

Appendix: Carer Competencies for Nasopharyngeal Airway Care at Home

Great Ormond Street Hospital for Children



NHS Foundation Trust

Paediatric Nasopharyngeal Airway Care



Carer Competencies & Discharge Planning

Child's Name:

Hospital Number:

Date of birth:

Consultant:

Ward:

Affix Patient Label

Nasopharyngeal Airway Care**Carer Competencies
& Discharge Planning****Introduction**

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

1st carer: Name: _____

Relationship to child: _____

2nd carer: Name: _____

Relationship to child: _____

Training schedule:

Date & Time	Session	Carer & Trainer	Location
1 October 2004 14:00	Nasopharyngeal airway tape changes	Both carers to observe CNS	Peter Pan Ward
2 October 2004 13:00	Nasopharyngeal airway tape changes	Mum to hold tube for tape changes	Peter Pan Ward

Affix Patient Label

Nasopharyngeal Airway Care**Carer Competencies
& Discharge Planning****Suctioning****Performance Criteria:**

Carer is able to identify the need for suctioning
and is aware of potential complications

Remarks: _____

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

Carer is able to recognise when their child needs suctioning
and is able to correctly use the equipment

Remarks: _____

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Carer is able to demonstrate the correct method
and technique of suctioning

Remarks: _____

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Carer is able to safely recognise the need for suctioning, is able to independently carry out suctioning applying the correct technique throughout

Remarks: _____

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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:

Affix Patient Label

Nasopharyngeal Airway Care**Carer Competencies
& Discharge Planning****Caring for a Nasopharyngeal Airway****Performance Criteria:**

Carer is aware of need to change tapes to ensure Nasopharyngeal Airway (NPA) is adequately secured

Remarks: _____

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

Carer observes changing of NPA tapes and hygiene care of skin and nostrils

Remarks: _____

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Carer is able to carry out tape changes and hygiene cares of skin and nostrils with assistance

Remarks: _____

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Carer is able to carry out tape changes and hygiene cares of skin and nostrils independently

Remarks: _____

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Evaluation of Teaching:

When both carers and practitioners are satisfied that the technique of tape changes / hygiene care has been carried out competently and allows independent practice, sign here

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

Affix Patient Label

Nasopharyngeal Airway Care**Carer Competencies
& Discharge Planning****Making a Nasopharyngeal Airway****Performance Criteria:**

Carer shown how to prepare all the equipment to make a Nasopharyngeal Airway (NPA) and observes one being made.

Remarks: _____

Carer can prepare and make a NPA with assistance

Remarks: _____

Carer can prepare and make a NPA independently

Remarks: _____

Evaluation of Teaching:

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

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

Affix Patient Label

Nasopharyngeal Airway Care**Carer Competencies
& Discharge Planning****Inserting a Nasopharyngeal Airway****Performance Criteria:**

Carer is able to identify size and length of Nasopharyngeal Airway (NPA) in use and how often it needs to be changed

Remarks: _____

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

Carer is able to identify the need for a routine and / or emergency NPA

Remarks: _____

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Carer has observed a NPA change and is able to demonstrate correct positioning and preparation of equipment

Remarks: _____

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Carer is able to undertake a NPA change with assistance

Remarks: _____

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Carer is able to perform a NPA independently at least 2 occasions

Remarks: _____

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Evaluation of teaching

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

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

Affix Patient Label

Nasopharyngeal Airway Care**Carer Competencies
& Discharge Planning****Emergency Care****Performance Criteria:**

Carer is aware of potential emergency situations.

Remarks: _____

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

Carer is familiar with the emergency equipment to be carried and familiar on their use.

Remarks: _____

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Carer to be taught and to practice on a BLS mannikin.

Basic life support session, to include the action to take on a blocked tube and the action to take if a tube cannot be inserted.

Remarks: _____

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Evaluation of Teaching:

When both carers and practitioners are satisfied that the action to take in an emergency has been carried out competently and allows independent practice, sign here.

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

Nasopharyngeal Airway Care

Carer Competencies & Discharge Planning

Communication Record

[illegible]

Affix Patient Label

Nasopharyngeal Airway Care

**Carer Competencies
& Discharge Planning**

Affix Patient Label

Nasopharyngeal Airway Care

**Carer Competencies
& Discharge Planning**

Affix Patient Label

Nasopharyngeal Airway Care

**Carer Competencies
& Discharge Planning**

Affix Patient Label**Nasopharyngeal Airway Care****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.