



OUTLINE COMPETENCY DOCUMENT: CARE OF A BABY RECEIVING CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)

Introduction

Continuous Positive Airways Pressure (CPAP) is used widely to provide respiratory support for newborn infants. CPAP increases functional residual capacity and pulmonary compliance, reduces alveolar collapse and mechanical obstruction and conserves surfactant. In neonatal care CPAP is most commonly given via nasal prongs or a nasal mask.

All nurses caring for babies receiving respiratory support via CPAP must be able to demonstrate the ability to competently and confidently care for a baby receiving CPAP via nasal prongs or mask.

Purpose

This document is intended to support a consistent approach to the teaching and assessment of the knowledge, clinical skills and competencies required to enable nurses, who have not yet completed the Neonatal Qualified in Specialty (QIS) programme, to care for stable babies receiving CPAP, via nasal prongs or mask, across the Neonatal units within the EMNODN.

Scope

This outline competency document has been produced for the use of nursing staff working in Neonatal Units across the East Midlands Neonatal Operational Delivery Network (EMNODN) and undertaking education and training in the care of a stable baby receiving CPAP. It is also intended for the use of those assessing the nursing staff in their education and training.

Definitions

Learner:

The learner is the nurse undertaking education and training in the care of a stable baby receiving CPAP.

Assessors

Named assessor: A named assessor should be identified when the learner begins the competency. This should be a Practice Development Nurse or Educator or a Band 6 neonatal nurse. This assessor should be responsible for an initial discussion with the learner and the final, summative sign off of the competency. The named assessor must document when the initial discussion and final sign off have been completed.

Additional assessors: Additional assessors must be nurses who have completed the QIS programme. Additional assessors can assess the knowledge and skills of the learner for any parts of the competency that they have observed or discussed whilst supervising the learner in the care for a baby receiving CPAP. Assessments must be documented on the competency document and the additional assessor must record their name and designation, in addition to signing to the document.

Initial Discussion:

There should be an initial discussion about the requirements, expectations and timeframe for completion of the competency. This should be completed by the named assessor.

Final 'Sign Off' Assessment:

When all components of the competency have been completed there should be a final discussion and assessment undertaken by named assessor to ensure a satisfactory level of competency has been achieved.

Timeframe

The final 'sign off' of the competency must be undertaken by the named assessor and should be completed within 3 months from the date of starting the competency. Any extensions to this timeframe should be agreed with the named assessor and recorded in writing.

N.B: This document should be read and used in conjunction with the EMNODN Guideline: Continuous Positive Airways Pressure

<https://www.emnodn.nhs.uk/media/1344/emnodn-guideline-cpap-v4.pdf>

Competency Assessment Record					
	Name	Signature	Designation	Date	Comments
Initial discussion. Competency started (Learner)					
Initial discussion. Competency started (Named assessor):					
Additional assessors:					

Outline Assessment Document: Care of a baby receiving Continuous Positive Airways Pressure (CPAP)

Knowledge and Skills		Assessment			
		Method (indicated in bold)	Date achieved	Assessor sign	Assessor name and role
1	Demonstrate knowledge and understanding of the relevant anatomy and physiology of a baby requiring CPAP	Complete local assessment of the theory, including anatomy and physiology, of a baby requiring CPAP			
2	Demonstrate knowledge and understanding of the criteria, and rationale, for babies requiring CPAP	Attend teaching session which includes theory of criteria and rationale for a baby requiring CPAP			
		Complete local assessment of the criteria and rationale for a baby requiring CPAP (add link)			
3	Demonstrate understanding of local policy for the prescription of inspired oxygen and checking of prescription	Direct observation and/or Discussion of the prescribing of inspired oxygen and checking of prescription in line with local policy			
4	Demonstrate the correct procedure for setting up the CPAP driver and associated equipment in line with manufacturer's instructions including checking of pressures and setting alarm limits	Direct observation of setting up of CPAP driver and associated equipment, including checking of pressures and setting alarm limits			

5	Demonstrate knowledge and understanding of the ongoing care of CPAP equipment in line with manufacturer's instructions	Direct observation and/or Discussion of the ongoing care of CPAP equipment in line with manufacturer's instructions			
6	Demonstrate correct fitting and fixation of the CPAP device to the baby to include the process for selecting the correct size of prongs or mask	Direct observation of correct fitting and fixation of the CPAP device to the baby to include: - the process for selecting the correct size of prongs or mask			
7	Demonstrate knowledge and understanding of risks associated with incorrect fixation of CPAP device and appropriate action to take to reduce these risks	Discussion of risks associated with incorrect fixation of CPAP device and Direct observation and Discussion of action to take to reduce risks			
8	Demonstrate knowledge, understanding, and correct procedure for insertion of oro-gastric tube (OGT) in place of naso-gastric tube (NGT) in baby receiving CPAP	Direct observation of correct procedure and Discussion of rationale, for insertion of oro-gastric tube (OGT) in place of naso-gastric tube (NGT) in baby receiving CPAP			
9	Demonstrate knowledge and understanding of risks and complications associated with CPAP and how to respond appropriately	Direct observation / Discussion of risks and complications associated with CPAP and how to respond appropriately			

10	<p>Demonstrate knowledge and understanding, correct procedure and documentation for monitoring of skin integrity and action to be taken if there is indication of skin damage, to include:</p> <ul style="list-style-type: none"> - Hourly checking of nares and nasal septum for skin damage - Process for changing from mask to prongs or prongs to mask if there is evidence of blanching skin damage - Process for reporting breach in skin integrity 	<p>Direct observation of correct procedure and documentation of monitoring of skin integrity</p> <p>Direct observation / Discussion of action to be taken if there is indication of skin damage, to include:</p> <ul style="list-style-type: none"> - Hourly checking of nares and nasal septum for skin damage - Process for changing from mask to prongs or prongs to mask if there is evidence of blanching skin damage - Process for reporting breach in skin integrity 			
11	<p>Demonstrate knowledge and understanding of ongoing care required for a baby receiving CPAP to include the HOURLY checking and documentation that:</p> <ul style="list-style-type: none"> - the prescribed level of CPAP or and oxygen is being received - vital signs are within desired parameters and alarms are set to correct limits. Gastric insufflation and abdominal distension are monitored - the CPAP fixation device or nasal cannulae are correctly applied, not causing any damage or irritation to the surrounding tissue or eyes 	<p>Direct observation of hourly checking and documentation that:</p> <ul style="list-style-type: none"> - the prescribed level of CPAP and oxygen is being received - vital signs are within desired parameters and alarms are set to correct limits. Gastric insufflation and abdominal distension are monitored - the CPAP fixation device or nasal cannulae are correctly applied, not causing any damage or irritation to the surrounding tissue or eyes 			

	<ul style="list-style-type: none"> - the CPAP circuit is clear of excessive condensation and the humidification chamber contains sufficient water 	<ul style="list-style-type: none"> - CPAP circuit is clear of excessive condensation and the humidification chamber contains sufficient water 			
12	<p>Demonstrate knowledge and understanding of information and support required for parents/carers of a baby receiving CPAP to include:</p> <ul style="list-style-type: none"> - Teaching parents/carers containment holding - Supporting skin to skin and cuddles whilst baby is receiving CPAP - Information leaflets on CPAP 	<p>Direct observation of information and support provided to parents/carers of a baby receiving CPAP to include:</p> <ul style="list-style-type: none"> - Teaching of containment holding - Supporting skin to skin and cuddles whilst baby is receiving CPAP - Information leaflets on CPAP 			
13	<p>Demonstrate knowledge and understanding of how to recognise the deterioration of a baby on CPAP how to respond appropriately</p>	<p>Direct observation / Discussion of recognition of the deterioration of a baby on CPAP and how to respond appropriately</p>			
14	<p>Demonstrate knowledge and understanding of when and how to discontinue CPAP and observations to maintain whilst baby is off CPAP to include:</p> <ul style="list-style-type: none"> - documentation of decision to wean or discontinue CPAP by medical staff - observations of increased work of breathing - increasing oxygen requirement 	<p>Direct observation / Discussion of when and how to discontinue CPAP and observations to maintain whilst baby is off CPAP to include:</p> <ul style="list-style-type: none"> - understanding of need for documentation of decision to wean or discontinue CPAP by medical staff - observations of increased work of breathing - increasing oxygen requirement - increasing apnoeas 			

	<ul style="list-style-type: none"> - increasing apnoeas - care of CPAP equipment whilst baby is weaning CPAP - care of CPAP equipment, cleaning and disposal when CPAP is discontinued 	<ul style="list-style-type: none"> - care of CPAP equipment whilst baby is weaning CPAP - care of CPAP equipment when CPAP is discontinued 			
15	Demonstrate knowledge and understanding of all documentation required in relation to the care of a baby receiving CPAP	Direct observation of documentation recorded in relation to the care of a baby receiving CPAP			

Competency Assessment Record - Final Sign-Off

	Name	Signature	Designation	Date	Comments
Final summative sign off Competency complete (Learner):					
Final summative sign off Competency complete (Named assessor):					

If completion date not met:

If an extension to the completion date is required please document here the reasons and the new completion date.

Both learner and named assessor to print and sign the extension agreement	Learner name	Learner Signature	Date	Named Assessor name	Named Assessor Signature	Date

Related Documents

- EMNODN Guideline: Continuous Positive Airways Pressure. 2018.
- UHDB Neonatal CPAP Care for Non QIS Staff NICU Package. Workbook and Scope Document. 2018.
(Author: S Edwards, Professional Development Facilitator, NICU, UHDB)
- UHL Neonatal High dependency Leicester Clinical Assessment Training Package; 2014.
(Author: A Sood, Education & Practice Development Sister, NNU, UHL)
- Standards for learner supervision and assessment part 2 (2018):
<https://www.nmc.org.uk/standards-for-education-and-training/standards-for-learner-supervision-and-assessment/>
- Czervinske M (2004) Application of continuous positive airway pressure to neonates via nasal prongs, nasopharyngeal tube, or nasal mask : 2004 revision and update.
Respiratory Care 49: (9) 1100 – 1108