Competencies on Breathing Management

PACU Breathing Learning and Teaching Resource

Competencies : Breathing Management [general and specific]

Core clinical learning outcomes:

- *Is able to demonstrate effective routine respiratory management to promote efficient respiratory excursion and exchange of gases*
- *Is able to demonstrate and rationalise skilled intervention to pre-empt or correct respiratory insufficiency using risk appraisal and 3 stage management rationale*
- *Understands how to recognise and manage specific respiratory complications*

Knowledge/skills	***A. Routine post anaesthetic airway management*** • ***Novice will understand how to promote optimal respiratory excursion to ensure adequate ventilation and oxygenation and pre-empt breathing complications***
1.	Demonstrates safe and judicious use of oxygen providing rationale
2.	Demonstrates effective use of stir up regime providing rationale
3.	Demonstrates skill in positioning the patient to ensure maximal respiratory excursion
4.	Demonstrates encouragement of patient to cough and deep breathe
5.	Demonstrates effective pain management providing rationale
6.	Discusses when and how incentive spirometry / CPAP may be used to help ventilation
7.	Discusses how understanding and assessment of risk factors can inform breathing management and pre-empt complications

	B. Pre-empt or correct respiratory complications [general guidelines] • ***Novice will use risk appraisal, ongoing assessment, intervention and evaluation to pre-empt & correct respiratory complications***
8.	Discusses how risk appraisal informs physical assessment in the management of breathing
9.	Explains how staging management interventions [1-2-3] rationalises respiratory care
10.	Rationalises at what point help should be summoned in breathing management
	C. Stage one : Respiratory management : correct cause of respiratory insufficiency • ***Novice will rapidly intervene to correct any sign of respiratory insufficiency assessing the effectiveness of intervention at each stage***
11.	Demonstrates skill in maintaining a clear airway [see airway competency]
12.	Demonstrates effective use of position, stir up regime, pain management
13.	Delivers maximum flow of oxygen to patient
14.	Demonstrates use of incentive spirometry / CPAP to improve ventilation and oxygenation
15.	Closely assesses and intervenes as clinical status dictates

	D. Stage two : Respiratory management : hand-ventilation • ***Novice demonstrates efficiency in hand-ventilating the patient while waiting for anaesthetic help***
16.	Rationalises the need to hand-ventilate the patient and call for help when stage one interventions have failed to correct insufficiency
17.	Ensures airway patent [observe and intervene as necessary]
18.	Demonstrates skill using Ambu [bag-valve-mask] as singe operator / with second operator
19.	Demonstrates skill in directing team to locate and assemble emergency intubation equipment & drugs
	E. Stage three : Respiratory management : emergency intubation of the trachea/assisted ventilation • ***Novice demonstrates efficiency in assisting the anaesthetist with emergency intubation***
20.	Demonstrates efficiency and speed in checking intubation equipment is ready for use
21.	Demonstrates skill in assisting the anaesthetist in emergency intuabation/insertion of supra-glottic device
22.	Demonstrates skill in directing ongoing care of patient following intubation
	F. Specific respiratory complications***

	Discusses the causes, presenting signs and management of patients with specific breathing complications
23.	Respiratory depression
24.	Residual paralysis
25.	Atelectasis
26.	Pneumothorax
27.	Pulmonary embolism
28.	Pulmonary oedema
29.	Asthma
30.	Chronic obstructive airways disease
	SUMMATIVE ASSESSMENT ON MANAGEMENT ***Formal assessment of airway management assessing all the above competencies on one patient recovering from GA***
31.	Demonstrates skill and understanding in routine management of a patient's breathing from reception into PACU until discharge

* *Indicates that this competency should not be tested within the first 6 months, it requires more experience and a greater depth of knowledge*