

Bedside Checklist ...







Must be completed at least once during the Day shift & at least once during the Night shift.

Screen Checklist	SpO ₂ FiO ₂
Bedside Sc	PEEP

•Unless otherwise specified by the medical team (eg. Chronic lung disease or cong	genital heart defect) t	he
SpO ₂ 'Aim' will always be greater than or equal to 95% SpO2.		Aim

- •Document the 'Aim' in the white box
- •If the patient has had a SpO₂ of 95% or more tick the green box.
- •If the patient has more frequently had SpO₂ of less than 95% tick the red box.

SpO2	Aim	95	
SpO2	≥ <u>95</u>		
	< <u>95</u>		

•What are the patient's current oxygen requirements?

- •If the patient has had a FiO₂ of 0.45 or less tick the green box.
- •If the patient has more frequently had FiO₂ of 0.46 or more tick the red box.

	≤0.45	
FiO2	>0.45	

•What is the patient's current level of measured Peak Inspiratory Pressures (PIP)?

- •If the PIP is less than or equal to 22 tick the green box.
- •If the PIP is more than 22 tick the red box.

	≤ 22	
PIP	> 22	

•What is the patient's current level of <u>set</u> Positive End Expiratory Pressures (PEEP)?

- •If the PEEP is less than or equal to 8 tick the green box.
- •If the **PEEP** is more than 8 tick the red box.

	≤8	
PEEP	>8	

COUGH

• Does the patient have an effective spontaneous cough or cough in response to endotracheal suctioning?

- •If the patient has an effective cough on assessment tick the green box
- •If the patient's cough response is **absent** tick the **red** box
- •If the patient has an underlying neurological condition which results in an ineffective cough, discussed with senior staff. They may still progress to a SBT despite failing this aspect of the screen.
- •Over sedation can result in absent or ineffective cough, discuss with a senior member of staff & consider reducing sedation



Progressing to SBTs ...





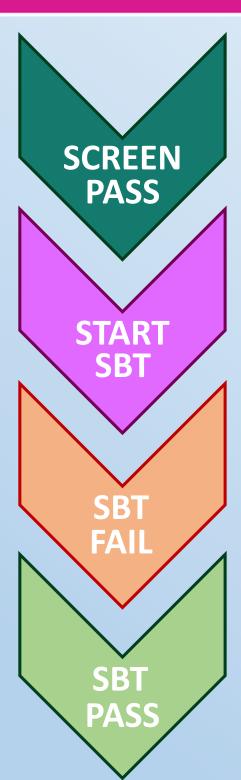




Intolerance of SBT Respiratory Distress

SIGNIFICANT INCREASE OR CHANGE TO THE FOLLOWING:

- Respiratory rate
- Heart rate
- FiO2 requirements
- Desaturations requiring intervention
- EtCO2
- Signs of increased work of breathing
- Deterioration in blood gas
- Apnoeic episodes
- Onset of sweating not in keeping with environmental factors
- Alteration to level of alertness



- <u>Do NOT wait</u> for the next MDT ward round, tell someone senior
- •Ask can the child safely commence an SBT?

There may be valid reasons why a SBT should not be performed yet – if this is the case, ask senior staff to explain why as this will help with your learning

Spontaneous mode of Ventilation PEEP 5cm H₂O and PS 5cm H₂O above PEEP

- •Must only be performed by an appropriately qualified and trained member of staff who is competent to do so in your PICU
- Sedation should be stopped OR reduced (according to senior staff instructions)
- Observe for respiratory distress
- •If the child shows signs of respiratory distress, request an immediate review by a senior member of staff
- •Child's ventilation settings should be increased to a level they feel will be tolerated (This may be less than pre-SBT ventilation settings)
- •Once the child has stabilised record the result and duration of the SBT on the bedside record.
- •If the child is breathing spontaneously with no signs of distress, do not wait for the next MDT ward round.
- •Inform a senior member of staff and ask if the child can progress to extubation?
- If the child has successfully completed a SBT but is unable to extubate refer to the key at the bottom of the Bedside Checklist & document