



Name: _____ Unit: _____ Designation _____



Southern West Midlands
Neonatal Operational Delivery Network

Performance Criteria	A	B	C	CE	CT
----------------------	---	---	---	----	----

<p>PERCUSSION</p> <ul style="list-style-type: none"> • Awareness of possible link with “encephaloclastic porencephaly” • Indications • Clinical effects • Cautions, complications and contraindications <p>POSITIONING</p> <ul style="list-style-type: none"> • To improve ventilation distribution • To facilitate secretion clearance • Importance of variety • Importance of judging appropriate frequency of turns • Contraindications to head down tilt <p>USE OF SALINE (ventilated babies)</p> <ul style="list-style-type: none"> • Knowledge that it’s use is not supported in the literature – and why (including physiological responses, risks of VAP, lack of benefit) • Indications to use, amount per instillation <p>ENDOTRACHEALTUBE (ETT)/ORAL SUCTION</p> <ul style="list-style-type: none"> • Indications • Hazards and risks – trauma/BP/ICP/atelectasis/discomfort/stress • Knowledge of best practice (inline or open suction, depending on your unit) 					
--	--	--	--	--	--



Name: _____ Unit: _____ Designation _____



Southern West Midlands
Neonatal Operational Delivery Network

Performance Criteria	A	B	C	CE	CT
----------------------	---	---	---	----	----

<p>CLINICAL STATUS AND TRENDS - demonstrate an understanding of a structured approach to respiratory assessment.</p> <ul style="list-style-type: none"> • Respiratory history • Degree of developmental care support required for intervention • Ventilation review – mode/pressures/tidal and minute volumes/respiratory rate/resistance/fiO2 (HFOV – MAP/amplitude/frequency) • Trends of and latest CXR • Arterial/capillary blood gases, Transcutaneous CO2 if available • Pulse oximetry • CVS stability • Platelet count and clotting (Trend as well as most recent result) • Metabolic bone disease • Secretion volume, colour, viscosity, any bacterial growth 					
<p>2) Examination and preparation.</p> <ul style="list-style-type: none"> • Awareness of parental concerns regarding respiratory physiotherapy, subsequent explanations and gaining consent as able • Observation – Chest movement/work of breathing • Developmental care preparation of the baby – readiness of baby for intervention/nesting/audible approach/tactile approach/appropriate handling/parental involvement (comfort holding/grasp) • Auscultation and palpation 					



Name: _____ Unit: _____ Designation _____



Southern West Midlands
Neonatal Operational Delivery Network

Performance Criteria	A	B	C	CE	CT
<p>3) Positioning</p> <ul style="list-style-type: none"> • Appropriate to clinical findings - to improve ventilation and facilitate mobilisation of secretions. • Understand balance between optimal variety and frequency of turns for optimising ventilation distribution, and need for protected rest time. • Positional support, handling, and environmental protection in line with SWMNODN developmental care guidelines <ul style="list-style-type: none"> • Pacing • Supportive strategies – “4 handed care” • Adaptation according to baby cues/level of ability to cope 					
<p>4) Oxygen requirement</p> <p>Understanding of SWMNODN guidelines on Oxygenation and Oxygenation challenges during procedures</p> <ul style="list-style-type: none"> • Baseline reading • Percentage of pre-oxygenation if required • Maintenance of saturations appropriate to gestational age 					
<p>5) Percussion</p> <ul style="list-style-type: none"> • Use of percussor – size/speed/intensity/appropriate application • Length of treatment • Percussor stored in incubator 					



Name: _____ Unit: _____ Designation _____



Southern West Midlands
Neonatal Operational Delivery Network

Performance Criteria	A	B	C	CE	CT
<p>6) Saline instillation (ventilated babies)</p> <ul style="list-style-type: none"> • <i>Not supported by the literature</i> • Clear indication for use – and documented • Warmed in incubator • Amount per instillation • Technique of instillation • Differentiate between saline instilled to baby and saline used to flush closed circuit suction systems. 					
<p>7) Suction</p> <ul style="list-style-type: none"> • Indications • Frequency of suction • Catheter size • Suction pressure • Depth of ETT suction • Number of suction during episode • Slow withdrawal of catheter • Oral suction • Developmental care support throughout intervention 					
<p>8) Ability to assess the effectiveness of the treatment</p> <ul style="list-style-type: none"> • Observation of secretions - type, colour, amount • Ventilatory observations and comparison with pre-treatment readings • Respiratory rate/work of breathing • Pulse oximetry and colour • Return to baseline oxygen requirement • Auscultation & Palpation • Positioning to sustain improvement/comfort 					



Name: _____ Unit: _____ Designation _____



Southern West Midlands
Neonatal Operational Delivery Network

Performance Criteria	A	B	C	CE	CT
<p>9) <u>Ability to problem solve, understand indications for further respiratory treatment and modify treatment techniques as required.</u></p> <ul style="list-style-type: none"> • Indications for further respiratory physiotherapy • Frequency of treatment • Modification of airway clearance techniques • When to stop treatment • Documentation – Should be contemporaneous, minimum content should include indications/contraindications/summary of treatment/outcomes. 					
<p>10) <u>Awareness of own limitations and know when to seek further advice.</u></p> <ul style="list-style-type: none"> • Awareness of own limitations • When and how to seek further advice from the SWMNODN Physiotherapy lead/ senior nursing staff • When to liaise with medical staff • Understand that if you act outside guidelines, use techniques not covered in training, offer information/advice of which you do not have sufficient knowledge that you hold sole responsibility for this. 					



Name: _____ Unit: _____ Designation _____



Southern West Midlands
Neonatal Operational Delivery Network

DATE	REFLECTION/CRITICAL ANALYSIS	DATE & SIGN.

Annual reviews are recommended, but may be undertaken more frequently if it is indicated in a Performance Development Review. Please remember your SWMNODN Physiotherapist is available to answer any questions, and review patients with you, and will happily offer cotside teaching to individuals or groups.