

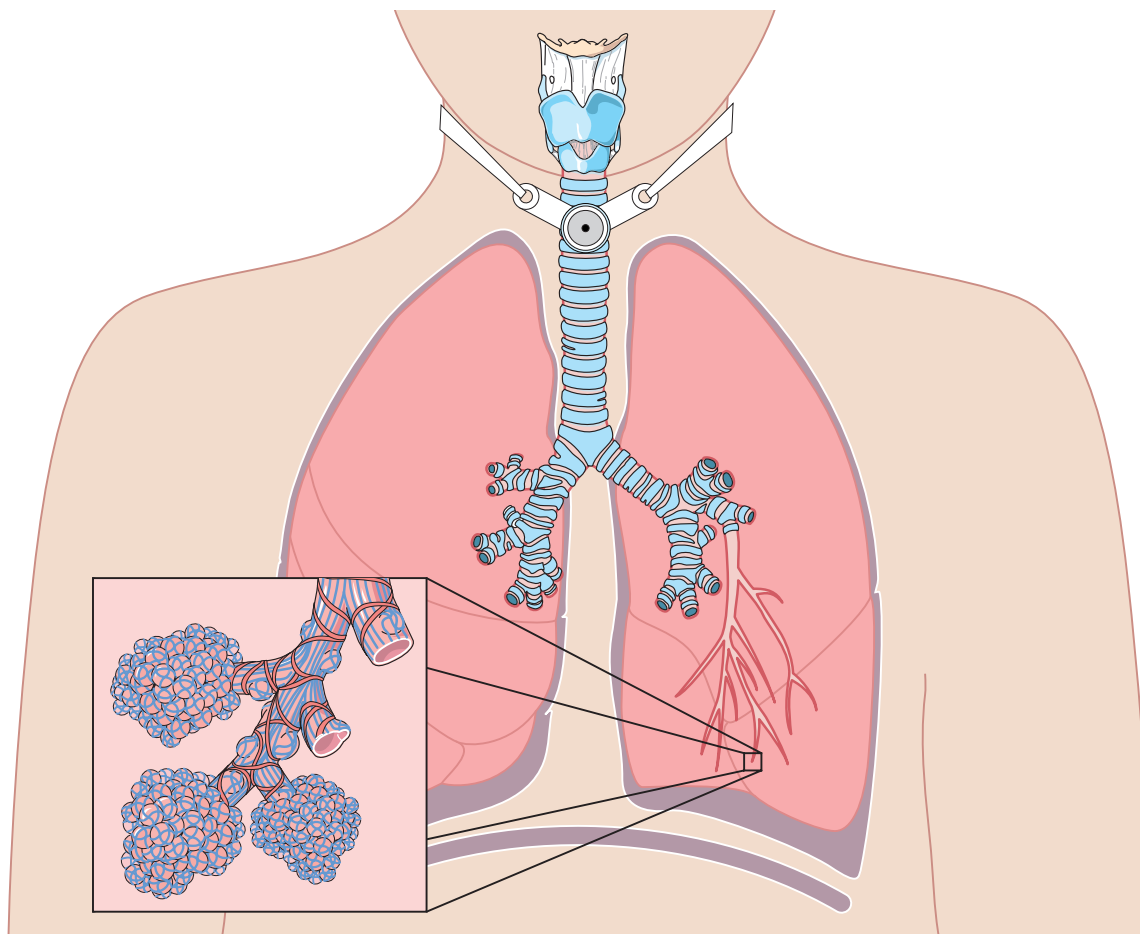
Appendix 5: Carer Competencies for Ventilation via an artificial airway

Great Ormond Street Hospital for Children



NHS Trust

Ventilation via an Artificial Airway



Carer Competencies & Discharge Planning

Child's Name:

Hospital Number:

Date of birth:

Consultant:

Ward:

Carer Competencies & Discharge Planning

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

Relationship to child: _____

Relationship to child: _____

[illegible]

Affix Patient Label

Ventilation via an artificial airway**Carer Competencies
& Discharge Planning****Supportive Ventilation****Performance Criteria:**

Carer is able to discuss principles of supportive ventilation.

Remarks: _____

Competence Achieved (Trainer to enter initials)	
Carer 1	Carer 2

Carer is able to demonstrate checking of ventilation pressures.

Remarks: _____

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Carer is able to discuss principles of air flow.

Remarks: _____

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Carer is able to demonstrate checking of airflow alarms.

Remarks: _____

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Carer is able to demonstrate how to check ventilator function before attaching to child.

Remarks: _____

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continued overleaf

Affix Patient Label**Ventilation via an artificial airway****Carer Competencies
& Discharge Planning****Supportive Ventilation**

Carer is able to demonstrate the changing of humidified and dry circuits.

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Remarks: _____

Carer is able to discuss problems that cause ventilator dysfunction and discuss how these can be rectified.

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Remarks: _____

Evaluation of Teaching:

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

Carer 1:	Date:
Carer 2:	Date:
Trainer:	Date:

Controlled Ventilation

Carer is able to discuss principals of controlled ventilation.

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Remarks: _____

Affix Patient Label

Ventilation via an artificial airway**Carer Competencies
& Discharge Planning****Humidification****Performance Criteria:**

Carer is able to discuss rationale for delivering humidification.

Remarks: _____

Competence Achieved (Trainer to enter initials)	
Carer 1	Carer 2

Carer is able to outline methods used for delivery and recognise safety aspects.

Remarks: _____

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Carer is able to assemble a nebuliser:

via tracheostomy mask:

via ventilator circuit:

antibiotic therapy:

Remarks: _____

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Carer is able to demonstrate how to clean and store a nebuliser after use.

Remarks: _____

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Evaluation of Teaching:

When both carers and practitioners are satisfied that the technique has been performed competently and allowing independent practice, sign here.

Carer 1:	Date:
Carer 2:	Date:
Trainer:	Date:

Affix Patient Label

Ventilation via an artificial airway**Carer Competencies
& Discharge Planning****Outings/Home Visits****Competence Achieved**
(Trainer to enter initials)**Carer 1****Carer 2****Performance Criteria:**

Carer is able assess child's condition and appropriateness of outing.

Remarks: _____

Carer is able to identify, and collect, all the required equipment.

Remarks: _____

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

Remarks: _____

Carer is able to describe necessary actions in the event of power failure.

Remarks: _____

Evaluation of Teaching:

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

Carer 1:	Date:
Carer 2:	Date:
Trainer:	Date:

Carer Competencies & Discharge Planning

Affix Patient Label**Ventilation via an artificial airway****Carer Competencies
& Discharge Planning****Statement of competence**

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

Carer 1:**Signature:****Date:****Carer 2:****Signature:****Date:**

I agree that the above carers 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.