**Illness skills**

*Establish a score for participants listed below during their performance.*

*Only complete the sheet below for any candidate who is below course expectations or of serious concern – tick the correct box, add comments and inform the course director immediately. If absent place “DNA” in comments box.*

| **KTPs for candidate assessment** | | | | | | | | | | | | | | | | | | |
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| **Head tilt, chin lift**   1. Places hand onto forehead and gentle pressure to achieve appropriate tilt 2. Places fingers of other hand under chin and lifts gently upwards 3. Re-checks patency and applies O2   **Jaw thrust**   1. 2/3 fingers placed under the angle of the mandible bilaterally 2. Lifts jaw upwards (Soft tissues of the neck must not be compressed) 3. Re-checks patency and applies O2 | | | | | | | | **Bag-mask ventilation**   1. Selects appropriate size mask 2. Connects bag to mask and O2 3. Ensures the correct head position and applies the mask to the face. 4. Squeezes the bag, looking for chest movement, misting and end-tidal carbon dioxide 5. Ventilates at appropriate rate | | | | | | | | | | |
| **BASIC AIRWAY** | **NO** | **NAME** | **Key Treatment Point for Assessment**  ***Each point relates to KTP above* \*** | | | | | | | | | | | | | **Overall Assessment** | | **COMMENTS** |
| **1** | **2** | **3** | **4** | **5** | | **6** | **7** | **8** | **9** | **10** | **11** |  | **B** | **SC** |
| **Group** |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
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| **KTPs for candidate assessment** | | | | | | | | | | | | | | | | | | |
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| **OPA insertion**   1. Appropriate airway size selected 2. Extends the neck slightly and opens mouth 3. Correct insertion technique 4. Re-checks airway and applies O2 or performs bag mask ventilation | | | | | | | | **NPA insertion**   1. Appropriate airway size selected 2. Lightly lubricates the NPA 3. Inserts the tip and directs it posteriorly along the floor of the nose until the flange rests on the nostril 4. Re-checks airway and applies O2 or performs bag mask ventilation | | | | | | | | | | |
| **BASIC AIRWAY** | **NO** | **NAME** | **Key Treatment Point for Assessment**  ***Each point relates to KTP above* \*** | | | | | | | | | | | | | **Overall Assessment** | | **COMMENTS** |
| **1** | **2** | **3** | **4** | **5** | | **6** | **7** | **8** |  |  |  |  | **B** | **SC** |
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| **KTPs for candidate assessment** | | | | | | | | | | | | | | | | | |
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| **IO insertion**   1. Primes connection line – aseptic technique 2. Prepares appropriate infusion site for age and clinical situation - exposes and cleans. 3. Selects appropriate size needle - dependent on site, age and tissue cover 4. Pushes through needle to bone - at 90° to bone surface. The 5 mm mark must be visible above the skin for confirmation of an adequate needle set length (see below) 5. Drills until loss of resistance with palpable give – continuous with constant pressure 6. Disconnects drill and unscrews trochar – safe disposal of sharp 7. Aspirates marrow if possible – demonstrates awareness that this can be sent for analysis 8. Secures needle with EZ-Stabilizer® dressing 9. Attaches primed connection line and flushes | | | | | | | | | | | | | | | | | |
| **IO**  **INSERTION** | **NO** | **NAME** | **Key Treatment Point for Assessment**  ***Each point relates to KTP above* \*** | | | | | | | | | | | | **Overall Assessment** | | **COMMENTS** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |  |  |  | **B** | **SC** |
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| **KTPs for candidate assessment** | | | | | | | | | | | | | | | | | | |
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| **Insertion of the classic laryngeal mask airway**   1. Ensures appropriate size is selected 2. Checks LMA and lightly lubricates back and sides 3. Tilts patient’s head back and opens mouth fully, inserting the tip along the hard palate 4. Slides the mask along posterior pharyngeal wall until resistance is felt 5. Fully inflates cuff 6. Secures LMA and checks ventilation | | | | | | | | **I-gel® insertion**   1. Ensures appropriate size is selected 2. Inserts into mouth, sliding backwards along the hard palate 3. Ensures the correct head position and applies the mask to the face. 4. Secures I-gel® and checks adequate ventilation | | | | | | | | | | |
| **SGA** | **NO** | **NAME** | **Key Treatment Point for Assessment**  ***Each point relates to KTP above* \*** | | | | | | | | | | | | | **Overall Assessment** | | **COMMENTS** |
| **1** | **2** | **3** | **4** | **5** | | **6** | **7** | **8** | **9** | **10** |  |  | **B** | **SC** |
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**Cardiac skills**

*Establish a score for participants listed below during their performance.*

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| **KTPs for candidate assessment** | | | | | | | | | | | | | | | | | |
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| 1. Safe approach 2. Airway opening manoeuvres 3. Check for breathing (and signs of life) 4. 5 initial rescue breaths 5. If still no signs of life observed during the above steps then start chest compressions 6. CPR ratio of 15:2 | | | | | | | | 1. Infant chest compressions performed appropriately (2 thumbs\*) – speed, depth, recoil 2. Child chest compressions performed appropriately (1 or 2 hands) – speed, depth, recoil 3. Continue CPR 15:2 - for 1 minute – appreciates need to check or go for help after 1 minute 4. Re-checks airway and applies O2 or performs bag mask ventilation   \* A single rescuer may alternatively use the two-finger method but 2 thumbs is most effective. | | | | | | | | | |
| **BASIC LIFE**  **SUPPORT** | **NO** | **NAME** | **Key Treatment Point for Assessment**  ***Each point relates to KTP above* \*** | | | | | | | | | | | | **Overall Assessment** | | **COMMENTS** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |  |  | **B** | **SC** |
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| **KTPs for candidate assessment** | | | | | | | | | | | | | | | | | | |
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| Basic life support should be interrupted for the shortest possible time (steps 8-11).   1. Apply adhesive monitoring electrodes to the correct positions whilst compressions continue 2. Turn on the defibrillator. 3. Briefly stop compressions to assess the rhythm   If VF/pulseless VT: Move to step 4 to prepare to deliver a shock.  If PEA/Asystole then jump to 11.   1. Select the correct energy level required whilst compressions continue. 2. Shout ‘CHARGING, oxygen away, continue compressions’. | | | | | | | | 1. Press the charge button while compressions continue. 2. Wait until the defibrillator is charged. 3. Shout “Stop compressions, everybody stand clear, (visual glance of monitor to check still shockable) SHOCKING”.   (If PEA/Asystole do not shock, but disarm/dump the charge and jump to 11)   1. Check all personnel are clear and that the oxygen has been removed. 2. Deliver the shock *whilst observing the patient* 3. Recommence CPR. | | | | | | | | | | |
| **DEFIBRILLATION** | **NO** | **NAME** | **Key Treatment Point for Assessment**  ***Each point relates to KTP above* \*** | | | | | | | | | | | | | **Overall Assessment** | | **COMMENTS** |
| **1** | **2** | **3** | **4** | **5** | | **6** | **7** | **8** | **9** | **10** | **11** |  | **B** | **SC** |
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| **KTPs for candidate assessment** | | | | | | | | | | | | | | | | | | |
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| **Needle thoracocentesis**   1. Administer high-flow oxygen. 2. Identify the second intercostal space in the mid-clavicular line on the side of the pneumothorax. 3. Swab the chest wall with surgical preparation solution or an alcohol swab. 4. Attach the syringe to the cannula. Fluid in the syringe will assist in the identification of air bubbles. | | | | | | | | 1. Insert the cannula perpendicular to the chest wall while aspirating the syringe, just superior to the third rib (to avoid the neurovascular bundle that runs along the inferior aspect of ribs. 2. Once air is aspirated, stop advancing the needle, and advance the cannula over the needle while withdrawing the needle and syringe – safe disposal of sharp. 3. Tape the cannula in place and proceed to chest drain insertion as soon as possible. | | | | | | | | | | |
| **Needle thoracocentesis** | **NO** | **NAME** | **Key Treatment Point for Assessment**  ***Each point relates to KTP above* \*** | | | | | | | | | | | | | **Overall Assessment** | | **COMMENTS** |
| **1** | **2** | **3** | **4** | **5** | | **6** | **7** |  |  |  |  |  | **B** | **SC** |
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**Trauma skills**

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| **KTPs for candidate assessment** | | | | | | | | | | | | | | | | | | |
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| **Application of head blocks and tape**   1. Reassures child and talks through application procedure 2. Ensure in-line cervical stabilisation is maintained by a second person throughout. 3. Place a head block either side of the head. 4. Apply the forehead strap and attach it securely to the trolley 5. Apply the lower strap across the chin and attach it securely to the trolley. | | | | | | | | **20o tilt**   1. Gather together enough staff to tilt the child – 3 for infants/small children, 4 for larger children 2. Reassures child and talks through the tilt. 3. Place the staff in the correct positions 4. Ensure each member of staff knows what they are going to do 5. Carry out the essential manoeuvres as quickly as possible. | | | | | | | | | | |
| **MILS**  **20o TILT** | **NO** | **NAME** | **Key Treatment Point for Assessment**  ***Each point relates to KTP above* \*** | | | | | | | | | | | | | **Overall Assessment** | | **COMMENTS** |
| **1** | **2** | **3** | **4** | **5** | | **6** | **7** | **8** | **9** | **10** |  |  | **B** | **SC** |
| **Group** |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
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