Neonatal LISA Checklist

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| --- | --- |
|  **Decision making:** | **During procedure:** |
| Consultant aware and happy to proceed?Parents informed? | Yes/NoYes/No | Recheck if everyone is ready and administer drugs only if everyone says yes | Yes/No |
| **“Start of the checklist, quiet please”** | Yes/No | * Now give propofol slowly
 |
| Reason for LISA (Fi02 requirement/current method respiratory support): | Yes/No | * Using the video screen, carefully insert the laryngoscope.
 |
| If >32/40: CXR in last 6 hours? (To exclude other lung pathology) | Yes/No | * Insert the LISA catheter to black mark at vocal cords, make a note of length at lips, flag and hold in place
 |
| Transilluminate the chest if CXR >2 hours prior | Yes/No | * Remove laryngoscope
 |
| If <32/40: Caffeine loading dose given at least 30 mins prior and good respiratory drive? | Yes/No | * Give surfactant slowly over 2-3 minutes
 |
| Difficult airway anticipated?  | Yes/No | * Aspirate NGT half way through and at the end
 |
| **Medication: is the correct dose prescribed?** | **Procedure documentation:** |
| Propofol 0.5mg/kg | Yes/No | Time drugs administered: remember to sign the drug chart Propofol \_ \_ : \_ \_ Curosurf \_ \_ : \_ \_ |
| Curosurf 200 mg/kg to nearest full vial | Yes/No | Clinical notes: |
| **Preparation:** |
| Neopuff connected & pressures set | Yes/No |
| Intubation equipment available | Yes/No |
| Procedure sequence & individual roles discussed | Yes/No |
| LISA Cath and laryngoscope /video laryngoscope ready | Yes/No |  |  |
| **Patient:** | **Post-LISA observations:** |
| Positioned appropriately, good developmental care | Yes/No | HR bpm SpO2 % |
| CPAP to be maintained throughout | Yes/No | BP mmHg Temp °C |
| Monitoring attached including ECG | Yes/No | **Post-LISA:** |
| Plan for maintaining temperature agreed | Yes/No | Have you aspirated the stomach for *surfactant?* | Yes/No |
| Suction ready and working | Yes/No | Have you done a blood gas (~ 30min of LISA)? | Yes/No |
| IV line in situ & working | Yes/No | Any apnoeas within 30 mins of LISA?  | Yes/No |
| Ensure caffeine given | Yes/No | Recorded on Badgernet? | Yes/No |
| **Pre-procedure final checks:** | **Checklist completed by:** |
| Are the propofol and Surfactant drawn up & ready? | Yes/No | Name: |  | Signature: |  |
| Have you achieved optimal pre-oxygenation (90-95%)? | Yes/No | Grade: |  | Date & Time: |  |
| Have you aspirated the oro-/nasogastric tube? | Yes/No | **Procedure completed by:** |
| Document the following: are you happy to proceed?  HR bpm SpO2  % BP mmHg Temp °C | Yes/No | Name: |  | Signature: |  |
| Grade: |  | Date & Time: |  |
|  **PATIENT STICKER** | **Supervised by (if applicable):** |
| Name: |  | Signature: |  |
| Grade: |  | Date & Time: |  |