



Learning objectives

This list identifies the goals for the **minimum skills and knowledge** required to perform the care appropriate to your child. You and the healthcare team may use it as a guide and checklist for learning.

Instructions: When the learning is satisfactory to the nurse or the respiratory therapist (RT) and to the parent, both will write their initials in the table and put their name and signature at the end where indicated.

The family/caregiver (and child, if appropriate) know:	Date	Initials Nurse/RT	Initials Parent
advice on the activities of daily living (clothing, nutrition, hydration, bathing, sleep, activities and transportation)			
methods and equipment required for cough assistance techniques			
indications and frequency of cough assistance techniques			
all steps of the method for lung volume recruitment using a modified ventilatory bag, if applicable			
all steps of the method for abdominal thrusts or compressions, if applicable			
all steps of the method for thoracic compressions (chest compressions), if applicable			
all steps of the method for thoracic lateral compressions (side of chest compressions), if applicable			
all steps of the method for directed cough assist			
all steps of the method to use an insufflation-exsufflation device such as CoughAssist®			
potential problems and recommended solutions			
reasons for consulting the healthcare team			
Comments:			

The family/caregiver (and child, if appropriate) <u>safely</u> and <u>competently</u> master:	Date	Initials Nurse/RT	Initials Parent
hand washing technique			
all steps of the method for lung volume recruitment using a modified ventilatory bag, if applicable			
all steps of the method for abdominal thrusts or compressions, if applicable			
all steps of the method for thoracic compressions (chest compressions), if applicable			
all steps of the method for thoracic lateral compressions (side of chest compressions), if applicable			
all steps of the method for directed cough assist			
all steps of the method to use an insufflation-exsufflation device such as CoughAssist®			
the operation and maintenance of all equipment required for cough assistance techniques			
Comments:			



The family/caregiver (and child, if appropriate) take into consideration:	Date	Initials Nurse/RT	Initials Parent
the preparation of the child, the parent and the environment before beginning the care			
the pediatric approach for the required care			
the degree of the child's autonomy in participating in the treatment			
the need to readjust the treatment as necessary			
the support necessary to the child before, during and after the treatment			
Comments:			

The family/caregiver (and child, if appropriate) have received and understand the following information:	Date	Initials Nurse/RT	Initials Parent
contact information for equipment and medical supplies providers			
what you need to bring/prepare to assure the child's safety while travelling			
additional resources available for them to support care at home			
the date and place for the next appointment if required			
access information for key resource people, as needed			
the number to call in case of emergency			
Comments:			

Name of the nurse/RT:	Signature:	Initials:
Name of the nurse/RT:	Signature:	Initials:
Name of the nurse/RT:	Signature:	Initials:
Name of the nurse/RT:	Signature:	Initials:

Name of the parent:	Signature:	Initials:
Name of the parent:	Signature:	Initials: