



Neonatal Unit Fire drill -Medications

Date:		Unit:	
Health care worker- Name:		Designation:	
Trained in HBB: Y / N		Year:	
		Month:	
Non-Compliant (NC) Compliant (C) ** Critical items			
Equipment required:			
1. Resus. Mannequin	2. Resuscitation device (Ambubag)	3. Size 0 and 1 round facemasks	
4. Size 6, 8 and 10 suction catheters	5. Hand spray	6. Stethoscope (from unit)	
7. Nasal prongs (from unit)			
<i>State: "You hear the saturation monitor alarming on your 30 week preterm baby. He is one week old. You go to the bedside and see that the saturations are 72% in room air. The mother has recently finished tube feeding the baby. Please show me what you would do?"</i>			
	NC	C	Comment
1. Sprays hands			
Ensures a patent airway			
2. Assesses breathing (Asks or looks for breathing)			
3. Assesses colour (Asks or looks for baby's colour)			
<i>State: "Baby is not breathing and blue." If asked about vomiting confirm that the baby has vomited.</i>			
4. Positions baby supine			
5. Extends the neck **			
6. Selects a size 6 FG suction catheter			
7. Suctions the mouth and then the nose			
8. Assesses breathing (Asks or looks for breathing) **			
<i>State: "Baby is not breathing."</i>			
Checks resuscitation device			
9. Checks that the duck billed valve is present and functional			
10. Checks pressure release valve is working			
11. Checks there are no leaks **			
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 (breath 2,3, breath 2,3) for 30 seconds			
15. Assesses breathing (Asks or looks for breathing)			
16. Assesses heart rate (Asks or feels for heart beat)			
<i>State: "Baby is not breathing. Heart rate is 90bpm"</i>			
Improves Ventilation			
17. Continues ventilation. For a further 30 seconds			
18. Calls for help			
<i>State: "How would you assess the effectiveness of your bagging?"</i>			
19. Looks for chest movement **			
20. Looks for improved colour			
<i>State: "Please show/tell me what you would do if the chest is not moving with ventilation?"</i>			
21. M- Mask adjustment			
22. R- Repositions head			
23. S- Suctions			
24. O-Opens mouth slightly			
25. P-Pressure increase			
26. A-Alternate airway			

Improves Ventilation cont.	NC	C	Comment
<i>After one or more steps to improve ventilation, State: "The chest is moving now"</i>			
27. Assesses breathing (Asks or looks for breathing)			
28. Assesses heart rate (Asks or feels for heart beat)			
29. Assesses colour/saturations			
<i>State: "The baby is still not breathing and the heart rate is 60bpm. The baby remains blue and saturations are 42%. A nurse is available to assist you"</i>			
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			
<i>State: "The baby is still not breathing and the heart rate remains 60bpm. The baby remains blue and saturations are 52%. A nurse is available to assist you"</i>			
39. If a doctor is not present-calls for MO			
40. Ensures IV access is available			
41. Asks that adrenaline be prepared(nurse)/ orders adrenaline(MO) 0.1-0.3ml/kg 1:10 000 IV			
42. Continues breaths & compressions			
<i>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"</i>			
On-going management			
43. Commences baby on CPAP (if available) to maintain saturations 90-94%.			
44. Monitors closely for apnoea/desaturations			
45. Ensures baby is seen by a doctor urgently			
46. Informs mother of change in condition and reassures			
47. Assesses cause of respiratory and cardiac failure (MO)			
<i>State: "Please show how you would set the alarm limits on your saturation monitor?"</i>			
48. Sets saturation alarm limits correctly at 89 & 95% and HR limits at 100 & 180bpm			
<i>State: "Please describe how you would prepare adrenaline?"</i>			
49. 1ml of 1:1000 adrenaline in 9mls saline/water			
<i>State: "How long would you continue resuscitation?"</i>			
50. No HR-10mins; No breathing-20mins; gasping-30mins			
Totals:	X0	X1	
Total:		/50	
Percentage:			
Assessed By: Print		Sign:	

* Must score 80%

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?