

Appendix 3 – Audit Form

Demographics			
CHI			
Time of Birth			
Gestation			
Birth weight			
Date and time of procedure			
Staff present	Consultant <input type="checkbox"/> Specialty Doctor <input type="checkbox"/> Grid <input type="checkbox"/> ST1-ST2 <input type="checkbox"/> ST3-4 <input type="checkbox"/> ST 5-8 <input type="checkbox"/> ANNP <input type="checkbox"/>		
Unit/hospital			
Pre procedure			
Oxygen requirement			
Respiratory support	BiPAP <input type="checkbox"/> CPAP <input type="checkbox"/>		
Maximum pressure			
Respiratory rate			
Heart Rate			
Saturations			
Chest X- Ray Findings			
During procedure			
Number of attempts to insert LMA			
Lowest heart rate during LMA insertion			
Pedcap confirmation of placement	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Volume of surfactant given (mls)			
Amount of surfactant given (mgs)			
Time LMA in situ (mins)			
Time over which surfactant given (mins)			
Lowest heart rate during procedure			
Lowest heart rate on removal of LMA			
Volume of gastric aspirate post procedure (mls)			
Adverse events	Localised trauma <input type="checkbox"/>	Sustained bradycardia <input type="checkbox"/>	Sustained desat <input type="checkbox"/> Other <input type="checkbox"/> Details
Procedure deemed successful	Yes <input type="checkbox"/> No <input type="checkbox"/> details.....		
Atropine given	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Post procedure (best within 4 hours)			
Oxygen requirement			
Respiratory support	BiPAP <input type="checkbox"/> CPAP <input type="checkbox"/> HFNC <input type="checkbox"/>		
Maximum pressure/flow			
Respiratory rate			
Heart Rate			
Saturations			