

NEONATAL 'FIRST RESPONSE' CLINICAL SKILLS CHECK

Participant's Name: _____

Date: _____

Area of Work: _____

Assessor: _____
(Please Print)

To successfully complete this assessment the participant must demonstrate/describe all criteria's without prompting from assessor. Participants are able to utilise usual ward resource material during this assessment.

Code: **D – Demonstrated** **ND – Not Demonstrated**

Item	Competency Element	Performance Criteria	Performance Answers & Techniques for	D	ND
1.	Assemble appropriate equipment	<ul style="list-style-type: none"> Resuscitation Trolley Neopuff (peep 5cm, inspiratory 30cm, maximum 50cm) Increase the PIP in 5 cm increments: 30, 35, 40, 45, 50 cm H₂O if necessary Laerdal's Environment 	Lights/ heater, O ₂ / Air cylinder supply, Suction, stethoscope, wraps, clock. Laryngoscope. ETT & sizes, umbi line equipment, Pulse oximeter & leads Assembled with adequate seal – O ₂ / Air, flow rates Standard @BBH 10lt/min (wall or cylinder) appropriate mask sizes Radiant heat/pre-warmed /safe area normothermia (36.5 - 37.5). Gloves. Name tags		
2.	Describe the clinical signs necessitating resuscitation	Behaviour to tactile stimulation <ul style="list-style-type: none"> Respirations Tone/ Reflexes Heart Rate Resuscitation required Call for help 	Breathing/ crying good muscle tone Ability to raise attention Call neonatal Response 94444		
3.	Describe how you would provide airway support to the collapsed neonate.	<ul style="list-style-type: none"> Radiant Heat Surface-Flat/Firm Position O₂ concentration/air Sats Probe on right hand/wrist. should be used to guide supplemental oxygen administration <ul style="list-style-type: none"> Technique – positive pressure ventilation Breaths per minute Watching gentle rise & fall of the chest, listen with stethoscope for air entry (Leaks averaging 40 to 70% around face masks are common due to poor mask placement)	Flat firm support – overhead Radiant Heater Supine, in sniffing position. Administer medical air 1 st Blend according to saturations on flow chart (guide on resus cots) If no improvement after first few minutes of life use supplemental oxygen. Switch monitor on, apply sensor to baby then connect. (ensure sensor lights line up) Hand position to obtain a seal. VENTILATE 40-60 bpm The "two point top hold" creates the best seal and least amount of leakage. Increase in H/R most important sign that baby is being effectively ventilated. Insert feeding tube after bag & mask for 5 mins (earlier if required to deflate the stomach.)		
3.B	Considerations for the preterm baby (< 32 weeks)	Neopuff settings Administer IPPV air or O ₂ ? oro-pharyngeal aspiration Temperature maintenance	<ul style="list-style-type: none"> Inspiratory 20- 25cm - pre- term infant blend 30% < 32 weeks FG 8 - Y – Suction catheter Place wet/warm in polyethylene bag/ Hat		

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4.	Demonstrate oro-pharyngeal aspiration Clear the airway, mouth, then nose	<ul style="list-style-type: none"> Correct catheter Correct pressure Correct depth Correct timing 	FG 10 – Y – Suction catheter 12fg thick meconium stained liquor 13 kpa (100mm/Hg) Measure ear to mouth(Suction oropharynx only) Short and effective – no suction until withdrawing catheter Traumatic – Over stimulation ↓H R ↑ salivation		
5.	Describe the indication to initiate cardiac massage	<ul style="list-style-type: none"> Heart Rate 	HR < 60bpm – count 6 sec x 10 despite tactile stimulation and 30 seconds of effective positive pressure ventilation		
6.	<u>Demonstrate</u> cardiac massage	<ul style="list-style-type: none"> Correct techniques & placement of hands Correct rate Correct depth 2 Thumbs, -(preferred technique) 2 Fingers	Lower 1/3 of sternum / midline between nipples / keep fingers positioned on compression point 2 compressions per second compress 1/3 rd chest wall pausing for ½ second every 3 rd compression for a ventilation Change Air → 100% O₂		
7.	Describe the ongoing resuscitation	<ul style="list-style-type: none"> Observations Temperature maintenance <ul style="list-style-type: none"> If the heart rate does not rise above 60 beats per minute with effective chest compressions and positive pressure ventilation in 100% oxygen, what else might be considered?? Medications (What are the 2 main drugs used, where are they kept)	Re-evaluate every 30 seconds HR < 60bpm – cont. (until improves or cease after ten minutes of maximum Resus Paed calls it) HR > 60bpm – discontinue compressions but continue positive pressure ventilation until heart rate >100 bpm vigorous and breathing spontaneously. Replace wet wraps with clean dry warm wraps – maintain radiant heat – check temperature Adrenaline 1:10,000 ETT 0.5 to 1 mL/kg (50 to 100 micrograms/kg) I.V 0.1 to 0.3 mL/kg (10 to 30 micrograms/kg) N/Saline: 10-20 mL/kg		
8.	Describe documentation of procedures	<ul style="list-style-type: none"> Time of birth Resuscitation clock Observations-continuous monitoring 5/60 -15-until stable Procedures Assisting personal 	Type of delivery, Mothers history, Apgar's/ continuous monitoring Name tags Admit - SCN Document what resus took place and the effect of it, what drugs were used and their effect. Who was present and their role in the resus. Where to document (resuscitation chart)		

Results of Competency Assessment

Theory - Achieved Date: _____

Practical - Achieved Date: _____

Participant Signature: _____ Assessor Signature: _____

Re-assessment required ☐

Date: _____