

# Mechanical Ventilation: Pediatric Volume Mode (Respiratory Therapy)

## CHECKLIST

**S** = Satisfactory    **U** = Unsatisfactory    **NP** = Not Performed

Step	S	U	NP	Comments
Performed hand hygiene before patient contact.				
Introduced self to the child and family.				
Verified the correct child using two identifiers.				
If able, assessed the child's developmental level and ability to interact.				
Assessed the family's understanding of the reasons for and the risks and benefits of conventional modes of mechanical ventilation.				
Assessed the child's vital signs.				
Assessed the child for signs and symptoms of ventilatory failure, including increased $Paco_2$ and symptoms of hypercarbia, such as respiratory acidosis, decreased mental status, tachycardia, hypertension, and dilated pupils.				
Assessed the child for signs and symptoms of hypoxemia, including decreased arterial oxygen saturation, pale or cyanotic color, tachycardia or bradycardia, tachypnea, agitation or decreased mental status, and increased work of breathing.				
Assessed the child's cardiovascular stability.				
Ensured that all necessary equipment and supplies had been collected and that the equipment was working properly.				
Ensured that a manual ventilation bag, a mask, and suction were immediately available and connected at the child's bedside.				
Performed hand hygiene and donned gloves, gown, mask, and eye protection as indicated.				
Explained the procedure to the child and family and ensured that they agreed to treatment.				
Ensured that $ETCO_2$ and $SpO_2$ monitoring were in place, if indicated.				
Selected the mode of ventilation.				
Set the initial $V_T$ ; observed chest excursion and auscultated lung sounds to ensure that the child had adequate aeration.				

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Set the cycle mechanism (volume, time, or flow).				
Set the ventilator rate.				
Set the I:E ratio.				
Selected the PEEP.				
Adjusted the trigger sensitivity to reduce the effort the child needed to make to access flow from the circuit.				
Tailored the flow rate and pattern to meet the child's needs.				
Set the appropriate alarms and limits.				
Set the PSV, if required. With the initiation of PSV, considered comfort and a target V <sub>T</sub> .				
Observed the child for signs and symptoms of pain. If pain was suspected, reported it to the authorized practitioner.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the child's record.				

Learner: \_\_\_\_\_ Signature: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_