Intubation

Assessment of competences for ANP / ACP / SCP

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note: Practitioners can add DOPS, PBAs and CEXs as evidence.**

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| --- | --- | --- | --- | --- |
|  | | **NOT competent** | **Competent** | **Signature and date** |
| Intubation | | | | |
| 1 | Indications   * Controlled – GA * Emergency |  |  |  |
| 2 | Contraindications   * Patient declines consent * Uncooperative patient * Grade II + intubation * Challenging anatomy – scoliosis/kyphosis/pectus |  |  |  |
| 3 | Equipment   * Correct size ET tube * Laryngoscope * Oxygen supple, bag and mask * Tapes * Syringe for cuff inflation |  |  |  |
| 4 | Describe anatomy   * Mouth * Soft pallet * Epiglottis * Oesophagus * Trachea * Teeth |  |  |  |
| 5 | Insertion   * Adequate oxygenation * Ensure the patient is asleep * Ensure muscle relaxants have had time to circulate * Correction insertion and positioning of laryngoscope * Visualisation of cords |  |  |  |
| 6 | Confirmation of correct line positions   * Blood on aspiration * CXR 3rd – 4th ICS * CVP reading |  |  |  |
| 7 | Measurement   * Normal and abnormal readings * Significance hypovolaemia, SVC obstruction, raised interthoracic pressure, reduced intrathoracic pressure |  |  |  |
| 8 | Complications   * PLEASE ADD |  |  |  |
| **Assessor’s comments**: | | | | |
|  | | | | |
| **This practitioner has completed these outcomes to the appropriate standard.**  **Assessor’s name:**  **Signature and date:** | | **Practitioner’s signature:**  **Date:** | | |