

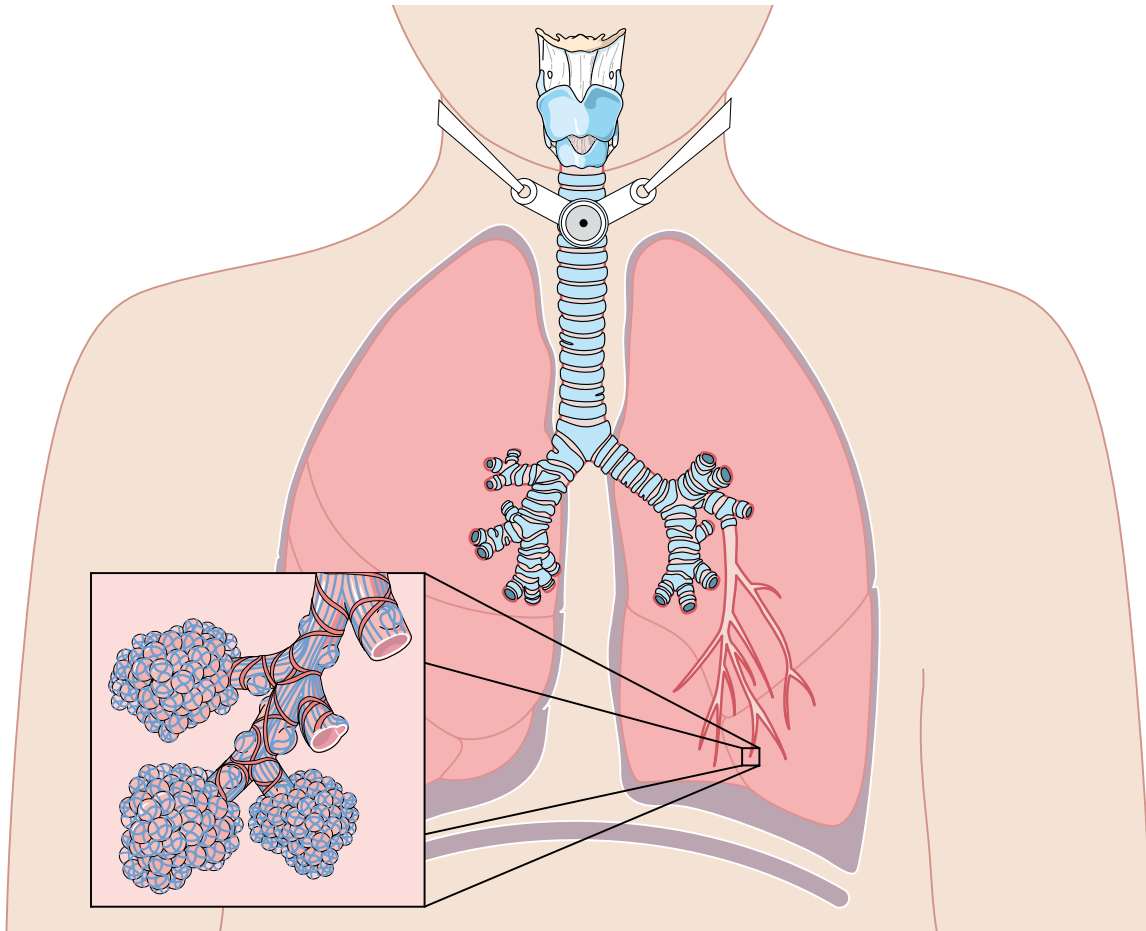
Appendix 5: Carer Competencies for Ventilation via an artificial airway

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:

Ventilation via an artificial airway

Affix Patient Label

**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 and sensitivity 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: _____

Carer is able to discuss and set up oxygen therapy via the ventilation circuit

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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 independant 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

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

Performance Criteria:

Carer is able to discuss rationale for delivering humidification.

Remarks: _____

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

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Remarks: _____

Carer is able to assemble a nebuliser:

- via tracheostomy mask:
- via ventilator circuit:
- antibiotic therapy:

Remarks: _____

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

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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:

Ventilation via an artificial airway

Affix Patient Label

**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: _____

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

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

Remarks: _____

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

Remarks: _____

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

Remarks: _____

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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:

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.