



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)			
ways to evaluate the child's respiratory condition during and outside of periods of ventilatory assistance and the actions required in emergencies			
ways to maintain humidity at an adequate level			
general strategies to avoid irritants in the air and to prevent infection			
the materials and equipment required for ventilatory assistance as required by the child			
how to operate the ventilatory assistance device used by the child			
how to install and power the ventilatory assistance device			
all of the steps to install and disconnect invasive and/or non-invasive ventilation, as per the needs of the child			
The possible situations causing the device to alarm; and how to respond to the alarm situations			
how to react in the event of a power failure			
the indications for manual ventilation			
the materials required for manual ventilation			
all of the steps of the procedure for manual ventilation			
how to maintain and clean all materials and equipment			
potential problems and recommended solutions			
CPR and procedures in case of an emergency			
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
assessment of the child's respiratory condition during and outside of the periods of ventilatory assistance			
CPR and actions to be taken in case of an emergency			
the operation of the ventilatory assistance device used by the child			
the operation of the heated humidifier, if required			
all of the steps to install and disconnect invasive and/or non-invasive ventilation, as per the needs of the child			
the responses required in the case of a power failure			
responses to alarms from the ventilatory assistance device			
all of the steps of the procedure for manual ventilation			
the methods to maintain and clean all materials and equipment			
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 make adjustments to the care procedures when 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
the medical supplies and equipment distributors contact information			
what you need to bring/prepare to assure the child's safety while travelling			
resources available for them			
the date and place for the next appointment, if required			
access information for 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: