

Neonatal Unit Fire drill -Compressions

Date:	L			it:				
Health care worker- Name:			De	signation:				
Trained in HBB: Y / N	Year:			onth:				
Non-Compliant (NC) Com	ppliant (C) ** Critical items							
Equipment required:								
1. Resus. Mannequin	2. Resuscitation	device (Amb	ubag)	3. Size 0 and 1	round facemasks			
4. Size 6, 8 and 10 suction of	catheters 5. Hand spray			6. Stethoscop	e (from unit)			
7. Nasal prongs (from unit)								
State: "You hear the saturation monitor alarming on your 30 week preterm baby. He is one week old. You go to the bedside								
	re 72% in room air. The mother ha	s recently fin	ished tu	be feeding the baby	. Please show me			
what you would do?"		NC	С	Com	ment			
1 Carave hands		INC	L	Com	ment			
1. Sprays hands Ensures a patent airway								
2. Assesses breathing (Asks or								
3. Assesses colour (Asks or loo	and blue." If asked about vomiting	confirm that	the hal	hy has yomited				
	and blue. If asked about volliting		. the but	by hus vonnteu.				
 Positions baby supine Extends the neck ** 								
6. Selects a size 6 FG suction c	athatar							
 Selects a size of PG suction C Suctions the mouth and the 								
8. Assesses breathing (Asks or State: "Baby is not breathing."								
Checks resuscitation device								
	value is present and functional							
9. Checks that the duck billed valve is present and functional								
10. Checks pressure release valve is working 11. Checks there are no looks **								
11. Checks there are no leaks ** 12. Selects and firmly attaches size 0 round mack								
12. Selects and firmly attaches size 0 round mask Ventilates baby								
13. Starts ventilation within a	minute with room air							
(at seconds)								
14. Ventilates at 40-60bpm (b	preath 2,3, breath 2,3) for 30 second	ds						
15. Assesses breathing (Asks of	or looks for breathing)							
16. Assesses heart rate (Asks	or feels for heart beat)							
State: "Baby is not breathing. Heart rate is 90bpm"								
Improves Ventilation								
17. Continues ventilation. For	a further 30 seconds							
18. Calls for help								
State: "How would you assess	the effectiveness of your bagging?	<i>)11</i>						
19. Looks for chest movemen	t **							
20. Looks for improved colour	r							
State: "Please show/tell me what you would do if the chest is not moving with ventilation?"								
21. M- Mask adjustment								
22. R- Repositions head								
23. S- Suctions								
24. O-Opens mouth slightly								
 Calls for help State: "How would you assess Looks for chest movement Looks for improved colour State: "Please show/tell me with M- Mask adjustment R- Repositions head S- Suctions 	<i>the effectiveness of your bagging?</i> t ** r		h ventil	ation?"				

Improves Ventilation cont.		NC	С	Comment		
After one or more steps to improve ventilation, State: "The chest is moving now"						
27. Assesses breathing (Asks or looks for breathing)						
28. Assesses heart rate (Asks or feels for heart beat)						
29. Assesses colour/saturations						
State: "The baby is still not breathing and the heart rate is 60bpm. The baby remains blue and saturations are 42% Another						
nurse is available to assist you"						
Commences advanced resuscitation						
30. Adds oxygen						
31. Asks assistant to commence cardiac compressions						
32. Places thumbs midline half way between nipple line and						
xiphisternum with fingers tightly wrapped around chest. **						
33. Compressions and ventilation given at a rate of 3 compressions						
to 1 breath (1 and 2 and 3 and breath and) ** 34. Compresses chest by 1/3 rd						
35. Continues compressions and ventilation for 30 seconds						
 36. Assesses breathing(Asks or looks for breathing)** 						
37. Assesses heart rate (Asks or listens for heart beat)						
38. Assesses colour/saturations						
State: "The baby has started breathing but has severe recession, and the heart rate is 120bpm. The baby is now pink and						
saturations are 92% Describe what you would do now"						
On-going management						
39. Commences baby on nasal prong oxygen or CPAP (if available)						
to maintain saturation 90-94%.						
40. Monitors closely for apnoea/desaturations						
41. Ensures baby is seen by a doctor urgently						
42. Informs mother of change in condition and reassures						
State: "Please show how you would set the alarm limits on your saturation monitor?"						
43. Sets saturation alarm limits correctly at 89 & 95% and HR limits						
at 100 &180bpm						
	Totals:	XO	X1			
Total:		ΛU	/43	4		
Percentage:			/43	* Must score 80%		
Assessed By: Print	Sign:					

Use the questions below to help the participant reflect on his or her own performance and then provide feedback.

- 1. What happened to the baby?
- 2. Did you follow the Action Plan?
- 3. What went well and what could have gone better?
- 4. What did you learn?
- 5. What will you do differently next time?