

TEAM SCREEN checklist



Name:	
DOB:	
Hosp No:	
Weight:	
Allergies:	
Procedure:	
Date & time:	

Team Appropriate trained personnel with correct skills,	Senior Team aware	
	Minimum 2 people	
	Check Competence	
	Check understanding	
	Check Human Factors	

Equipment & Monitoring	
Checked and working	Monitoring equipment
Device to deliver CPAP	SaO2
Humidifier and water	NIBP
Correct tubing	ECG
Age appropriate interface	Stethoscope
Gas flow (wall/cylinder)	Thermometer
Suction apparatus	Emergency
Bag valve and mask	Paediatric resuscitation trolley in vicinity
Guedel airway	

Assess patient (use guideline)	
Does the child have a neuro-muscular condition? *	
Have you reviewed cautions and contraindications?	
Is fasting appropriate?	
Are ECCs implemented?	
Have the parents been informed and supported?	

Mental model sharing – communicate clearly to the team

Situation - This is our patient and they have

Task - We are initiating CPAP on (patient) because (indication)

Intent - We intend to provide CPAP with (device) delivering cm CPAP

Concern - This is what I want you to look out for and consider.....
Plan B is Plan C is

Calibrate - Do you have concerns worries, ideas?

*If child has a Neuro-muscular condition ensure team have an understanding of the implications of any insufficiency in respiratory muscles, airway protection and mucus clearance. Consider involving physiotherapy.

Start & Complete procedure	Essential care considerations ECC's (see guideline for details)	
	Positioning	
<ul style="list-style-type: none"> Follow CPAP guideline Prepare equipment to start CPAP with equipment set up guide to hand (see QR codes on reverse) 	Comfort	
	Consider physio referral if appropriate	
<ul style="list-style-type: none"> Implement ECCS as required → Observations closely (every 5 intervals initially increasing time period) 	Secretion clearance	
	Feeding regime alteration	
<ul style="list-style-type: none"> Continuous monitoring 	Family/carer support	
	Chest x-ray	
	Onsite anaesthetist aware if appropriate	
	Support for breast feeding mothers	

Responsiveness	→ Immediate actions:
<ul style="list-style-type: none"> Respond to any red flags for immediate escalation *Remember children with neuro-muscular conditions may not show classical red flags. 	Increase FiO2 to max
	Call 2222
<ul style="list-style-type: none"> Emergency QR codes over page 	Prepare for intubation
	Liaise with retrieval team or onsite L3 PCC
	Communicate with family

Evaluate patient status
Verbalise and document: Initial assessment, initiation and post-intervention assessment
Plan for patient: Include minimum hourly observations, saturation targets, feeding plans, ECCs, PEWS, senior review and document. Document name and role of team members.

Evaluate team effectiveness
<ul style="list-style-type: none"> Reflect on team communication, procedure, patient safety. Debrief if necessary. Hot debrief of planned future debrief. Constructive Feedback team members including positive Competency assessment as required

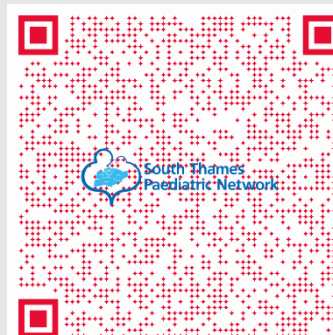
Next steps
Incident report if required
Complete local audit/documentation

Paed Basic Life Support

Paed Advanced Life Support

Emergency Drugs

STRS Contact



SET UP GUIDES & USER MANUALS

A row of six circular QR codes for device setup guides, each with a 'FLOWCODE' and 'PRIVACY.FLOWCODE.COM' watermark. Below each QR code is a label:

- [Bubble CPAP](#)
- [SIPAP](#)
- [SLE 100](#)
- [Trilogy](#)
- [NIPPY](#)
- [MR850 Humidifier \(Fisher & Paykal\)](#)

INTERFACE USER GUIDES

A row of five circular QR codes for interface user guides, each with a 'FLOWCODE' and 'PRIVACY.FLOWCODE.COM' watermark. Below each QR code is a label:

- [MEDIN MiniFlow interface](#)
- [Fisher & Paykal FlexiTrunk interface](#)
- [Infant Flow LP Headgear \(CareFusion\)](#)
- [Inspire Infant Bonnets/Prongs/Masks \(Inspiration\)](#)
- [Heated Humified High High Flow Therapy \(HHHFT\)](#)