

Nasopharyngeal Airway (NPA) Safety Checklist

Name: _____
 DOB: ___/___/___
 HCRN: _____
 Ward: _____

NPA Size : _____ via the _____ Nostril							Suction Catheter Size : _____ Fr							
Uncut/ Cut to : _____ cm <i>(circle appropriate)</i>							Suction to a Depth of : _____ cm							
<i>Day</i>	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
<i>Date</i>														
<i>Please put (v) in the box as applicable.</i>	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Spare NPA at bedside, same size and threaded.														
Above the bed sign visible with correct upto date information.														
Suction working, box of catheters in room size _____ fr.														
Check NPA is secure and patent – mist check using cutlery knife/stethoscope.														
Irrigation with prescribed 0.9% NACL and Sterimar using syringe with tubing.														
Humidification with prescribed 0.9% NACL nebulisers.														
Duoderm/Tegaderm/water based lubricant/Remove wipes/Cavilon stick/box of gloves/scissors.														
Parental education (Not Initiated(NI)/ Initiated (I)/ Completed(C).														
Signed														
NMBI														