

Mechanical Ventilation: Neonate (Respiratory Therapy)

CHECKLIST

S = Satisfactory **U** = Unsatisfactory **NP** = Not Performed

Step	S	U	NP	Comments
Performed hand hygiene before patient contact.				
Introduced self to the family, if they were present at the bedside.				
Verified the correct neonate using two identifiers.				
Determined the family's desire to be present during the procedure.				
Assessed the family's understanding of the reasons for and risks and benefits of the procedure.				
Inspected ventilator equipment and settings.				
Assessed ventilator alarm status.				
Ensured that an appropriate-size manual ventilation bag or manual resuscitator, mask, and suction were immediately available and connected at the neonate's bedside.				
Ensured that the head of the bed was elevated, unless contraindicated.				
Performed hand hygiene and donned gloves.				
Explained the procedure to the family and ensured that they agreed to treatment.				
Ensured that the authorized practitioner provided the appropriate sedation and pain medications.				
Evaluated the neonate's vital signs and cardiopulmonary stability, including spontaneous respiratory rate, chest expansion or vibration, and response to mechanical ventilator rates.				
Auscultated the neonate's breath sounds, including upper and lower lung fields and differences in left and right lung fields, to evaluate for the equality of aeration and the presence of adventitious breath sounds.				
Observed the chest wall vibration when HFV was in use.				
Placed the ventilator on standby to assess heart sounds, and manually ventilated the neonate to assess normal breath sounds.				
Examined the neonate for signs and symptoms of ventilatory failure, including increased PaCO ₂ with decreasing pH, increased WOB, tachypnea, and increased retractions.				

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Examined the neonate for signs and symptoms of hypoxemia, including decreased SaO ₂ , pale or cyanotic color, tachycardia or bradycardia, tachypnea, agitation, increased WOB, increased retractions, and acidosis.				
Reviewed radiographic findings, ABGs, and the neonate's clinical status for indications that ventilator weaning could be initiated.				
Evaluated the need for suctioning.				
Adjusted ventilator settings as ordered on the basis of treatment strategies and the neonate's response in collaboration with the authorized practitioner.				
Suctioned the ET tube using the shallow or measured technique, preferably with an inline suction device.				
Observed the neonate for signs and symptoms of pain. If pain was suspected, reported it to the authorized practitioner.				
Removed gloves and performed hand hygiene.				
Documented the procedure in the neonate's record.				

Learner: _____ Signature: _____

Evaluator: _____ Signature: _____

Date: _____