ELSEVIER Clinical Skills

Oxygen Therapy and Oxygen Delivery (Pediatric) - CE

CHECKLIST

S = Satisfactory U	= Uns	atisfac	tory	NP = Not Performed	
Step	S	U	NP	Comments	
Performed hand hygiene before patient					
contact.					
Introduced self to the child and family.					
Verified the correct child using two identifiers.					
Assessed the child's developmental level and					
ability to interact.					
Assessed the child for signs and symptoms of					
inadequate oxygenation and ventilation.					
Determined if a condition in the medical					
history predisposed the child to baseline lower-					
than-normal oxygen saturation levels.					
Assessed the child's and family's					
understanding of the reasons for and the risks					
and benefits of the procedure.					
Selected the appropriate oxygen delivery					
device per the practitioner's order.					
Performed hand hygiene and donned gloves					
and, if the child's health status required, a					
gown and mask.					
Explained the procedure to the child and					
family and ensured that they agreed to					
treatment.					
Placed the selected oxygen device on the					
infant or child. If one method of oxygen					
delivery upset the child, considered changing					
to another method.					
Adjusted the flowmeter to deliver the desired					
amount of oxygen. Ensured that the liter flow					
was appropriate for the device.					
Applied and secured the noninvasive oxygen					
delivery device, ensuring that it was the correct					
size.					
1. If using a mask, ensured that it covered the					
mouth and nose but not the eyes.					
2. Used adhesives to secure a nasal cannula					
or an elastic strap for a face mask.					
Evaluated the child's oxygen delivery device					
for proper fit.					
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 Ensured that nasal cannula prongs remained in the nares. Ensured that the infant's head remained in the oxygen hood. Assessed, treated, and reassessed pain. Discarded supplies, removed PPE, and performed hand hygiene. 	n			
Documented the procedure in the child's record.				
Learner:	Signature	:		
Evaluator:	Signature	:		
Date:				