

**CHECKLIST FOR INITIAL SET UP AND MAINTAINANCE OF CPAP\***

**THIS IS FOR QUALITY IMPROVEMENT PURPOSES ONLY**

Indicate yes or no in the appropriate column

Date									
	AM	PM	AM	PM	AM	PM	AM	PM	
Criteria	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<b>CIRCUIT AND BUBBLER:</b>									
Corrugated tubing correctly placed? <sup>1</sup>									
Excess rainout addressed? <sup>2</sup>									
Gas bubbling continuously (for Bubble)?									
<b>INTERFACE:</b>									
Nasal prong size correct (per table) <sup>3</sup> ?									
Nasal prongs positioned correctly <sup>4</sup> ?									
Hat size and fit correct? (per table) <sup>5</sup>									
Mustache/Cannula made per guidelines? <sup>6</sup>									
Chin strap correct size and position?									
Nasal breakdown? <sup>5</sup>									
<b>POSITIONING/Cluster Care</b>									
Neck roll/Gel pillow correct size and position if supine, prone or side-lying									
Does patient have 360 * boundaries?									
Was assessment done by clustering care time?									
<b>SUCTIONING/VENTING</b>									
Stomach vented through size 8 OGT?									
Airway suctioned?									

- **Hudson Prong size table: Use this as a guide for determining prong size**
  - The prongs should fit snugly into the nares so that pressure will not escape around the prongs.
  - Downsize if there is blanching around the nares.

Birth weight	Prong size
<700 gm	#0
700-1250 gm	#1
1250-2000 gm	#2
2000-3000 gm	#3
>4000 gm	#4

Hat Size	Weight	Color
1	≤500 gm	Pink
2	500 – 650 gm	Pale yellow
3	650 – 1000 gm	Pale green
4	1000 – 1500 gm	Pink & blue

5	1500 – 2500 gm	Gold
6	2500 – 4500 gm	Bright blue
7	≥ 4500 gm	Bright Green

1. Correct tubing position: Symmetrically aligned on both sides
2. Excess rainout: Water filling >1/3 of tubing internal diameter
3. Correct nasal prong size: Per table above (if N, please specify the reason: blanching of nares/too small/too large)
4. Correct nasal prong position: Bridge of Nasal prong should be >2m away from the septum?
5. Comment in the comments section such as redness, tear, bleeding etc.
  - a. All Patient safety post will be done by the Respiratory Therapist.
6. The strip of hook Velcro that should be cut very narrow in the center over the philtrum (lip) but wider over each cheek.

**RT will do this audit once per shift during their BID assessment.**

**Place any comments in the comments if needed.**

Audit sheet instructions:

Please place your audits in the team color folder upon completion of the shift.  
 Each RT is responsible for collecting at the beginning of their shift.  
 Once the sheet is complete for the patient, please place in the completed folder

**Any questions please refer to the Nasal CPAP or Developmental Positioning guidelines.**