AirLife

ASSESSMENT

SUPRAGLOTTIC AIRWAY (SGA) PLACEMENT IN AN INFANT

CLINICIAN NAME _____ TITLE _____

DATE _____ EVALUATOR _____

COMPETENCY TYPE: ☐ Initial ☐ Annual ☐ Other

KNOWLEDGE AND INDICATIONS	YES	NO	N/A
Review indications for SGA use in neonates			
List SGA contraindiciations			
Weight recommendations based on SGA size			
Understands limitations of SGA vs ETT			

EQUIPMENT PREPARATION	YES	NO	N/A
Selects correct SGA size			
Checks device integrity			
Lubricates posterior cuff			
Tape			
Water-based gel			
Syringe			
Gastric tube			
$EtCO_2$			

PATIENT PREPARATION AND POSITIONING	YES	NO	N/A
Performs hand hygiene and dons PPE			
Positions infant appropriately, neutral position			
Clears airway as needed			
Pre-oxygenates when indicated			

SGA INSERTION TECHNIQUE	YES	NO	N/A
Inserts SGA using correct technique			
Advances device smoothly without excessive force until resistance is felt, inflate cuff when indicated			
Secures device appropriately			

CONFIRMATION OF PLACEMENT	YES	NO	N/A
Connects to ventilation device			
Confirms effective ventilation (chest rise, bilateral breath sounds, Improved SpO_2)			
$EtCO_2$ confirmation			

VENTILATION AND ONGOING MANAGEMENT	YES	NO	N/A
Provides effective ventilation			
Maintains appropriate rate and pressures			
Monitors for leaks or displacement			

SAFETY AND ESCALATION	YES	NO	N/A
Identifies ineffective ventilaiton			
Performs corrective actions			
Escalates care appropriately			

DOCUMENTATION AND COMMUNICATION	YES	NO	N/A
Documents indication, size, response and type of SGA			
Communicates airway status during handoff			

SIGNATURE OF EVALUATOR _____ DATE _____

SIGNATURE OF TRAINEE _____ DATE _____