

Mechanical Ventilation: High-Frequency Oscillatory Ventilation (Pediatric) – CE

CHECKLIST

S = Satisfactory U = Unsatisfactory NP = Not Performed

Step	S	U	NP	Comments
Performed hand hygiene before patient contact.				
Introduced self to the child and family.				
Verified the correct child using two identifiers.				
Assessed the child’s developmental level and ability to interact.				
Assessed the child’s and family’s understanding of the reasons for and the risks and benefits of the procedure.				
Assessed the child’s vital signs, respiratory status, and cardiovascular stability, including intravascular volume.				
Assessed the child’s level of consciousness.				
Assessed the child’s skin integrity.				
Observed the child for signs of pain and anxiety.				
Noted the baseline ABG values before the initiation of HFOV.				
Ensured that a chest radiograph had been evaluated before the initiation of HFOV.				
Performed hand hygiene and donned gloves.				
Explained the procedure to the child and family and ensured that they agreed to treatment.				
Obtained the correct ventilator based on the child’s size, as determined by the practitioner and respiratory therapist.				
Ensured that the child was connected to cardiopulmonary, SpO ₂ , and TcCO ₂ monitors.				
Reviewed the prescribed ventilator settings and compared them with the appropriate guidelines for HFOV.				
Suctioned the child’s ET tube to ensure tube patency before starting therapy.				
Administered the prescribed analgesic, sedative, and neuromuscular blockade medications.				
Reassessed the child’s pain status, allowing for sufficient onset of action per medication, route, and the child’s condition.				
Calibrated the circuit and completed performance verification.				

Mechanical Ventilation: High-Frequency Oscillatory Ventilation (Pediatric) – CE

CHECKLIST

S = Satisfactory U = Unsatisfactory NP = Not Performed

Step	S	U	NP	Comments
Established ventilator settings as prescribed.				
1. Activated the oscillator by pushing the Start-Stop button.				
2. Set the bias flow.				
3. Set the mPaw and increased it as prescribed until an adequate SpO ₂ value was achieved.				
4. Set the frequency.				
5. Set the power control and adjusted it as prescribed while observing amplitude and chest wiggle.				
6. Set the inspiratory time using an inspiratory-to-expiratory (I:E) ratio of 1:2.				
7. Set the FiO ₂ as low as possible. Once the FiO ₂ was decreased, reevaluated lung volume to determine whether mPaw could be decreased.				
8. Set the humidification to achieve the desired proximal airway temperature.				
9. Set the ventilator alarms.				
Positioned the child and the circuit to avoid pressure areas, prevent pulling on tubing, and promote ventilator function.				
Assessed, treated, and reassessed pain.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the child's record.				

Learner: _____ Signature: _____

Evaluator: _____ Signature: _____

Date: _____