

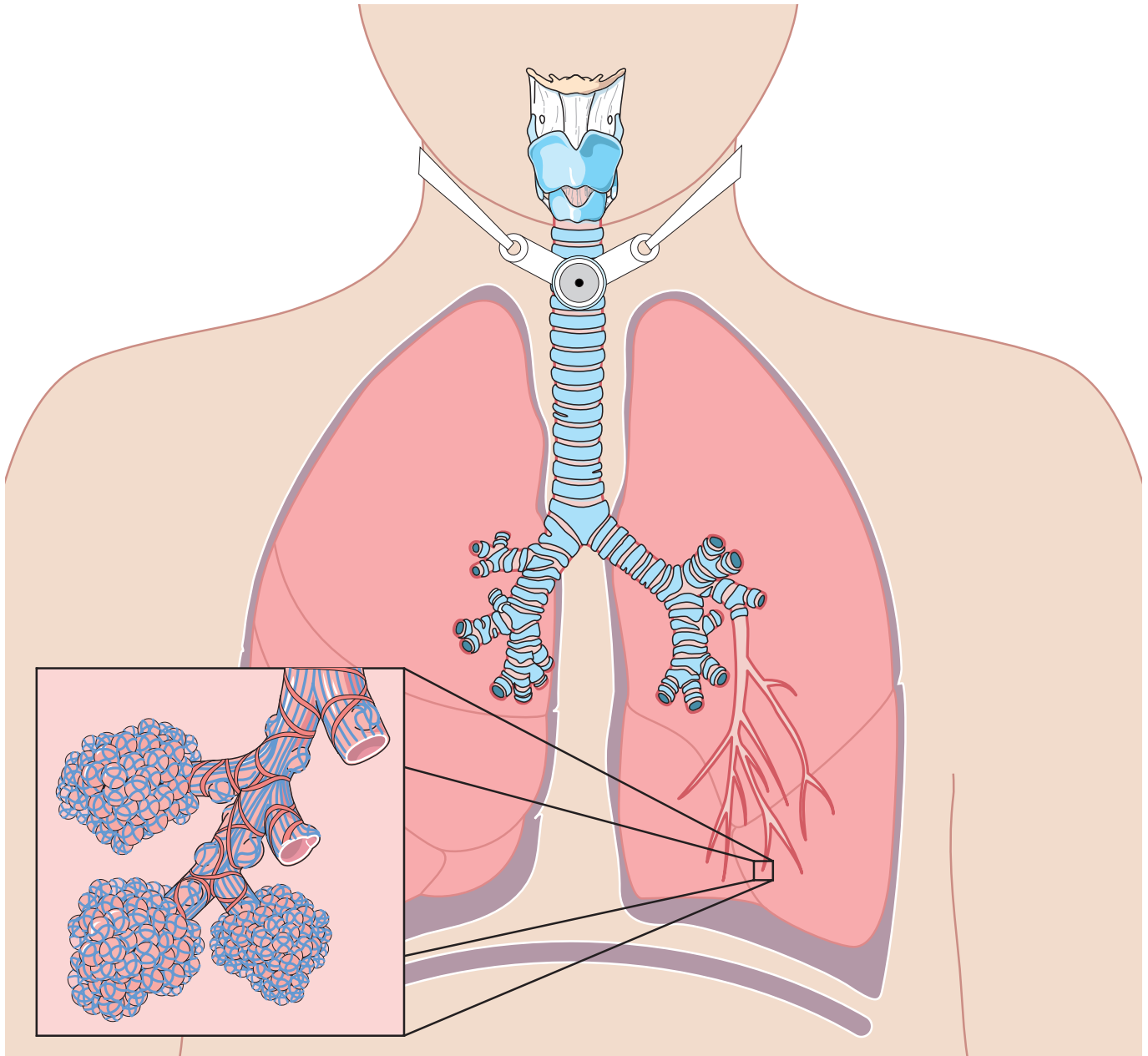
Appendix 5: Staff Competencies for Ventilation via an artificial airway

Great Ormond Street Hospital for Children



NHS Trust

Ventilation via an Artificial Airway



Staff Competencies & Discharge Planning

Staff Member Name:

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.

Staff member: Name: _____

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

Competence Achieved (Trainer to enter initials)

Performance Criteria:

Staff are able to discuss principles of supportive ventilation.

Remarks: _____

Staff are able to demonstrate checking of ventilation pressures.

Remarks: _____

Staff are able to discuss principles of air flow.

Remarks: _____

Staff is able to demonstrate checking of airflow and sensitivity alarms.

Remarks: _____

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: _____

Staff are able to discuss and set up oxygen therapy via the ventilation circuit

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 Member:	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 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 Member:	Date:
Trainer:	Date:

Affix Patient Label

Ventilation via an artificial airway

**Staff Competencies
& Discharge Planning**

Outings/Home Visits

**Competence Achieved
(Trainer to enter initials)**

Performance Criteria:

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

Remarks: _____

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

Remarks: _____

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

Remarks: _____

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

Remarks: _____

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Evaluation of Teaching:

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

Staff Member:	Date:
Trainer:	Date:

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:

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

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

Please keep in your personal development records