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
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| 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
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| 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
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| 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:** |