

Neonatal Respiratory Physiotherapy Competency Document



Southern West Midlands Neonatal Operational Delivery Network

| Name | Designation | | Unit | | | | |
|--|--|---|---|---|---|---|----|
| NAME OF COMPETEN | ICY: Neonatal Respiratory Physiotherapy | | | | | | |
| This competency doo consolidating skills in training needs. It is r be the Southern Wes (SWMNODN) respira have completed thei Physiotherapy techn deem themselves con of practice (<u>www.nm</u> <u>Reference</u> : SWMNOD | cument is a tool to support you and those you a n using physiotherapy techniques, and to help ic recommended that it is reviewed annually. You st Midlands Neonatal Operational Delivery Netwo story Physiotherapist, or nurse on your unit (wh ir competency document). hiques can be carried out by staff of band 5 and a mpetent in the areas detailed below, in line wit <u>nc.org.uk/standards/code/</u>) DN Chest Physiotherapy guidelines <u>n.org.uk/ emmafoulerton@nhs.net</u> | lentify r mentor can work o themselves above, who | CT - Competent to teach Level Reached: Signature, designation and date. This is designed to be self-assessment tool to be discussed with your | | | ith your d when you <u>nhs.net</u> with | |
| | Performance Criteria | | А | В | С | CE | СТ |
| Awareness of literature Know how to | round knowledge: the SWMNODN Chest Physiotherapy guidelines Best Practice updates and interventions supporte search for further information | ed by the | | | | | |

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| PERCUSSION | | | |
|--|--|--|--|
| Awareness of possible link with "encephaloclastic porencephaly" | | | |
| Indications | | | |
| Clinical effects | | | |
| Cautions, complications and contraindications | | | |
| POSITIONING | | | |
| To improve ventilation distribution | | | |
| To facilitate secretion clearance | | | |
| Importance of variety | | | |
| Importance of judging appropriate frequency of turns | | | |
| Contraindications to head down tilt | | | |
| USE OF SALINE (ventilated babies) | | | |
| 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 | | | |
| ENDOTRACHEALTUBE (ETT)/ORAL SUCTION | | | |
| Indications | | | |
| Hazards and risks – trauma/BP/ICP/atelectasis/discomfort/stress | | | |
| • Knowledge of best practice (inline or open suction, depending on your unit) | | | |
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| | CLINICAL STATUS AND TRENDS - demonstrate an understanding of a | | | |
|---------------|---|--|--|--|
| | structured approach to respiratory assessment. | | | |
| • | 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 | | | |
| | | | | |
| 2) <u>Exa</u> | mination and preparation. | | | |
| • | 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 | | | |
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| 3) <u>Positioning</u> 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 Pacing Supportive strategies – "4 handed care" Adaptation according to baby cues/level of ability to cope | | | |
|--|--|--|--|
| 4) <u>Oxygen requirement</u> Understanding of SWMNODN guidelines on Oxygenation and Oxygenation challenges during procedures Baseline reading Percentage of pre-oxygenation if required Maintenance of saturations appropriate to gestational age | | | |
| 5) <u>Percussion</u> Use of percussor – size/speed/intensity/appropriate application Length of treatment Percussor stored in incubator | | | |

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| 6) Saline instillation (ventilated babies) | | | |
|---|--|--|--|
| Not supported by the literature | | | |
| 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. | | | |
| 7) <u>Suction</u> | | | |
| Indications | | | |
| Frequency of suction | | | |
| Catheter size | | | |
| Suction pressure | | | |
| Depth of ETT suction | | | |
| Number of suctions during episode | | | |
| Slow withdrawal of catheter | | | |
| Oral suction | | | |
| Developmental care support throughout intervention | | | |
| 8) Ability to assess the effectiveness of the treatment | | | |
| 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 | | | |

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| 9) Ability to problem solve, understand indications for further respiratory | | | |
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| treatment and modify treatment techniques as required. | | | |
| 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. | | | |
| 10) Awareness of own limitations and know when to seek further advice. | | | |
| 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



| DATE | REFLECTION/CRITICAL ANALYSIS | DATE & SIGN. |
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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.