: _____

continued overleaf

Affix Patient Label

Ventilation via an artificial airway

Staff Competencies & Discharge Planning

Supportive Ventilation

Staff are able to demonstrate the changing of humidified and dry circuits. | | |

Remarks: _____

Staff are able to discuss problems that cause ventilator dysfunction and discuss how these can be rectified. | | |

Remarks: _____

Evaluation of Teaching:

When staff and practitioners are satisfied that the technique of suctioning has been carried out competently and allows independant practice, sign here.

Staff 1:	**Date:**
Staff 2:	**Date:**
Trainer:	**Date:**

Controlled Ventilation

Staff are able to discuss principals of controlled ventilation. | | |

Remarks: _____

Affix Patient Label

Ventilation via an artificial airway

Staff Competencies & Discharge Planning

Humidification

	Competence Achieved (Trainer to enter initials)	
Performance Criteria:	**Staff 1**	**Staff 2**
Staff are able to discuss rationale for delivering humidification.		

Remarks: _____

Staff are able to outline methods used for delivery and recognise safety aspects.		

Remarks: _____

Staff are able to assemble a nebuliser:		
via tracheostomy mask:		
via ventilator circuit:		
antibiotic therapy:		

Remarks: _____

Staff are able to demonstrate how to clean and store a nebuliser after use.		

Remarks: _____

Evaluation of Teaching:

When staff and practitioners are satisfied that the technique has been performed competently and allowing independant practice, sign here.

Staff 1:	**Date:**
Staff 2:	**Date:**
Trainer:	**Date:**

Affix Patient Label

Ventilation via an artificial airway

Staff Competencies & Discharge Planning

Outings/Home Visits

Competence Achieved (Trainer to enter initials)	
Staff 1	**Staff 2**

Performance Criteria:

Staff are able assess child's condition and appropriateness of outing.

Remarks: _____

Staff are able to identify, and collect, all the required equipment.

Remarks: _____

Staff are able to calculate the required amount for oxygen for the duration of the outing (if appropriate).

Remarks: _____

Staff are able to describe necessary actions in the event of power failure.

Remarks: _____

Evaluation of Teaching:

When staff and practitioners are satiisfied that the technique has been performed competently and allowing independant practice, sign here.

Staff 1:	**Date:**
Staff 2:	**Date:**
Trainer:	**Date:**

Affix Patient Label

Ventilation via an artificial airway

Staff Competencies & Discharge Planning

Communication Record

Date	Communication	Signature (print name and designation)

Affix Patient Label

Ventilation via an artificial airway

Staff Competencies & Discharge Planning

Statement of competence

I agree that I have received full training and am now competent to provide care independently.

Staff 1:	
Signature:	**Date:**

Staff 2:	
Signature:	**Date:**

I agree that the above staff are competent in the care of

Name:	**Name:**
Signature:	**Signature:**
Position:	**Position:**
Date:	**Date:**

A copy of this document, when complete, must be kept in the child's medical notes.